

Metallic M4 - List of Covered Drugs (Formulary)

Effective Date: January 1, 2022

The Metallic M4 Formulary is used by these plans:

If you have an individual or family plan purchased at wahealthplanfinder.org :

Cascade Gold
Cascade Silver
Cascade Bronze
Preferred Bronze EPO 6350
Preferred Silver EPO 4100
Preferred Gold EPO 1500

If you have a plan through your employer or another group:

Balance 500 Gold
Balance 1000 Gold
Balance 1000 Basic Gold
Balance 1500 Gold
Balance 2000 Gold
Balance 2500 Gold
Balance 2000 Silver
Balance 3000 Silver
Balance 250 Platinum
Balance 500 Platinum
Balance 6500 Bronze
Choice 750 Gold
Choice 1000 Gold
Choice 1500 Gold
Choice 2500 Gold
Choice 2500 Silver
Peak Care 1000 Gold
Peak Care 6000 Bronze
Peak Care NOW 4000

What is the list of covered drugs (Formulary)?

This document contains a list of generic, brand and specialty drugs covered under your plan.

How is the list of covered drugs developed?

The drug list is developed with an independent committee of physicians, pharmacists and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drug's safety, effectiveness and cost. The committee meets at least quarterly to review new drugs to market to determine

placement on this list and also reviews updated safety, effectiveness and cost information for existing drugs to ensure the formulary remains up to date with current medical evidence.

How do I use the Formulary?

Drugs are listed by categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

If you are not sure what category to look under, you can also search for the drug in the Index. The Index provides an alphabetical list of all of the drugs included in this document. Next to the name of the drug in the Index, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

How does this drug list help me understand my drug coverage?

Drug coverage is based on your coverage contract. Coverage for a specific drug is subject to the rules outlined in your member booklet. This document will tell you if a drug is included on the formulary attached to your plan.

Will this drug list (Formulary) change?

This drug list (Formulary) is updated throughout the year. If you are taking a drug and it will be removed from the formulary or moved to a higher cost sharing tier we will notify you of this change via letter. We also post information on upcoming formulary changes on our website on the “Upcoming Formulary Changes” page.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These can be seen in the column next to the drug name on the list. These requirements and limits may include:

- **Prior Authorization:** some drugs require prior approval before they are covered.
- **Quantity Limits:** for some drugs, we limit the amount of the drug that we will cover. For example, we will cover 18 per 30 day supply of zolmitriptan oral tablets.
- **Step Therapy:** for some drugs we require that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then we will then cover Drug B.

Drugs subject to these restrictions will generally mean that your physician or healthcare provider may need to provide additional information on your medical condition before the drug will be covered at the pharmacy. Information on this process is on our website on the “Drugs Requiring Approval” page.

Metallic Formulary

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin oral tablet*). The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we will provide coverage for this drug, you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
Other Special Requirements for Coverage		
LA	Limited Access Drug	Some drugs under your plan may only be filled at an in-network specialty pharmacy. These are drugs where the FDA has restricted distribution or are drugs that require special handling, provider coordination, or patient education that cannot be met by a network retail pharmacy.
Vac	Vaccines	For more information on the coverage of vaccines administered at a Pharmacy, please see your member booklet or contact Customer Service.
OCh	Oral Chemo	Oral Chemotherapy Drug. Certain oral chemotherapy drugs may be covered under your medical plan. Please check your member booklet for more details.

The amount you pay for a covered drug will depend on if you have met any applicable deductible for the plan year, if you have met any applicable maximum out of pocket for the plan year and what tier the medication is on.

More information on applicable deductibles and maximum out of pockets can be found in your member booklet.

Metallic M4 Formulary

Drug Tier	Includes
Preferred Generic (1)	Tier 1 is the lowest tier and includes preferred generic drugs.
Preferred Brand (2)	Tier 2 includes preferred brand drugs.
Non-preferred Drug (3)	Tier 3 includes non-preferred generic and brand drugs.
Specialty Drug (4)	Tier 4 includes specialty drugs. Specialty drugs are generally biologics and other targeted drugs usually used for complex medical conditions and often requiring special handling.
ACA PV	The ACA PV tier includes Affordable Care Act (ACA) Preventive medications. The ACA makes certain preventive medications available to you at no cost. Coverage of any medication as ACA PV (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider.
MB (Medical Benefit)	The MB tier includes medical benefit drugs normally administered in a clinic, infusion center or provided by a home infusion service. These drugs and their services are covered under the medical benefit, not under the pharmacy benefit. This drug may require prior authorization, please see the “Drugs Requiring Approval” page on our website for more information.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b injection recon soln 50 mg</i>	MB	
BREXAFEMME ORAL TABLET 150 MG	3	PA; ST; QL (4 per 365 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	3	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	3	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG BUCCAL MUCCO-ADHESIVE BUCCAL TABLET 50 MG	3	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	QL (60 per 30 days)
<i>abacavir oral tablet 300 mg</i>	1	QL (60 per 30 days)
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	3	QL (30 per 30 days)
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	QL (60 per 30 days)
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	3	QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg, 300 mg</i>	1	QL (30 per 30 days)
<i>atazanavir oral capsule 200 mg</i>	1	QL (60 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	
BIKTARVY ORAL TABLET 50-200-25 MG	2	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	4	PA
CIMDUO ORAL TABLET 300-300 MG	3	QL (30 per 30 days)
COMPLERA ORAL TABLET 200-25-300 MG	2	QL (30 per 30 days)
DESCOVY ORAL TABLET 200-25 MG	3	ST; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	QL (30 per 30 days)
DOVATO ORAL TABLET 50-300 MG	2	QL (30 per 30 days)
EDURANT ORAL TABLET 25 MG	3	QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	QL (30 per 30 days)
<i>efavirenz oral tablet 600 mg</i>	1	QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofof oral tablet 600- 200-300 mg</i>	3	
<i>efavirenz-lamivu-tenofof disop oral tablet 400- 300-300 mg, 600-300-300 mg</i>	3	
<i>emtricitabine oral capsule 200 mg</i>	3	QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	QL (720 per 30 days)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; LA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	3	QL (60 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	3	QL (30 per 30 days)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	3	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	4	QL (30 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; LA
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	3	QL (60 per 30 days)
INVIRASE ORAL TABLET 500 MG	3	QL (120 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	2	QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	2	QL (60 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	QL (60 per 30 days)
JULUCA ORAL TABLET 50-25 MG	2	QL (30 per 30 days)
KALETRA ORAL TABLET 100-25 MG	3	QL (60 per 30 days)
KALETRA ORAL TABLET 200-50 MG	3	QL (120 per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	QL (900 per 30 days)
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	QL (60 per 30 days)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	QL (60 per 30 days)
LEXIVA ORAL SUSPENSION 50 MG/ML	3	QL (60 per 30 days)
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	QL (320 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	3	QL (120 per 30 days)
MAVYRET ORAL TABLET 100-40 MG	4	PA; LA
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	QL (60 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	1	QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	3	QL (360 per 30 days)
NORVIR ORAL SOLUTION 80 MG/ML	3	QL (480 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL (30 per 30 days)
<i>oseltamivir oral capsule 30 mg</i>	1	QL (40 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	1	QL (20 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL (180 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	2	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL (30 per 30 days)
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG	2	QL (60 per 30 days)
PREZISTA ORAL TABLET 800 MG	2	QL (30 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL (2 per 30 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	3	QL (150 per 30 days)
<i>ribavirin inhalation recon soln 6 gram</i>	MB	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	QL (360 per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML	3	QL (8 per 30 days)
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	3	QL (60 per 30 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	4	LA
SOVALDI ORAL TABLET 200 MG, 400 MG	4	PA; LA
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	QL (120 per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	3	QL (30 per 30 days)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	MB	LA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (30 per 30 days)
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	MB	PA
TYBOST ORAL TABLET 150 MG	2	QL (30 per 30 days)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	3	
VEMLIDY ORAL TABLET 25 MG	3	
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	4	PA
VIRACEPT ORAL TABLET 250 MG	3	QL (90 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VIRACEPT ORAL TABLET 625 MG	3	QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	3	QL (4 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; LA
ZEPATIER ORAL TABLET 50-100 MG	4	PA; LA
<i>zidovudine oral capsule 100 mg</i>	1	QL (60 per 30 days)
<i>zidovudine oral syrup 10 mg/ml</i>	1	QL (960 per 30 days)
<i>zidovudine oral tablet 300 mg</i>	1	QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	3	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	MB	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	MB	
<i>cefixime oral capsule 400 mg</i>	3	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	3	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	MB	
<i>cefotaxime injection recon soln 1 gram</i>	MB	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	MB	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	MB	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	MB	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	MB	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	MB	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	3	
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule,delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	3	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	PA; ST
<i>amikacin injection solution 500 mg/2 ml</i>	MB	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	3	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
CAPASTAT INJECTION RECON SOLN 1 GRAM	3	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; LA; QL (84 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	3	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	MB	
CYCLOSERINE ORAL CAPSULE 250 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
EMVERM ORAL TABLET, CHEWABLE 100 MG	3	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	MB	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	MB	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
LINCOCIN INJECTION SOLUTION 300 MG/ML	MB	

