

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

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

List of Abbreviations

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

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

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

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

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

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

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

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

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

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

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

ST (Step Therapy): In some cases, the Plan requires you to first try certain drugs to treat your medical condition within a certain look-back period before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, the Plan may cover Drug B. *Note: The Prior Approval process may be used to facilitate this process.

Effective July 1, 2024

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

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

Drug Name	Drug Tier	Requirements / Limits
VFEND ORAL TABLET	4	PA
VIVJOA ORAL CAPSULE	4	PA; QL
<i>voriconazole oral suspension for reconstitution</i>	2	PA
<i>voriconazole oral tablet</i>	2	PA
ANTIVIRALS		
<i>abacavir oral solution</i>	5	MSP
<i>abacavir oral tablet</i>	5	MSP
<i>abacavir-lamivudine oral tablet</i>	5	MSP
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet 400 mg</i>	1	
<i>acyclovir oral tablet 800 mg</i>	2	
<i>adefovir oral tablet</i>	2	
<i>amantadine hcl oral capsule</i>	2	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	PA

Drug Name	Drug Tier	Requirements / Limits
APTIVUS ORAL CAPSULE	5	MSP
<i>atazanavir oral capsule</i>	5	MSP
BARACLUDGE ORAL SOLUTION	3	
BEYFORTUS INTRAMUSCULAR SYRINGE	3	ACA
BIKTARVY ORAL TABLET	5	MSP
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	PA; MSP; QL
CIMDUO ORAL TABLET	5	MSP
<i>darunavir oral tablet</i>	5	MSP
DESCOVY ORAL TABLET 120-15 MG	5	MSP
DESCOVY ORAL TABLET 200-25 MG	5	
<i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i>	5	MSP
DOVATO ORAL TABLET	5	MSP
EDURANT ORAL TABLET	5	MSP
<i>efavirenz oral capsule</i>	5	MSP
<i>efavirenz oral tablet</i>	5	MSP

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	5	MSP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	5	MSP
<i>emtricitabine oral capsule</i>	5	MSP
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	MSP
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	5	ACA
EMTRIVA ORAL CAPSULE	5	MSP
EMTRIVA ORAL SOLUTION	5	MSP
<i>entecavir oral tablet</i>	2	
EPCLUSA ORAL PELLETS IN PACKET	5	PA; MSP; QL
EPCLUSA ORAL TABLET	5	PA; MSP; QL
EPIVIR ORAL SOLUTION	5	MSP
EPIVIR ORAL TABLET	5	MSP
<i>etravirine oral tablet</i>	5	MSP
EVOTAZ ORAL TABLET	5	MSP
<i>famciclovir oral tablet</i>	2	QL
FLUMADINE ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>fosamprenavir oral tablet</i>	5	MSP
FUZEON SUBCUTANEOUS RECON SOLN	5	MSP; QL
GENVOYA ORAL TABLET	5	MSP
HARVONI ORAL PELLETS IN PACKET	5	PA; MSP; QL
HARVONI ORAL TABLET	5	PA; MSP; QL
INTELENCE ORAL TABLET	5	MSP
ISENTRESS HD ORAL TABLET	5	MSP
ISENTRESS ORAL POWDER IN PACKET	5	MSP
ISENTRESS ORAL TABLET	5	
ISENTRESS ORAL TABLET,CHEWABLE	5	MSP
JULUCA ORAL TABLET	5	MSP
KALETRA ORAL SOLUTION	5	MSP
KALETRA ORAL TABLET	5	MSP
LAGEVRIO (EUA) ORAL CAPSULE	3	QL
<i>lamivudine oral solution</i>	5	MSP
<i>lamivudine oral tablet 100 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine oral tablet 150 mg, 300 mg</i>	5	MSP
<i>lamivudine-zidovudine oral tablet</i>	5	MSP
LIVTENCITY ORAL TABLET	4	PA; QL
<i>lopinavir-ritonavir oral solution</i>	5	MSP
<i>lopinavir-ritonavir oral tablet</i>	5	MSP
<i>maraviroc oral tablet</i>	5	MSP
<i>nevirapine oral suspension</i>	5	MSP
<i>nevirapine oral tablet</i>	5	MSP
<i>nevirapine oral tablet extended release 24 hr</i>	5	MSP
NORVIR ORAL POWDER IN PACKET	5	MSP
NORVIR ORAL TABLET	5	MSP
ODEFSEY ORAL TABLET	5	MSP
<i>oseltamivir oral capsule</i>	2	QL
<i>oseltamivir oral suspension for reconstitution</i>	2	QL
PAXLOVID ORAL TABLETS,DOSE PACK	3	QL