Drug Name	Drug Tier	Requirements / Limits
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	MB	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	3	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	3	
<i>pentamidine injection recon soln 300 mg</i>	MB	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	MB	
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg</i>	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG	3	PA
SIRTURO ORAL TABLET 20 MG	3	
SIVEXTRO ORAL TABLET 200 MG	3	QL (6 per 30 days)
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	3	
<i>tobramycin sulfate injection solution 10 mg/ml</i>	MB	

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin sulfate injection solution 40 mg/ml</i>	3	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; ST
TRECTOR ORAL TABLET 250 MG	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG	3	PA; QL (60 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	MB	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(900K/300K)	MB	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	MB	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	MB	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	MB	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	ST; QL (7 per 30 days)
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	3	ST
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	3	
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	3	
NUZYRA ORAL TABLET 150 MG	3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin oral recon soln 50 mg/ml</i>	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	MB	
<i>leucovorin calcium injection solution 10 mg/ml</i>	MB	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	3	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	LA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; OCh; LA
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	MB	LA
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	MB	PA
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	MB	PA; LA
ALECENSA ORAL CAPSULE 150 MG	4	PA; OCh; LA; QL (240 per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	MB	PA
<i>anastrozole oral tablet 1 mg</i>	ACA PV	OCh; QL (30 per 30 days)
ARZERRA INTRAVENOUS SOLUTION 1,000 MG/50 ML, 100 MG/5 ML	MB	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	MB	PA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; LA
AYVAKIT ORAL TABLET 25 MG, 50 MG	4	PA; OCh
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; OCh
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	MB	PA
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	MB	PA
BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; LA
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; LA
BESPONSА INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	MB	PA; LA
<i>bexarotene oral capsule 75 mg</i>	4	PA; ST; OCh
<i>bicalutamide oral tablet 50 mg</i>	4	OCh; QL (30 per 30 days)
BLINCYTO INTRAVENOUS KIT 35 MCG	MB	PA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; ST; OCh; LA
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	4	PA; OCh; LA
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; ST; OCh; LA
CALQUENCE ORAL CAPSULE 100 MG	4	PA; ST; OCh
<i>capecitabine oral tablet 150 mg</i>	4	OCh; LA; QL (210 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	4	OCh; LA; QL (84 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; OCh
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; OCh
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; OCh
COTELLIC ORAL TABLET 20 MG	4	PA; OCh; LA
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	OCh
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; LA
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	MB	PA; LA
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; OCh; LA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	4	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	4	PA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	4	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	4	PA
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	MB	PA
EMCYT ORAL CAPSULE 140 MG	4	OCh
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	MB	PA; LA
ENHERTU INTRAVENOUS RECON SOLN 100 MG	MB	PA; LA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	MB	PA; LA
ERLEADA ORAL TABLET 60 MG	4	PA; OCh; LA
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; OCh; LA
ERWINAZE INJECTION RECON SOLN 10,000 UNIT	MB	PA
<i>etoposide oral capsule 50 mg</i>	4	OCh
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; ST; OCh; LA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	PA
<i>exemestane oral tablet 25 mg</i>	ACA PV	OCh; QL (30 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	4	PA; LA
<i>flutamide oral capsule 125 mg</i>	4	OCh; QL (180 per 30 days)
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	MB	PA; LA
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	MB	

Drug Name	Drug Tier	Requirements / Limits
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	MB	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	MB	PA; LA
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; OCh; LA
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	PA; OCh
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	MB	PA; LA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	MB	LA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	MB	PA; LA
HERZUMA INTRAVENOUS RECON SOLN 150 MG	MB	PA; LA
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	4	OCh; LA
<i>hydroxyurea oral capsule 500 mg</i>	4	OCh
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; OCh; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	OCh; LA
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; ST; OCh
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; OCh; LA
<i>imatinib oral tablet 100 mg</i>	4	OCh; LA; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	OCh; LA; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	4	PA; ST; OCh
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	4	PA; ST; OCh
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	MB	PA; LA
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	MB	
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; OCh; LA
IRESSA ORAL TABLET 250 MG	4	PA; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	MB	PA; LA
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	MB	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; OCh; LA
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	MB	PA; LA
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	MB	PA; LA
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	MB	PA; LA
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	MB	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; ST; OCh; LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; ST; OCh; LA
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	MB	PA
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	MB	PA
<i>lapatinib oral tablet 250 mg</i>	4	PA; OCh; LA; QL (180 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	4	PA; ST; OCh; LA
<i>letrozole oral tablet 2.5 mg</i>	ACA PV	OCh; QL (30 per 30 days)
LEUKERAN ORAL TABLET 2 MG	4	OCh
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	MB	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; ST; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; ST; OCh; LA
LYSODREN ORAL TABLET 500 MG	4	OCh
MATULANE ORAL CAPSULE 50 MG	4	OCh
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	QL (2 per 30 days)
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	QL (1 per 30 days)
<i>megestrol oral tablet 20 mg</i>	4	OCh; QL (480 per 30 days)
<i>megestrol oral tablet 40 mg</i>	4	OCh; QL (240 per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; ST; OCh; LA
MEKTOVI ORAL TABLET 15 MG	4	PA; OCh; LA
<i>melphalan oral tablet 2 mg</i>	4	OCh; QL (63 per 21 days)
<i>mercaptopurine oral tablet 50 mg</i>	4	OCh; QL (300 per 30 days)
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	3	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	4	OCh
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	MB	PA; LA
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	MB	PA; LA
NERLYNX ORAL TABLET 40 MG	4	PA; OCh; LA; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	4	PA; ST; OCh; LA
<i>nilutamide oral tablet 150 mg</i>	4	OCh; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; ST; OCh; LA
NULOJIX INTRAVENOUS RECON SOLN 250 MG	MB	PA
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	4	
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	MB	PA; LA
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	MB	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	MB	PA
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	MB	PA; LA
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	MB	PA; LA
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	MB	PA; LA
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; OCh; LA
POLIVY INTRAVENOUS RECON SOLN 140 MG	MB	PA; LA
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	MB	PA; LA
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	MB	PA
QINLOCK ORAL TABLET 50 MG	4	OCh
RETEVMO ORAL CAPSULE 40 MG	4	PA; OCh; LA; QL (240 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA; OCh; LA; QL (120 per 30 days)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	MB	LA

Drug Name	Drug Tier	Requirements / Limits
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	MB	PA; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; ST; OCh; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; ST; OCh; LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; ST
<i>sirolimus oral solution 1 mg/ml</i>	3	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	ACA PV	OCh
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	4	PA; LA
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; ST; OCh; LA
STIVARGA ORAL TABLET 40 MG	4	PA; ST; OCh; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; ST; OCh; LA
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	MB	PA; LA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA; ST
TABLOID ORAL TABLET 40 MG	4	OCh
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; OCh; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; OCh; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	4	PA; OCh; LA
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	ACA PV	OCh; QL (60 per 30 days)
TARGRETIN TOPICAL GEL 1 %	2	PA; ST
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; ST; OCh; LA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	MB	PA; LA
TEMODAR INTRAVENOUS RECON SOLN 100 MG	MB	PA; LA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	OCh; LA

Drug Name	Drug Tier	Requirements / Limits
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	MB	PA; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	4	OCh; LA
TIBSOVO ORAL TABLET 250 MG	4	PA; OCh
<i>toremifene oral tablet 60 mg</i>	4	OCh
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	MB	PA; LA
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	MB	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	OCh
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA; ST; OCh; QL (15 per 30 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	MB	PA; LA
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	MB	PA
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	MB	PA; LA
VELCADE INJECTION RECON SOLN 3.5 MG	MB	LA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; ST; OCh
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; OCh
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; ST; OCh; LA
VITRAKVI ORAL CAPSULE 100 MG	4	PA; OCh; LA
VITRAKVI ORAL CAPSULE 25 MG	4	PA; ST; OCh; LA
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; OCh; LA
VOTRIENT ORAL TABLET 200 MG	4	PA; ST; OCh; LA
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	MB	PA
XALKORI ORAL CAPSULE 200 MG	4	PA; OCh; LA; QL (75 per 30 days)
XALKORI ORAL CAPSULE 250 MG	4	PA; OCh; LA; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	4	PA; ST
XOSPATA ORAL TABLET 40 MG	4	PA; OCh
XTANDI ORAL CAPSULE 40 MG	4	PA; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL TABLET 40 MG, 80 MG	4	PA; OCh; LA
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	MB	PA; LA
YESCARTA INTRAVENOUS SUSPENSION	MB	PA
YONDELIS INTRAVENOUS RECON SOLN 1 MG	MB	
YONSA ORAL TABLET 125 MG	4	PA; OCh; LA
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	MB	PA; LA
ZELBORAF ORAL TABLET 240 MG	4	PA; ST; OCh; LA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	MB	PA; LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; ST; OCh; LA
ZYKADIA ORAL TABLET 150 MG	4	PA; ST; OCh; LA; QL (90 per 30 days)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

BANZEL ORAL TABLET 200 MG, 400 MG	3	PA; ST
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST; QL (150 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	3	
<i>clobazam oral tablet 10 mg, 20 mg</i>	3	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diazepam rectal kit 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA; QL (400 per 30 days)
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	3	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	3	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	3	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	3	PA; ST
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	3	PA; ST
<i>pregabalin oral solution 20 mg/ml</i>	3	PA; ST
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	3	PA; ST
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepira oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	3	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	3	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	3	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	3	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	3	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	PA; QL (30 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; LA
<i>vigabatrin oral tablet 500 mg</i>	4	PA; LA
<i>vigadrone oral powder in packet 500 mg</i>	4	PA; ST
VIMPAT ORAL SOLUTION 10 MG/ML	3	PA; ST; QL (6 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	ST; QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	4	PA; ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA; QL (1 per 30 days)
<i>benztropine injection solution 1 mg/ml</i>	3	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	MB	LA
<i>entacapone oral tablet 200 mg</i>	1	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	PA; ST
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	3	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	3	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; ST
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	ST
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; ST
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	3	QL (18 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	3	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	3	QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; ST
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; ST
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	3	QL (18 per 30 days)
<i>migergot rectal suppository 2-100 mg</i>	3	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	3	QL (18 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	3	QL (18 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	QL (16 per 30 days)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	MB	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	3	QL (18 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	3	QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	3	ST; QL (18 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; LA
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; LA; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	MB	PA
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	3	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	
ONPATTRO INTRAVENOUS SOLUTION 2 MG/ML	MB	PA
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	MB	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	LA