Drug Name	Drug Tier	Requirements / Limits
PREVYMIS ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	5	MSP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	5	MSP
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	QL
RETROVIR ORAL CAPSULE	5	MSP
RETROVIR ORAL SYRUP	5	MSP
REYATAZ ORAL CAPSULE 200 MG, 300 MG	5	MSP
REYATAZ ORAL POWDER IN PACKET	5	MSP
<i>ribavirin inhalation recon soln</i>	2	PA
<i>rimantadine oral tablet</i>	2	
<i>ritonavir oral tablet</i>	5	MSP
SELZENTRY ORAL SOLUTION	5	MSP
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MSP
<i>stavudine oral capsule 40 mg</i>	5	MSP
SUNLENCA ORAL TABLET	5	PA

Drug Name	Drug Tier	Requirements / Limits
SYMFI LO ORAL TABLET	5	MSP
SYMFI ORAL TABLET	5	MSP
SYMTUZA ORAL TABLET	5	MSP
SYNAGIS INTRAMUSCULAR SOLUTION	5	PA; MSP
TAMIFLU ORAL CAPSULE	4	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	4	QL
TEMBEXA ORAL SUSPENSION	4	
TEMBEXA ORAL TABLET	4	
<i>tenofovir disoproxil fumarate oral tablet</i>	5	MSP
TIVICAY ORAL TABLET 50 MG	5	MSP
TIVICAY PD ORAL TABLET FOR SUSPENSION	5	MSP
TRIUMEQ ORAL TABLET	5	MSP
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	5	MSP
TYBOST ORAL TABLET	5	MSP
<i>valacyclovir oral tablet</i>	2	QL
VALCYTE ORAL RECON SOLN	4	

Drug Name	Drug Tier	Requirements / Limits
VALCYTE ORAL TABLET	4	
<i>valganciclovir oral recon soln</i>	2	
<i>valganciclovir oral tablet</i>	2	
VEMLIDY ORAL TABLET	3	
VIRACEPT ORAL TABLET	5	MSP
VIRAZOLE INHALATION RECON SOLN	4	PA
VIREAD ORAL POWDER	5	MSP
VIREAD ORAL TABLET	5	MSP
VOSEVI ORAL TABLET	5	PA; SP; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	4	QL
ZEPATIER ORAL TABLET	5	PA; SP; QL
ZIAGEN ORAL SOLUTION	5	MSP
<i>zidovudine oral capsule</i>	5	MSP
<i>zidovudine oral syrup</i>	5	MSP
<i>zidovudine oral tablet</i>	5	MSP
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir oral capsule</i>	2	
<i>cefdinir oral suspension for reconstitution</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
<i>cefpodoxime oral suspension for reconstitution</i>	2	
<i>cefpodoxime oral tablet</i>	2	
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>cefuroxime axetil oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	2	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL
DIFICID ORAL TABLET	4	QL
<i>e.e.s. 400 oral tablet</i>	2	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	4	

Drug Name	Drug Tier	Requirements / Limits
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	4	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	4	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocine (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	2	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
ZITHROMAX ORAL PACKET	4	

Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI- PAK ORAL TABLET	4	
ZITHROMAX Z- PAK ORAL TABLET	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO ORAL TABLET, DELAYED RELEASE (DR/EC)	4	QL
<i>albendazole oral tablet</i>	2	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ARAKODA ORAL TABLET	4	QL
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA
<i>atovaquone oral suspension</i>	2	
<i>atovaquone- proguanil oral tablet</i>	2	QL
BENZNIDAZOLE ORAL TABLET	3	QL

Drug Name	Drug Tier	Requirements / Limits
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
BILTRICIDE ORAL TABLET	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
<i>chloroquine phosphate oral tablet</i>	2	
CLEOCIN HCL ORAL CAPSULE	4	
CLEOCIN PEDIATRIC ORAL RECON SOLN	4	
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
COARTEM ORAL TABLET	3	QL
CYCLOSERINE ORAL CAPSULE	4	
<i>dapsone oral tablet</i>	2	
DARAPRIM ORAL TABLET	5	PA
EMVERM ORAL TABLET,CHEWABLE	3	QL
<i>ethambutol oral tablet</i>	2	
FLAGYL ORAL CAPSULE	4	

Drug Name	Drug Tier	Requirements / Limits
HUMATIN ORAL CAPSULE	5	MSP
<i>hydroxychloroquine oral tablet</i>	2	HSA+
<i>imipenem-cilastatin intravenous recon soln</i>	2	PA
IMPAVIDO ORAL CAPSULE	3	PA; QL
<i>isoniazid oral solution</i>	2	
<i>isoniazid oral tablet</i>	2	
<i>ivermectin oral tablet</i>	1	PA; QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP; QL
KRINTAFEL ORAL TABLET	4	QL
<i>linezolid oral suspension for reconstitution</i>	2	PA
<i>linezolid oral tablet</i>	2	PA
MALARONE ORAL TABLET	4	QL
MALARONE PEDIATRIC ORAL TABLET	4	QL
<i>mefloquine oral tablet</i>	2	QL
MEPRON ORAL SUSPENSION	4	
<i>metronidazole oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole oral tablet</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE	4	
NEBUPENT INHALATION RECON SOLN	4	QL
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	2	QL
<i>paromomycin oral capsule</i>	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	4	
<i>pentamidine inhalation recon soln</i>	2	QL
<i>praziquantel oral tablet</i>	2	
PRETOMANID ORAL TABLET	4	PA
PRIFTIN ORAL TABLET	3	
<i>primaquine oral tablet</i>	2	QL
<i>pyrazinamide oral tablet</i>	2	
<i>pyrimethamine oral tablet</i>	2	PA
QUALAQUIN ORAL CAPSULE	4	QL