Drug Name	Drug Tier	Requirements / Limits
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	MB	PA; ST; LA
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	MB	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA; ST
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	3	ST
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	3	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	3	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	3	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	3	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	3	PA; ST
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	PA; ST
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA; ST
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA; ST
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	PA; ST
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	PA; ST
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	3	
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA; ST
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	3	PA; ST
<i>butalbital-acetaminophen oral tablet 25-325 mg</i>	3	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA; ST
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA; ST
<i>diskets oral tablet, soluble 40 mg</i>	1	PA; ST
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	MB	
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	MB	PA; ST
<i>dvorah oral tablet 325-30-16 mg</i>	3	PA; ST
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; ST
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	3	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	3	PA; ST; QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA; ST
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	PA; ST
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; ST
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA; ST
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	2	PA; ST
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA; ST
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA; ST
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	3	PA; ST; QL (60 per 30 days)
<i>hydromorphone rectal suppository 3 mg</i>	1	PA; ST
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	3	PA; ST
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA; ST
<i>meperidine oral tablet 50 mg</i>	1	PA; ST
<i>methadone injection solution 10 mg/ml</i>	3	PA; ST
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; ST
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; ST
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA; ST
<i>methadone oral tablet,soluble 40 mg</i>	1	PA; ST
<i>methadose oral concentrate 10 mg/ml</i>	3	PA; ST
<i>methadose oral tablet,soluble 40 mg</i>	1	PA; ST
<i>morphine (pf) injection solution 0.5 mg/ml</i>	MB	PA; ST
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA; ST
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; ST; QL (60 per 30 days)
<i>morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg</i>	1	PA; ST; QL (90 per 30 days)
<i>morphine oral capsule,extend.release pellets 30 mg, 60 mg</i>	1	PA; ST; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule,extend.release pellets 40 mg</i>	1	PA; QL (90 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA; ST
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA; ST
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; ST; QL (120 per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; ST
<i>oxycodone oral capsule 5 mg</i>	1	PA; ST
<i>oxycodone oral concentrate 20 mg/ml</i>	3	PA; ST
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA; ST
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; ST
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA; ST
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	PA; ST; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG, 80 MG	2	PA; ST; QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	3	PA; ST
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	3	PA; ST; QL (90 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	MB	
<i>tencon oral tablet 50-325 mg</i>	1	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i>	ACA PV	
<i>aspirin low dose oral tablet,delayed release (dr/ec) 81 mg</i>	ACA PV	
<i>aspirin oral tablet 325 mg</i>	ACA PV	
<i>aspirin oral tablet,chewable 81 mg</i>	ACA PV	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	ACA PV	
<i>aspir-trin oral tablet,delayed release (dr/ec) 325 mg</i>	ACA PV	

Drug Name	Drug Tier	Requirements / Limits
<i>bayer aspirin oral tablet 325 mg</i>	ACA PV	
BAYER CHEWABLE ASPIRIN ORAL TABLET,CHEWABLE 81 MG	ACA PV	
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	3	QL (90 per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	PA; ST; QL (5 per 30 days)
<i>cataflam oral tablet 50 mg</i>	1	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	3	
<i>children's aspirin oral tablet,chewable 81 mg</i>	ACA PV	
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	3	
<i>diclofenac sodium topical gel 1 %</i>	1	
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	3	
<i>diflunisal oral tablet 500 mg</i>	1	
DUEXIS ORAL TABLET 800-26.6 MG	3	ST
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	ACA PV	
<i>ecotrin oral tablet,delayed release (dr/ec) 325 mg</i>	ACA PV	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	3	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	3	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	3	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	3	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml</i>	MB	
<i>ketorolac injection solution 30 mg/ml (1 ml)</i>	3	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	MB	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	3	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	3	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	3	
<i>ketorolac oral tablet 10 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	3	
<i>mefenamic acid oral capsule 250 mg</i>	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml</i>	MB	PA; ST
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	3	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; ST; QL (60 per 30 days)
<i>oxaprozin oral tablet 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA; ST
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet,chewable 81 mg</i>	ACA PV	
<i>st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	ACA PV	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1	
<i>tramadol oral tablet 50 mg</i>	1	PA; ST
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; ST
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA; ST
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA; ST
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	MB	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	3	
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	3	PA; ST
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML	3	ST
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	3	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
AMPHETAMINE ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML	3	ST
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	3	
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	MB	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	3	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine injection solution 25 mg/ml</i>	3	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	3	ST
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	3	
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	3	ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	ST
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	3	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; ST
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	PA; ST
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	3	PA
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	3	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; ST; LA
HETLIOZ ORAL CAPSULE 20 MG	4	PA; ST; LA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	3	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	PA; ST
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	3	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	3	ST
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	3	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	3	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA
NUPLAZID ORAL TABLET 10 MG	4	PA; LA
<i>olanzapine intramuscular recon soln 10 mg</i>	3	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	3	
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	ST
<i>ramelteon oral tablet 8 mg</i>	1	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA; ST
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>seconal sodium oral capsule 100 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	MB	PA
SUNOSI ORAL TABLET 150 MG	3	PA; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	3	PA; QL (60 per 30 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	PA; ST
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	PA; ST
VRAYLAR ORAL CAPSULE, DOSE PACK 1.5 MG (1)- 3 MG (6)	3	PA; ST
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	3	PA; ST
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	PA; ST
XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	ST

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	3	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	MB	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	3	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	3	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	3	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	3	
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	3	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	3	ST
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; LA
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	3	
QBRELIS ORAL SOLUTION 1 MG/ML	3	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	3	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	ST
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	3	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	3	
<i>torseמידe oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	3	ST
<i>triamterene oral capsule 100 mg, 50 mg</i>	3	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	MB	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
COAGULATION THERAPY		

Drug Name	Drug Tier	Requirements / Limits
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	3	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	3	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	4	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	4	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	4	PA; LA
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml</i>	MB	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	MB	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	MB	LA
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
MULPLETA ORAL TABLET 3 MG	4	PA; LA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	MB	LA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; ST; LA
PROMACTA ORAL POWDER IN PACKET 25 MG	4	LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; ST; LA
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	3	ST
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	ACA PV	
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	3	
<i>colesevelam oral tablet 625 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	ACA PV	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	ACA PV	
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA; ST; QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	4	PA; LA; QL (30 per 30 days)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	ACA PV	
<i>niacin oral tablet 500 mg</i>	3	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	3	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	3	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	ACA PV	
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; ST
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; ST