Drug Name	Drug Tier	Requirements / Limits
<i>quinine sulfate oral capsule</i>	2	QL
<i>rifabutin oral capsule</i>	2	
<i>rifampin oral capsule</i>	2	
SIRTURO ORAL TABLET	3	PA
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	QL
STROMEKTOL ORAL TABLET	4	PA; QL
<i>tinidazole oral tablet</i>	2	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MSP; QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	PA; SP; QL
<i>tobramycin inhalation solution for nebulization</i>	5	PA; SP; QL
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	5	PA; SP; QL
TRECTOR ORAL TABLET	4	
XENLETA ORAL TABLET	4	
XIFAXAN ORAL TABLET	3	QL

Drug Name	Drug Tier	Requirements / Limits
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	PA
ZYVOX ORAL TABLET	4	PA
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	4	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	4	
<i>dicloxacillin oral capsule</i>	2	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	4	
<i>penicillin v potassium oral reconstituted soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
QUINOLONES		
BAXDELA ORAL TABLET	3	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon</i>	2	
FACTIVE ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	

SULFA'S & RELATED AGENTS

BACTRIM DS ORAL TABLET	4	
BACTRIM ORAL TABLET	4	
<i>sulfadiazine oral tablet</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	

TETRACYCLINES

ACTICLATE ORAL TABLET	4	ST
AVIDOXY DK KIT	4	ST
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	2	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 75 mg</i>	2	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 50 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	ST
<i>doxycycline monohydrate oral capsule 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>minocycline oral tablet extended release 24 hr</i>	2	ST
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	2	
MONODOX ORAL CAPSULE	4	ST
MORGIDOX 1X 50 KIT	4	ST
MORGIDOX 1X100 KIT	4	ST
<i>morgidox oral capsule 100 mg</i>	2	
NUZYRA ORAL TABLET	4	QL
SEYSARA ORAL TABLET	4	ST
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	ST
TARGADOX ORAL TABLET	4	ST
<i>tetracycline oral capsule</i>	2	
<i>tetracycline oral tablet</i>	2	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST

URINARY TRACT AGENTS

Drug Name	Drug Tier	Requirements / Limits
<i>fosfomycin tromethamine oral packet</i>	2	
FURADANTIN ORAL SUSPENSION	4	
MACROBID ORAL CAPSULE	4	
MACRODANTIN ORAL CAPSULE	4	
<i>methenamine hippurate oral tablet</i>	2	
<i>methenamine mandelate oral tablet</i>	2	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
PRIMSOL ORAL SOLUTION	4	
<i>trimethoprim oral tablet</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE	4	PA; QL
<i>vancomycin oral capsule</i>	2	PA; QL
<i>vancomycin oral recon soln</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>leucovorin calcium oral tablet 15 mg</i>	2	
MESNEX ORAL TABLET	3	
VISTOGARD ORAL GRANULES IN PACKET	5	PA; QL
XGEVA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet</i>	5	PA; MSP; QL
ALECENSA ORAL CAPSULE	5	PA; MSP; QL
ALKERAN ORAL TABLET	4	
ALUNBRIG ORAL TABLET	5	PA; MSP; QL
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
<i>anastrozole oral tablet</i>	2	
AROMASIN ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	4	PA
AYVAKIT ORAL TABLET	5	PA; QL
AZASAN ORAL TABLET	4	
<i>azathioprine oral tablet</i>	2	
BALVERSA ORAL TABLET	5	PA
BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML	4	MSP
<i>bexarotene oral capsule</i>	5	PA; MSP
<i>bexarotene topical gel</i>	5	PA; MSP
<i>bicalutamide oral tablet</i>	2	
BOSULIF ORAL CAPSULE	5	PA; MSP; QL
BOSULIF ORAL TABLET	5	PA; MSP; QL
BRUKINSA ORAL CAPSULE	5	PA; MSP
CABOMETYX ORAL TABLET	5	PA; MSP; QL
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	5	PA; QL
<i>capecitabine oral tablet</i>	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
CAPRELSA ORAL TABLET	5	PA; QL
CASODEX ORAL TABLET	4	
CELLCEPT ORAL CAPSULE	4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	
CELLCEPT ORAL TABLET	4	
COMETRIQ ORAL CAPSULE	5	PA; MSP; QL
COPIKTRA ORAL CAPSULE	5	PA; QL
COTELLIC ORAL TABLET	5	PA; MSP; QL
<i>cyclophosphamide oral capsule</i>	2	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
<i>cyclosporine modified oral capsule</i>	2	
<i>cyclosporine modified oral solution</i>	2	
<i>cyclosporine oral capsule</i>	2	
DAURISMO ORAL TABLET	5	PA; MSP; QL
DROXIA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	5	PA; MSP
ELIGARD SUBCUTANEOUS SYRINGE	5	PA; MSP
EMCYT ORAL CAPSULE	3	
ENSPRYNG SUBCUTANEOUS SYRINGE	5	PA; MSP
ERIVEDGE ORAL CAPSULE	5	PA; MSP; QL
ERLEADA ORAL TABLET	5	PA; MSP; QL
<i>erlotinib oral tablet</i>	5	PA; MSP; QL
<i>etoposide oral capsule</i>	2	
EULEXIN ORAL CAPSULE	4	
<i>everolimus (antineoplastic) oral tablet 10 mg, 5 mg, 7.5 mg</i>	5	PA; MSP; QL
<i>everolimus (antineoplastic) oral tablet 2.5 mg</i>	5	PA; SP; QL

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

Drug Name	Drug Tier	Requirements / Limits
IDHIFA ORAL TABLET	5	PA; MSP; QL
<i>imatinib oral tablet</i>	5	PA; MSP; QL
IMBRUVICA ORAL CAPSULE	5	ST; QL
IMBRUVICA ORAL SUSPENSION	5	ST; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG	5	PA; QL
IMBRUVICA ORAL TABLET 420 MG	5	ST; QL
IMURAN ORAL TABLET	4	
INLYTA ORAL TABLET	5	PA; MSP; QL
IRESSA ORAL TABLET	5	PA; MSP; QL
IWILFIN ORAL TABLET	5	PA
JAKAFI ORAL TABLET	5	ST; MSP; QL
JELMYTO INTRA-PYELOCALYCEAL KIT	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET	5	PA; MSP; QL
KISQALI ORAL TABLET	5	PA; MSP; QL
KOSELUGO ORAL CAPSULE	5	PA
<i>lapatinib oral tablet</i>	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>lenalidomide oral capsule</i>	5	PA; MSP; QL
LENVIMA ORAL CAPSULE	5	PA; MSP; QL
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	3	
<i>leuprolide subcutaneous kit</i>	5	PA; SP
LONSURF ORAL TABLET	5	PA; MSP
LORBRENA ORAL TABLET	5	PA; MSP; QL
LUMAKRAS ORAL TABLET	5	PA; MSP
LUPKYNIS ORAL CAPSULE	5	PA; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MSP
LYNPARZA ORAL TABLET	5	PA; MSP; QL
LYSODREN ORAL TABLET	5	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
REVLIMID ORAL CAPSULE	5	PA; MSP; QL
REZUROCK ORAL TABLET	4	PA; QL
ROZLYTREK ORAL CAPSULE	5	PA; MSP; QL
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MSP; QL
RYDAPT ORAL CAPSULE	5	PA; MSP; QL
SANDIMMUNE ORAL CAPSULE	4	
SANDIMMUNE ORAL SOLUTION	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	PA; MSP
SCSEMBLIX ORAL TABLET	5	PA; MSP; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA
<i>sirolimus oral solution</i>	2	
<i>sirolimus oral tablet</i>	2	
SOLTAMOX ORAL SOLUTION	4	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>sorafenib oral tablet</i>	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
SPRYCEL ORAL TABLET	5	PA; MSP; QL
STIVARGA ORAL TABLET	5	PA; MSP; QL
<i>sunitinib malate oral capsule</i>	5	PA; MSP; QL
SUTENT ORAL CAPSULE	5	PA; MSP; QL
TABLOID ORAL TABLET	4	
TABRECTA ORAL TABLET	5	PA; MSP
<i>tacrolimus oral capsule</i>	2	
TAFINLAR ORAL CAPSULE	5	PA; MSP; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MSP; QL
TAGRISSEO ORAL TABLET	5	PA; MSP; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; MSP
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; MSP; QL
<i>tamoxifen oral tablet 10 mg</i>	1	
<i>tamoxifen oral tablet 20 mg</i>	2	
TARCEVA ORAL TABLET	5	PA; MSP; QL
TARGETIN TOPICAL GEL	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
TASIGNA ORAL CAPSULE	5	PA; MSP; QL
TAZVERIK ORAL TABLET	5	PA; MSP
<i>temozolomide oral capsule</i>	5	PA; MSP
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MSP; QL
TIBSOVO ORAL TABLET	5	PA
<i>toremifene oral tablet</i>	2	
<i>tretinoin (antineoplastic) oral capsule</i>	2	
TREXALL ORAL TABLET	4	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	PA
TUKYSA ORAL TABLET	5	PA; QL
TURALIO ORAL CAPSULE 125 MG	5	PA; QL
TYKERB ORAL TABLET	5	PA; MSP; QL
VENCLEXTA ORAL TABLET	5	PA; QL
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
VERZENIO ORAL TABLET	5	PA; MSP; QL
VIJOICE ORAL TABLET	5	PA; QL
VITRAKVI ORAL CAPSULE	5	PA; MSP; QL
VITRAKVI ORAL SOLUTION	5	PA; MSP; QL
VIZIMPRO ORAL TABLET	5	PA; MSP; QL
VONJO ORAL CAPSULE	5	PA; QL
VOTRIENT ORAL TABLET	5	PA; MSP; QL
WELIREG ORAL TABLET	5	PA
XALKORI ORAL CAPSULE	5	PA; MSP; QL
XALKORI ORAL PELLET	5	PA; MSP
XELODA ORAL TABLET	5	PA; SP; QL
XERMELO ORAL TABLET	5	PA; QL
XOSPATA ORAL TABLET	5	PA; QL
XTANDI ORAL CAPSULE	5	PA; MSP; QL
XTANDI ORAL TABLET	5	PA; MSP; QL
ZELBORAF ORAL TABLET	5	PA; MSP; QL