Drug Name	Drug Tier	Requirements / Limits
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	ACA PV	
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	ACA PV	
<i>simvastatin oral tablet 80 mg</i>	1	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA; ST; QL (120 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	PA; ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	3	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; ST
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	3	ST
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	PA; ST; QL (30 per 30 days)
<i>nitro-bid transdermal ointment 2 %</i>	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	PA; ST; QL (30 per 30 days)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Drug Tier	Requirements / Limits
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	
<i>calcipotriene scalp solution 0.005 %</i>	3	
<i>calcipotriene topical cream 0.005 %</i>	3	
<i>calcipotriene topical ointment 0.005 %</i>	3	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	3	
<i>calcitriol topical ointment 3 mcg/gram</i>	3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; LA; QL (2 per 30 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; ST; LA; QL (2 per 30 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; ST; LA; QL (2 per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; LA; QL (2 per 30 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (4 per 30 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	3	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; LA; QL (1 per 90 days)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; ST; LA; QL (2 per 30 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; ST; LA; QL (1 per 90 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; ST; LA; QL (1 per 90 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; ST; LA; QL (1 per 90 days)
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	MB	PA; LA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; ST; LA; QL (1 per 90 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; ST; LA; QL (1 per 90 days)
<i>sulfacetamide sodium topical cleanser 10 %</i>	3	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	3	
<i>sulfacetamide sodium topical shampoo 10 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; LA; QL (1 per 30 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; LA; QL (1 per 30 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; ST; LA; QL (1 per 30 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; ST; LA; QL (1 per 30 days)
TREMFYA SUBCUTANEOUS AUTO- INJECTOR 100 MG/ML	4	PA; ST; LA; QL (1 per 60 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; LA; QL (1 per 60 days)
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; LA; QL (2 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	LA; QL (2 per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; ST; LA; QL (2 per 30 days)
EUCRISA TOPICAL OINTMENT 2 %	3	PA; ST
FLUOROURACIL TOPICAL CREAM 0.5 %	3	PA; ST
<i>fluorouracil topical cream 5 %</i>	3	PA; ST
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
LEVULAN TOPICAL SOLUTION 20 %	3	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
PANRETIN TOPICAL GEL 0.1 %	3	
PICATO TOPICAL GEL 0.015 %, 0.05 %	3	PA; ST
<i>pimecrolimus topical cream 1 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pradoxin topical cream 5 %</i>	3	
REGRANEX TOPICAL GEL 0.01 %	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	MB	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
UVADEX INJECTION SOLUTION 20 MCG/ML	3	
VALCHLOR TOPICAL GEL 0.016 %	4	PA; ST; LA
THERAPY FOR ACNE		
<i>acutane oral capsule 20 mg, 30 mg, 40 mg</i>	3	
<i>adapalene topical cream 0.1 %</i>	3	ST
<i>adapalene topical gel 0.3 %</i>	3	ST
<i>adapalene topical gel with pump 0.3 %</i>	3	ST
ADAPALENE TOPICAL LOTION 0.1 %	3	ST
<i>adapalene topical solution 0.1 %</i>	3	ST
<i>adapalene topical swab 0.1 %</i>	3	ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	3	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	3	PA; ST
<i>avita topical cream 0.025 %</i>	1	
AVITA TOPICAL GEL 0.025 %	3	ST
<i>azelaic acid topical gel 15 %</i>	1	
AZELEX TOPICAL CREAM 20 %	3	ST
<i>claravis oral capsule 10 mg, 20 mg, 30 mg</i>	3	PA; ST
<i>claravis oral capsule 40 mg</i>	3	
<i>clindacin p topical swab 1 %</i>	3	
<i>clindamycin phosphate topical foam 1 %</i>	3	
<i>clindamycin phosphate topical gel 1 %</i>	3	
<i>clindamycin phosphate topical lotion 1 %</i>	3	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	3	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	3	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	3	
<i>dapsone topical gel 5 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ery pads topical swab 2 %</i>	3	
<i>erygel topical gel 2 %</i>	3	
<i>erythromycin with ethanol topical gel 2 %</i>	3	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	3	
<i>metronidazole topical cream 0.75 %</i>	3	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	3	
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>rosadan topical cream 0.75 %</i>	3	
<i>rosadan topical gel 0.75 %</i>	3	
<i>tazarotene topical cream 0.1 %</i>	3	ST
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	3	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	3	
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	
<i>tretinoin topical gel 0.05 %</i>	3	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
TOPICAL ANESTHETICS		
<i>lidocaine hcl injection solution 10 mg/ml (1 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	3	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	3	
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	3	ST
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	3	ST
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL 2-1-1 %	3	ST
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	3	ST
ALTABAX TOPICAL OINTMENT 1 %	3	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	3	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream 0.77 %</i>	3	
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	3	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	3	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	3	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
EXELDERM TOPICAL CREAM 1 %	3	
EXELDERM TOPICAL SOLUTION 1 %	3	

Drug Name	Drug Tier	Requirements / Limits
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	3	PA; ST
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i>	1	
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	
LULICONAZOLE TOPICAL CREAM 1 %	3	
LUZU TOPICAL CREAM 1 %	3	
MENTAX TOPICAL CREAM 1 %	3	
<i>naftifine topical cream 1 %, 2 %</i>	3	
<i>naftifine topical gel 1 %</i>	3	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	3	
OXISTAT TOPICAL LOTION 1 %	3	
<i>tavaborole topical solution with applicator 5 %</i>	3	PA; ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	3	
DENAVIR TOPICAL CREAM 1 %	3	
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	3	
<i>alclometasone topical ointment 0.05 %</i>	3	
<i>amcinonide topical cream 0.1 %</i>	3	
<i>amcinonide topical lotion 0.1 %</i>	3	
<i>apexicon e topical cream 0.05 %</i>	3	
<i>beser topical lotion 0.05 %</i>	3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	3	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	3	
<i>clobetasol topical cream 0.05 %</i>	3	
<i>clobetasol topical foam 0.05 %</i>	3	
<i>clobetasol topical gel 0.05 %</i>	3	
<i>clobetasol topical lotion 0.05 %</i>	3	
<i>clobetasol topical ointment 0.05 %</i>	3	
<i>clobetasol topical shampoo 0.05 %</i>	3	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	3	
<i>clobetasol-emollient topical cream 0.05 %</i>	3	
<i>clobetasol-emollient topical foam 0.05 %</i>	3	
CLOCORTOLONE PIVALATE TOPICAL CREAM 0.1 %	3	ST
CLODERM TOPICAL CREAM 0.1 %	3	ST
<i>desonide topical cream 0.05 %</i>	3	
<i>desonide topical lotion 0.05 %</i>	3	
<i>desonide topical ointment 0.05 %</i>	3	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	3	
<i>desoximetasone topical gel 0.05 %</i>	3	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	3	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	3	
<i>diflorasone topical cream 0.05 %</i>	3	
<i>diflorasone topical ointment 0.05 %</i>	3	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	3	
<i>fluocinonide topical gel 0.05 %</i>	3	
<i>fluocinonide topical ointment 0.05 %</i>	3	
<i>fluocinonide topical solution 0.05 %</i>	3	
<i>fluocinonide-e topical cream 0.05 %</i>	3	
<i>flurandrenolide topical cream 0.05 %</i>	3	
<i>flurandrenolide topical lotion 0.05 %</i>	3	
<i>flurandrenolide topical ointment 0.05 %</i>	3	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	3	
<i>halobetasol propionate topical cream 0.05 %</i>	3	
<i>halobetasol propionate topical ointment 0.05 %</i>	3	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	3	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	3	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	3	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	3	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i>	3	
<i>prednicarbate topical ointment 0.1 %</i>	3	
<i>scalacort topical lotion 2 %</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	3	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (2 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	3	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
<i>ivermectin topical lotion 0.5 %</i>	3	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	3	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>ringer's irrigation solution</i>	MB	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	MB	LA
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; LA
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	3	
<i>clovique oral capsule 250 mg</i>	3	PA; QL (240 per 30 days)
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox oral tablet 180 mg</i>	4	PA; LA
<i>deferasirox oral tablet 360 mg, 90 mg</i>	4	ST; LA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	ST; LA
<i>deferiprone oral tablet 500 mg</i>	4	PA
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	MB	PA; LA
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	MB	LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	4	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	MB	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	MB	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; ST; LA; QL (10 per 30 days)
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	3	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	MB	
<i>sodium chloride 0.9 % injection solution</i>	MB	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	3	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	3	PA