ZOLINZA ORAL CAPSULE	5	PA; MSP; QL
ZORTRESS ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
ZYDELIG ORAL TABLET	5	PA; MSP; QL
ZYKADIA ORAL TABLET	5	PA; SP; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET	4	
BRIVIACT ORAL SOLUTION	4	ST
BRIVIACT ORAL TABLET	4	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	4	
CELONTIN ORAL CAPSULE 300 MG	4	
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC)	4	ST
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	4	ST
DIACOMIT ORAL CAPSULE	5	PA
DIACOMIT ORAL POWDER IN PACKET	5	PA
<i>diazepam rectal kit</i>	2	
DILANTIN EXTENDED ORAL CAPSULE	4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE	4	
DILANTIN ORAL CAPSULE	3	
DILANTIN-125 ORAL SUSPENSION	4	
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	HSA+
<i>gabapentin oral tablet extended release 24 hr</i>	2	ST; DAW-9
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
<i>lacosamide oral solution</i>	2	
<i>lacosamide oral tablet</i>	2	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	4	PA
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	4	PA
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	4	PA
<i>lamotrigine oral tablet</i>	1	HSA+
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	HSA+
<i>lamotrigine oral tablet extended release 24hr</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	2	HSA+
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	1	HSA+
<i>lamotrigine oral tablet, disintegrating</i>	2	HSA+
<i>lamotrigine oral tablets, dose pack</i>	2	HSA+
<i>levetiracetam oral solution 100 mg/ml</i>	2	HSA+
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	HSA+
<i>levetiracetam oral tablet</i>	2	HSA+
<i>levetiracetam oral tablet extended release 24 hr</i>	2	HSA+
<i>methsuximide oral capsule</i>	2	
MYSOLINE ORAL TABLET	4	
NAYZILAM NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>oxcarbazepine oral suspension</i>	2	HSA+
<i>oxcarbazepine oral tablet</i>	2	HSA+
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg</i>	1	
<i>phenobarbital oral tablet 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
PHENYTEK ORAL CAPSULE	4	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended oral capsule</i>	2	
<i>pregabalin oral capsule</i>	2	HSA+
<i>pregabalin oral solution</i>	2	HSA+
<i>pregabalin oral tablet extended release 24 hr</i>	2	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR	4	ST
<i>roovepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	2	PA
<i>rufinamide oral tablet</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
SPRITAM ORAL TABLET FOR SUSPENSION	4	ST
<i>subvenite oral tablet</i>	1	HSA+
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	2	HSA+
<i>subvenite starter (green) kit oral tablets,dose pack</i>	2	HSA+
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	2	HSA+
SYMPAZAN ORAL FILM	4	PA
TEGRETOL ORAL SUSPENSION	4	
TEGRETOL ORAL TABLET	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	4	
<i>tiagabine oral tablet</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	HSA+
<i>topiramate oral capsule,extended release 24hr</i>	2	ST; DAW-9
<i>topiramate oral capsule,sprinkle,er 24hr</i>	2	ST
<i>topiramate oral tablet</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	2	
VALTOCO NASAL SPRAY,NON-AEROSOL	4	PA; QL
<i>vigabatrin oral powder in packet</i>	5	PA; MSP; QL
<i>vigabatrin oral tablet</i>	5	PA; MSP; QL
<i>vigadrone oral powder in packet</i>	5	PA; QL
<i>vigadrone oral tablet</i>	5	PA; QL
<i>vigpoder oral powder in packet</i>	5	PA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL

Drug Name	Drug Tier	Requirements / Limits
XCOPRI ORAL TABLET 25 MG	4	
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK	4	QL
ZARONTIN ORAL CAPSULE	4	
ZARONTIN ORAL SOLUTION	4	
<i>zonisamide oral capsule</i>	2	
ZTALMY ORAL SUSPENSION	5	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge</i>	5	PA; QL
AZILECT ORAL TABLET	4	ST
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	2	
<i>bromocriptine oral tablet</i>	2	
<i>carbidopa oral tablet</i>	2	PA
<i>carbidopa-levodopa oral tablet</i>	2	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa-entacapone oral tablet</i>	2	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	5	PA; MSP
<i>entacapone oral tablet</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL
LODOSYN ORAL TABLET	4	PA
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	4	
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	
NOURIANZ ORAL TABLET	5	PA; MSP; QL
PARLODEL ORAL CAPSULE	4	
<i>pramipexole oral tablet</i>	2	
<i>pramipexole oral tablet extended release 24 hr</i>	2	
<i>rasagiline oral tablet</i>	2	
<i>ropinirole oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole oral tablet extended release 24 hr</i>	2	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	4	
<i>selegiline hcl oral capsule</i>	2	
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
TASMAR ORAL TABLET 100 MG	4	PA
<i>tolcapone oral tablet</i>	2	PA
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
<i>almotriptan malate oral tablet</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine injection solution</i>	2	
<i>dihydroergotamine nasal spray, non-aerosol</i>	2	ST; QL
<i>eletriptan oral tablet</i>	2	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
ERGOMAR SUBLINGUAL TABLET	4	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	4	ST; QL
<i>frovatriptan oral tablet</i>	2	QL
<i>migergot rectal suppository</i>	2	
MIGRANAL NASAL SPRAY, NON-AEROSOL	4	ST; QL
<i>naratriptan oral tablet</i>	2	QL
NURTEC ODT ORAL TABLET, DISINTEGRATING	3	PA; QL
QULIPTA ORAL TABLET	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
REYVOW ORAL TABLET	4	PA; QL
<i>rizatriptan oral tablet</i>	2	QL
<i>rizatriptan oral tablet, disintegrating</i>	2	QL
<i>sumatriptan nasal spray, non-aerosol</i>	2	QL
<i>sumatriptan succinate oral tablet</i>	2	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	2	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	2	QL
<i>sumatriptan succinate subcutaneous solution</i>	2	QL
<i>sumatriptan-naproxen oral tablet</i>	2	PA; QL
TOSYMRA NASAL SPRAY, NON-AEROSOL	4	ST; QL
TRUDHESA NASAL SPRAY, NON-AEROSOL	4	ST; QL
UBRELVY ORAL TABLET	3	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	2	ST; QL
<i>zolmitriptan oral tablet</i>	2	QL
<i>zolmitriptan oral tablet, disintegrating</i>	2	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	4	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	4	PA
ARICEPT ORAL TABLET	4	PA
AUSTEDO ORAL TABLET	5	PA; MSP; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	5	PA; MSP; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK	5	PA; MSP; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	5	PA; MSP; QL
<i>dichlorphenamide oral tablet</i>	5	PA; MSP
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>donepezil oral tablet 23 mg</i>	2	PA
<i>donepezil oral tablet, disintegrating</i>	2	
EVRYSDI ORAL RECON SOLN	5	PA; MSP; QL
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	4	PA
FIRDAPSE ORAL TABLET	5	PA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	2	
<i>galantamine oral solution</i>	2	
<i>galantamine oral tablet</i>	2	
HORIZANT ORAL TABLET EXTENDED RELEASE	4	ST
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK	5	PA; QL
INGREZZA ORAL CAPSULE	5	PA; QL
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	
<i>memantine oral solution</i>	2	
<i>memantine oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
MEMANTINE ORAL TABLETS, DOSE PACK	4	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK	4	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	4	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA
NUEDEXTA ORAL CAPSULE	3	PA
NULIBRY INTRAVENOUS RECON SOLN	5	PA
<i>ormalvi oral tablet</i>	5	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	5	PA; MSP
<i>rivastigmine tartrate oral capsule</i>	2	
<i>rivastigmine transdermal patch 24 hour</i>	2	
TEGSEDI SUBCUTANEOUS SYRINGE	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tetrabenazine oral tablet</i>	5	PA; MSP; QL
ZEPOSIA ORAL CAPSULE	5	PA; MSP; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MSP; QL
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MSP; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet</i>	2	
<i>carisoprodol-aspirin oral tablet</i>	2	
<i>carisoprodol-aspirin-codeine oral tablet</i>	2	QL
<i>chlorzoxazone oral tablet 250 mg, 500 mg</i>	2	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral tablet</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	4	
<i>dantrolene oral capsule</i>	2	
FEXMID ORAL TABLET	4	PA
LORZONE ORAL TABLET	4	PA
<i>meprobamate oral tablet</i>	2	
<i>metaxalone oral tablet</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET	4	
NORGESIC ORAL TABLET	4	
<i>orphenadrine citrate oral tablet extended release</i>	2	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	2	
<i>orphengesic forte oral tablet</i>	2	
<i>pyridostigmine bromide oral syrup</i>	2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet extended release</i>	2	
SOMA ORAL TABLET	4	
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	2	
ZANAFLEX ORAL CAPSULE	4	
ZANAFLEX ORAL TABLET	4	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	ST; QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	ST; QL
<i>acetaminophen-codeine oral tablet</i>	1	ST; QL
<i>ascomp with codeine oral capsule</i>	2	ST; QL
BELBUCA BUCCAL FILM	3	ST; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	5	MSP; QL
<i>buprenorphine hcl sublingual tablet</i>	2	QL
<i>buprenorphine transdermal patch weekly</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminop-caf-cod oral capsule</i>	2	ST; QL
<i>butalbital-acetaminophen oral capsule</i>	2	
<i>butalbital-acetaminophen oral tablet</i>	2	
<i>butalbital-acetaminophen-caff oral capsule</i>	2	
<i>butalbital-acetaminophen-caff oral tablet</i>	2	
<i>butalbital-aspirin-caffeine oral capsule</i>	2	
<i>butalbital-aspirin-caffeine oral tablet</i>	2	
<i>codeine sulfate oral tablet</i>	2	ST; QL
<i>codeine-butalbital-asa-caff oral capsule</i>	2	ST; QL
DILAUDID ORAL LIQUID	4	ST; QL
DILAUDID ORAL TABLET	4	ST; QL
<i>diskets oral tablet, soluble</i>	2	QL
DSUVIA SUBLINGUAL TABLET IN APPLICATOR	4	
<i>endocet oral tablet</i>	2	ST; QL
ESGIC ORAL CAPSULE	4	PA