Drug Name	Drug Tier	Requirements / Limits
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	MB	PA; LA
<i>trientine oral capsule 250 mg</i>	3	PA; QL (240 per 30 days)
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; QL (120 per 30 days)
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	MB	LA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; ST
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	ACA PV	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	ACA PV	QL (180 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG	ACA PV	QL (180 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	ACA PV	QL (180 per 365 days)
<i>nicorette buccal gum 4 mg</i>	ACA PV	
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	ACA PV	
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	ACA PV	
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	ACA PV	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	ACA PV	
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	ACA PV	
NICOTROL INHALATION CARTRIDGE 10 MG	ACA PV	
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	ACA PV	
<i>quit 2 buccal gum 2 mg</i>	ACA PV	
<i>quit 2 buccal lozenge 2 mg</i>	ACA PV	
<i>quit 4 buccal gum 4 mg</i>	ACA PV	
<i>quit 4 buccal lozenge 4 mg</i>	ACA PV	
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	ACA PV	
VARENICLINE ORAL TABLET 0.5 MG, 1 MG	ACA PV	QL (180 per 365 days)
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	3	
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 dry mouth dental gel 1.1 %</i>	3	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>triamcinolone acetamide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		

Drug Name	Drug Tier	Requirements / Limits
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA
<i>decadron oral tablet 0.5 mg</i>	3	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	3	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	3	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
CONTOUR NEXT TEST STRIPS STRIP	2	
CONTOUR TEST STRIPS STRIP	2	
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIPS STRIP	2	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	PA; ST
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	3	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	
FREESTYLE LIBRE 2 SENSOR KIT	3	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
INSULIN THERAPY		

Drug Name	Drug Tier	Requirements / Limits
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	ST
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	3	ST
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	ST
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	ST
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	ST
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	ST
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	ST
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	ST
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	ST

Drug Name	Drug Tier	Requirements / Limits
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	ST
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	3	ST
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

Drug Name	Drug Tier	Requirements / Limits
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA; ST
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA; ST
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	MB	PA; LA
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	ST; QL (30 per 30 days)
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	MB	PA
<i>cabergoline oral tablet 0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	3	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	4	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	MB	PA; LA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	4	PA
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	MB	PA; LA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	MB	PA; LA
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	MB	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	MB	PA; LA
GALAFOLD ORAL CAPSULE 123 MG	4	PA; LA
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	4	
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	4	QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; QL (60 per 30 days)
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	MB	LA
KORLYM ORAL TABLET 300 MG	4	PA; ST
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	MB	PA; LA

Drug Name	Drug Tier	Requirements / Limits
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	MB	PA; LA
<i>methyltestosterone oral capsule 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
<i>miglustat oral capsule 100 mg</i>	4	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; LA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; ST; LA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	3	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; LA
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 5 MCG/ML	MB	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
SAMSCA ORAL TABLET 15 MG	4	PA; LA; QL (60 per 30 days)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; LA
<i>sapropterin oral tablet, soluble 100 mg</i>	4	PA; LA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA; QL (30 per 30 days)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	4	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	3	
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	MB	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	3	QL (60 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 20.25 mg/1.25 gram (1.62 %)</i>	1	QL (2 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	QL (4 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram)</i>	1	QL (30 per 30 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	3	QL (60 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	QL (60 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	QL (2 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	4	LA
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	MB	PA; LA
VPRIV INTRAVENOUS RECON SOLN 400 UNIT	MB	PA; LA
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PA; ST
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; ST
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; ST
CYCLOSET ORAL TABLET 0.8 MG	3	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	PA; ST
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA; ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	PA; ST

Drug Name	Drug Tier	Requirements / Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA; ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA; ST
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	PA; ST
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	PA; ST
<i>metformin oral solution 500 mg/5 ml</i>	3	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	3	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	3	PA; ST
<i>migliitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	3	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	2	PA; ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	PA; ST
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	3	PA; ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; ST
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; ST
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; ST

Drug Name	Drug Tier	Requirements / Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	PA; ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	PA; ST
TRADJENTA ORAL TABLET 5 MG	2	PA; ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; ST
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	PA; ST
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
THYROLAR-1 ORAL TABLET 12.5-50 MCG	2	
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG	2	
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG	2	
THYROLAR-2 ORAL TABLET 25-100 MCG	2	
THYROLAR-3 ORAL TABLET 37.5-150 MCG	2	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	

GASTROENTEROLOGY

Drug Name	Drug Tier	Requirements / Limits
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet,disintegrating 0.125 mg</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	3	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	3	PA; ST
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	3	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	3	
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	3	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	3	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	QL (1 per 30 days)
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	3	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	3	PA
<i>anucort-hc rectal suppository 25 mg</i>	3	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	QL (1 per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (2 per 30 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	QL (1 per 30 days)
<i>balsalazide oral capsule 750 mg</i>	1	
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	4	
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; ST; LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; ST; LA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	ACA PV	
<i>compro rectal suppository 25 mg</i>	3	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	

Drug Name	Drug Tier	Requirements / Limits
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	PA
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	3	PA; ST
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg</i>	3	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	3	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	3	
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	MB	PA; LA
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	ACA PV	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	ACA PV	
<i>gavilyte-n oral recon soln 420 gram</i>	ACA PV	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	3	QL (6 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	3	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	3	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	MB	PA; LA
<i>lactulose oral packet 10 gram</i>	3	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)</i>	3	ST
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)</i>	3	PA; ST
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	3	PA; ST
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	PA
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	ST
<i>metoclopramide hcl injection solution 5 mg/ml</i>	MB	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	MB	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	PA; ST
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM	ACA PV	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (100 per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (9 per 30 days)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL (9 per 30 days)
OSMOPREP ORAL TABLET 1.5 GRAM	ACA PV	