Drug Name	Drug Tier	Requirements / Limits
ESGIC ORAL TABLET	4	PA
<i>fentanyl citrate buccal lozenge on a handle</i>	2	ST; QL
<i>fentanyl transdermal patch 72 hour</i>	2	ST; QL
FIORICET ORAL CAPSULE	4	PA
FIORICET WITH CODEINE ORAL CAPSULE	4	ST; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	ST; QL
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr</i>	2	ST; QL
<i>hydrocodone-acetaminophen oral solution</i>	2	ST; QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg</i>	1	ST; QL
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	2	ST; QL
<i>hydrocodone-ibuprofen oral tablet</i>	2	ST; QL
<i>hydromorphone oral liquid</i>	1	ST; QL
<i>hydromorphone oral tablet</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet extended release 24 hr</i>	2	ST; QL
<i>hydromorphone rectal suppository</i>	1	ST; QL
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR	3	ST; QL
<i>levorphanol tartrate oral tablet</i>	2	PA; QL
<i>meperidine oral solution</i>	2	ST; QL
<i>meperidine oral tablet 50 mg</i>	2	ST; QL
<i>methadone oral concentrate</i>	2	QL
<i>methadone oral solution</i>	1	QL
<i>methadone oral tablet</i>	2	QL
<i>methadone oral tablet, soluble</i>	2	QL
<i>methadose oral concentrate</i>	2	QL
<i>methadose oral tablet, soluble</i>	2	QL
<i>morphine concentrate oral solution</i>	2	ST; QL
<i>morphine oral capsule, er multiphase 24 hr</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	ST; QL
<i>morphine oral solution</i>	2	ST; QL
<i>morphine oral tablet</i>	1	ST; QL
<i>morphine oral tablet extended release</i>	2	ST; QL
<i>morphine rectal suppository 10 mg, 20 mg, 5 mg</i>	1	QL
<i>morphine rectal suppository 30 mg</i>	2	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	4	ST; QL
NALOCET ORAL TABLET	4	PA; QL
<i>oxycodone oral capsule</i>	2	ST; QL
<i>oxycodone oral concentrate</i>	2	ST; QL
<i>oxycodone oral solution</i>	2	ST; QL
<i>oxycodone oral tablet</i>	2	ST; QL
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	2	PA; QL
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg</i>	2	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	ST; QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
<i>oxymorphone oral tablet</i>	2	ST; QL
<i>oxymorphone oral tablet extended release 12 hr</i>	2	ST; QL
<i>prolinate oral tablet</i>	2	PA; QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	4	ST; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	5	MSP; QL
<i>tencon oral tablet</i>	1	
TREZIX ORAL CAPSULE	4	ST; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
ANAPROX DS ORAL TABLET	4	ST
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	4	ST
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	4	ST
<i>aspirin childrens oral tablet,chewable</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec)</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film</i>	2	
<i>buprenorphine-naloxone sublingual tablet</i>	2	
<i>butorphanol injection solution</i>	1	QL
<i>butorphanol nasal spray,non-aerosol</i>	2	QL
CAMBIA ORAL POWDER IN PACKET	4	ST; QL
<i>celecoxib oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
DAYPRO ORAL TABLET	4	ST
<i>diclofenac potassium oral capsule</i>	2	
<i>diclofenac potassium oral powder in packet</i>	2	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	2	ST
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	2	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	2	ST; QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	2	
<i>diflunisal oral tablet</i>	2	
DISALCID ORAL TABLET	4	
DUEXIS ORAL TABLET	4	ST
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ecotrin low strength oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>etodolac oral capsule</i>	2	
<i>etodolac oral tablet</i>	2	
<i>etodolac oral tablet extended release 24 hr</i>	2	
FELDENE ORAL CAPSULE	4	ST
<i>fenoprofen oral capsule 400 mg</i>	2	ST
<i>fenoprofen oral tablet</i>	2	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	2	ST
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin rectal suppository 50 mg</i>	2	
<i>ketoprofen oral capsule 25 mg</i>	2	PA
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral tablet</i>	1	QL
<i>kiprofen oral capsule</i>	2	PA
KLOXXADO NASAL SPRAY, NON-AEROSOL	3	QL
LICART TRANSDERMAL PATCH 24 HOUR	3	ST; QL
LODINE ORAL TABLET	4	ST
<i>lofena oral tablet</i>	2	ST
LOTREXONE ORAL CAPSULE	4	
<i>meclofenamate oral capsule</i>	2	
<i>mefenamic acid oral capsule</i>	2	
<i>meloxicam oral tablet</i>	2	QL
<i>meloxicam submicronized oral capsule</i>	2	ST; QL
<i>nabumetone oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NALFON ORAL TABLET	4	ST
<i>naloxone injection solution</i>	2	HSA+
<i>naloxone injection syringe 0.4 mg/ml</i>	1	HSA+
<i>naloxone injection syringe 1 mg/ml</i>	2	HSA+
<i>naloxone nasal spray,non-aerosol</i>	2	HSA+; QL
NALTREX ORAL CAPSULE	4	
<i>naltrexone oral tablet</i>	2	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	4	ST
NAPROSYN ORAL SUSPENSION	4	ST
NAPROSYN ORAL TABLET 500 MG	4	ST
<i>naproxen oral suspension</i>	2	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>	2	ST
NARCAN NASAL SPRAY,NON-AEROSOL	4	QL
OPVEE NASAL SPRAY,NON-AEROSOL	4	
<i>oxaprozin oral tablet</i>	2	
<i>pentazocine-naloxone oral tablet</i>	2	ST; QL
<i>piroxicam oral capsule</i>	2	
<i>salsalate oral tablet</i>	1	
SPRIX NASAL SPRAY,NON-AEROSOL	5	ST; QL
<i>st joseph aspirin oral tablet,chewable</i>	1	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>sulindac oral tablet</i>	1	
<i>tolmetin oral capsule</i>	2	ST
<i>tramadol oral tablet 50 mg</i>	2	ST; QL
<i>tramadol oral tablet extended release 24 hr</i>	2	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	ST; QL
<i>tramadol-acetaminophen oral tablet</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	MSP
ZUBSOLV SUBLINGUAL TABLET	3	