Drug Name	Drug Tier	Requirements / Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	ACA PV	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	ACA PV	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	ACA PV	
<i>peg-prep oral kit 5-210 mg-gram</i>	ACA PV	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	ACA PV	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	3	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	3	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
RELISTOR ORAL TABLET 150 MG	3	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	3	
REMICADE INTRAVENOUS RECON SOLN 100 MG	MB	PA; LA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	MB	PA; LA
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	3	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	3	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	3	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; ST; QL (2 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	ACA PV	ST
<i>trilyte with flavor packets oral recon soln 420 gram</i>	ACA PV	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	3	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	ST
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA; ST
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000-24,000 UNIT	2	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25,000-79,000- 105,000 UNIT	2	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	3	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	3	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	3	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg, 40 mg</i>	3	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg, 30 mg</i>	3	
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	3	
<i>nizatidine oral solution 150 mg/10 ml</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	3	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG	3	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	3	
<i>sucralfate oral suspension 100 mg/ml</i>	3	
<i>sucralfate oral tablet 1 gram</i>	1	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	LA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	LA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; ST
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	MB	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	MB	LA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	LA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST
GROWTH HORMONES		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; ST; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; ST; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; ST; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	4	PA; ST; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; ST; LA
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG	4	PA; ST; LA
INTERFERONS		
AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; ST; LA; QL (4 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; ST; LA; QL (4 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; LA; QL (14 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; LA; QL (14 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; LA; QL (1 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	4	PA; LA; QL (60 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; LA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; LA; QL (12 per 30 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; LA; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; LA; QL (12 per 30 days)
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	MB	PA; ST; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (1 per 30 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (1 per 30 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (1 per 30 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (1 per 30 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (1 per 30 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; LA; QL (1 per 30 days)
MAYZENT ORAL TABLET 0.25 MG, 2 MG	4	PA; ST; LA; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	4	PA; ST; LA; QL (1 per 365 days)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	MB	PA; LA
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; LA
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL (1 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; LA; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; LA; QL (1 per 30 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; LA; QL (1 per 365 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; ST; OCh; LA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; LA; QL (1 per 365 days)
PONVORY ORAL TABLET 20 MG	4	PA; LA; QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; LA; QL (6 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL (5 per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; LA; QL (5 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; ST; OCh; LA
<i>ribavirin oral capsule 200 mg</i>	4	LA
<i>ribavirin oral tablet 200 mg</i>	4	LA
ZEPOSIA ORAL CAPSULE 0.92 MG	4	LA; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	4	LA; QL (30 per 30 days)
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	LA; QL (30 per 30 days)
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	MB	PA; LA
<i>imiquimod topical cream in packet 5 %</i>	1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	Vac
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	Vac
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	Vac
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	2	Vac
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
ASCENIV INTRAVENOUS SOLUTION 10 %	MB	PA; LA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	Vac
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	Vac
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	Vac
BIVIGAM INTRAVENOUS SOLUTION 10 %	MB	PA; LA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	Vac
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	Vac
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	MB	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	MB	LA
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	MB	LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	Vac

Drug Name	Drug Tier	Requirements / Limits
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	MB	LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	Vac
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	Vac
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	Vac
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	2	Vac
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	2	Vac
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	Vac
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	MB	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	MB	

Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	MB	LA
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	MB	PA; LA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	MB	LA
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	MB	PA; LA
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	MB	PA; LA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	MB	LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	Vac
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	Vac
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	Vac
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	Vac
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	MB	LA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	Vac
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	Vac
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	Vac
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	Vac

Drug Name	Drug Tier	Requirements / Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	Vac
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	Vac
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	Vac
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	Vac
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	Vac
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	MB	LA
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	MB	PA; LA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA
PANZYGA INTRAVENOUS SOLUTION 10 %	MB	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	Vac
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	Vac
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	2	Vac
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	Vac
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	2	Vac
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	Vac
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	Vac
PRIVIGEN INTRAVENOUS SOLUTION 10 %	MB	PA; LA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	Vac
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	Vac

Drug Name	Drug Tier	Requirements / Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	Vac
RAGWITEK SUBLINGUAL TABLET 12 AMBA 1 UNIT	3	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	Vac
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	Vac
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	Vac
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	3	Vac
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	Vac
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	Vac
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	Vac
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	Vac
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	Vac
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	Vac
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	Vac
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	Vac
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	Vac
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	Vac
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	Vac

Drug Name	Drug Tier	Requirements / Limits
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	Vac
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	Vac
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	MB	LA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	MB	LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	Vac
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	Vac

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
COLCHICINE ORAL CAPSULE 0.6 MG	2	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	MB	PA; LA
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	

OSTEOPOROSIS THERAPY

<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	MB	PA; ST; LA; QL (2 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	MB	PA; ST; LA; QL (1 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; ST; LA; QL (1 per 30 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	
<i>ibandronate oral tablet 150 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	ST; LA
<i>raloxifene oral tablet 60 mg</i>	ACA PV	OCh
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	3	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	3	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; ST; LA; QL (1 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; ST; LA; QL (30 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; ST; LA; QL (2 per 30 days)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	MB	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; ST; LA; QL (2 per 30 days)
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	MB	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; LA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; ST; LA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; ST; LA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; ST; LA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; ST; LA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; ST; LA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; LA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; LA

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; ST; LA
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; ST; LA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; ST; LA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; ST; LA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; ST; LA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; ST; LA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; ST; LA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; ST; LA
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; LA; QL (2 per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; LA; QL (2 per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG	4	PA; ST; LA; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	MB	PA; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; ST; LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; ST; LA
OTEZLA ORAL TABLET 30 MG	4	PA; ST; LA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; ST; LA; QL (2 per 365 days)
<i>penicillamine oral capsule 250 mg</i>	3	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; ST; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; ST
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; ST
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	MB	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; LA; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; LA; QL (1 per 30 days)
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; ST; LA; QL (1 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; ST; LA; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; ST; LA; QL (30 per 30 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	ACA PV	
FC2 FEMALE CONDOM	ACA PV	
FEMCAP VAGINAL DEVICE 22 MM	ACA PV	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	ACA PV	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	ACA PV	ST
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (6 YRS) 52 MG	ACA PV	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	ACA PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	ACA PV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	ACA PV	

ESTROGENS & PROGESTINS

<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	3	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
<i>camila oral tablet 0.35 mg</i>	ACA PV	

Drug Name	Drug Tier	Requirements / Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	3	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	4	LA
<i>deblitane oral tablet 0.35 mg</i>	ACA PV	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	ACA PV	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	2	QL (30 per 30 days)
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 30 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
<i>errin oral tablet 0.35 mg</i>	ACA PV	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 30 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (4 per 30 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	QL (2 per 30 days)
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	ACA PV	
<i>hydroxyprogesterone (pf) (preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	4	
<i>hydroxyprogesterone cap (ppres) intramuscular oil 250 mg/ml</i>	4	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	4	
<i>incassia oral tablet 0.35 mg</i>	ACA PV	
<i>jencycla oral tablet 0.35 mg</i>	ACA PV	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	ACA PV	
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL (8 per 30 days)
<i>lyza oral tablet 0.35 mg</i>	ACA PV	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	ACA PV	
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	ACA PV	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL (4 per 30 days)
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	ACA PV	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	ACA PV	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	ACA PV	
PREMARIN INJECTION RECON SOLN 25 MG	2	

Drug Name	Drug Tier	Requirements / Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone intramuscular oil 50 mg/ml</i>	4	LA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	ACA PV	
<i>tulana oral tablet 0.35 mg</i>	ACA PV	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	ACA PV	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	ACA PV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	ACA PV	
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>gynol ii vaginal gel 3 %</i>	ACA PV	
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	4	PA; LA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	4	PA; LA
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	ACA PV	LA
OSPHENA ORAL TABLET 60 MG	3	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	ACA PV	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ayuna oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA PV	
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)	ACA PV	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	ACA PV	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	ACA PV	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA PV	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA PV	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	ACA PV	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	ACA PV	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	ACA PV	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	ACA PV	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	ACA PV	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>cryselles (28) oral tablet 0.3-30 mg-mcg</i>	ACA PV	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	ACA PV	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	ACA PV	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>cyred oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	ACA PV	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	ACA PV	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	ACA PV	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA PV	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>dolishale oral tablet 90-20 mcg (28)</i>	ACA PV	

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

Drug Name	Drug Tier	Requirements / Limits
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA PV	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	ACA PV	
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	ACA PV	
<i>kalliga oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA PV	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	ACA PV	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	ACA PV	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>l norgest/e.estradiol-e.estrad oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	ACA PV	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	ACA PV	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	ACA PV	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	ACA PV	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA PV	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA PV	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	ACA PV	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	ACA PV	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	ACA PV	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	ACA PV	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	ACA PV	
<i>levonorgestrel oral tablet 1.5 mg</i>	ACA PV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	ACA PV	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	ACA PV	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	ACA PV	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	ACA PV	

Drug Name	Drug Tier	Requirements / Limits
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	ACA PV	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	ACA PV	
<i>loryna (28) oral tablet 3-0.02 mg</i>	ACA PV	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	ACA PV	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	ACA PV	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	ACA PV	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	ACA PV	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	ACA PV	
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	ACA PV	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	ACA PV	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	ACA PV	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA PV	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA PV	
<i>mili oral tablet 0.25-35 mg-mcg</i>	ACA PV	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	ACA PV	
<i>my choice oral tablet 1.5 mg</i>	ACA PV	
<i>my way oral tablet 1.5 mg</i>	ACA PV	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	ACA PV	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	ACA PV	
<i>new day oral tablet 1.5 mg</i>	ACA PV	
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	ACA PV	
<i>nikki (28) oral tablet 3-0.02 mg</i>	ACA PV	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	ACA PV	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	ACA PV	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	ACA PV	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	ACA PV	

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

Drug Name	Drug Tier	Requirements / Limits
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	ACA PV	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	ACA PV	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	ACA PV	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	ACA PV	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	ACA PV	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	ACA PV	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	ACA PV	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	ACA PV	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	ACA PV	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	ACA PV	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	ACA PV	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	ACA PV	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	ACA PV	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	ACA PV	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	ACA PV	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	ACA PV	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	ACA PV	
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	ACA PV	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	ACA PV	
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	ACA PV	
<i>vestura (28) oral tablet 3-0.02 mg</i>	ACA PV	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	ACA PV	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	ACA PV	

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

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	3	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	3	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	QL (120 per 30 days)
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	3	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	PA; ST; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	3	ST
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA; ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	3	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	3	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	3	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	3	
PREDNISOLONE ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	2	

Drug Name	Drug Tier	Requirements / Limits
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	3	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	ST
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	3	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	3	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	3	PA; ST; QL (2 per 30 days)
<i>carbinoxamine maleate oral tablet 4 mg</i>	3	PA; ST; QL (240 per 30 days)
<i>carbinoxamine maleate oral tablet 6 mg</i>	3	PA; ST; QL (120 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	3	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	3	PA; ST; QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	3	PA; ST; QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	3	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	MB	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml</i>	MB	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	3	
<i>levocetirizine oral tablet 5 mg</i>	3	
<i>promethazine injection solution 25 mg/ml</i>	MB	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	3	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaatussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	3	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	3	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	
PULMONARY AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (1 per 30 days)
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION	3	QL (2 per 30 days)
<i>albuterol sulfate inhalation inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (2 per 30 days)
<i>albuterol sulfate inhalation inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate inhalation oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate inhalation oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate inhalation oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	3	PA; ST; QL (1 per 30 days)
<i>alyq oral tablet 20 mg</i>	4	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (1 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	3	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL (2 per 30 days)
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	MB	PA; LA
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	2	QL (1 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE	2	
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	3	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (60 per 30 days)
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	MB	PA
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	MB	PA; LA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (2 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	3	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL (1 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	
ESBRIET ORAL CAPSULE 267 MG	4	PA; LA; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	4	PA; LA; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; LA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; LA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	QL (4 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 44 MCG/ACTUATION	2	QL (1 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (2 per 30 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (1 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL (1 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL (180 per 30 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; LA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; LA
KALYDECO ORAL TABLET 150 MG	4	PA; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	3	QL (2 per 30 days)
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	MB	PA; LA

Drug Name	Drug Tier	Requirements / Limits
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; LA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	4	PA; LA
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	3	
<i>pulmosal inhalation solution for nebulization 7 %</i>	3	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	MB	PA; LA
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA
SINUVA SINUS IMPLANT 1,350 MCG	MB	
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION	2	
SPIRIVA RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	QL (1 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	QL (1 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; LA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; LA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; LA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; LA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; LA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (1 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	MB	LA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; LA; QL (7 per 30 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	3	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	3	ST
ZYFLO ORAL TABLET 600 MG	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	3	
<i>flavoxate oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	3	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	3	
<i>tropium oral capsule,extended release 24hr 60 mg</i>	1	
<i>tropium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	3	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; ST
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ELMIRON ORAL CAPSULE 100 MG	2	
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
URELLE ORAL TABLET 81-10.8-40.8 MG	3	

Drug Name	Drug Tier	Requirements / Limits
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	3	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
VITAMINS & HEMATINICS		
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG	ACA PV	
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML	ACA PV	
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	ACA PV	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	ACA PV	
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	ACA PV	
<i>folic acid injection solution 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	ACA PV	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
INFED INJECTION SOLUTION 50 MG/ML	MB	
<i>luent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	ACA PV	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	ACA PV	
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	ACA PV	
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	ACA PV	
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	ACA PV	
NOVAFERRUM ORAL DROPS 15 MG IRON/ML	ACA PV	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	ACA PV	
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	ACA PV	

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Language Assistance

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