PSYCHOTHERAPEUTIC DRUGS

ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	3	
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRING	3	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	4	QL
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	4	QL
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	4	

Drug Name	Drug Tier	Requirements / Limits
ADDYI ORAL TABLET	4	PA
ADZENYS XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H	4	ST
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg</i>	1	
<i>alprazolam oral tablet 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 3 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 1 mg, 2 mg</i>	2	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 25 mg</i>	1	
<i>amitriptyline oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>amphetamine sulfate oral tablet</i>	2	PA
ANAFRANIL ORAL CAPSULE	4	
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	2	QL
<i>aripiprazole oral tablet, disintegrating</i>	2	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	3	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	3	
<i>armodafinil oral tablet</i>	2	PA; QL
<i>asenapine maleate sublingual tablet</i>	2	QL
ATIVAN ORAL TABLET	4	
<i>atomoxetine oral capsule</i>	2	PA
AZSTARYS ORAL CAPSULE	4	ST
BELSOMRA ORAL TABLET	4	PA; QL
<i>bupropion hcl oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	
CAPLYTA ORAL CAPSULE	4	QL
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine oral concentrate</i>	2	
<i>chlorpromazine oral tablet</i>	2	
<i>citalopram oral solution</i>	2	HSA+
<i>citalopram oral tablet</i>	1	HSA+; QL
<i>clomipramine oral capsule</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	PA
<i>clorazepate dipotassium oral tablet</i>	2	
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet, disintegrating</i>	2	
CLOZARIL ORAL TABLET 100 MG, 25 MG	4	

Drug Name	Drug Tier	Requirements / Limits
COTEMPLA XR-ODT ORAL TABLET,DISINTEGRATING BIPHASE 24H	4	ST
DAYTRANA TRANSDERMAL PATCH 24 HOUR	4	ST
DAYVIGO ORAL TABLET	4	PA; QL
<i>desipramine oral tablet</i>	2	
DESOXYN ORAL TABLET	4	PA
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	ST; HSA+; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	ST
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	2	PA
<i>dexmethylphenidate oral tablet</i>	2	PA
<i>dextroamphetamine sulfate oral capsule, extended release</i>	2	PA
<i>dextroamphetamine sulfate oral solution</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine sulfate oral tablet</i>	2	PA
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	2	PA
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	2	PA
<i>dextroamphetamine-amphetamine oral tablet</i>	2	PA
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	2	HSA+
<i>doxepin oral concentrate</i>	2	HSA+
<i>doxepin oral tablet</i>	2	PA; HSA+; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	HSA+; QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	ST; HSA+; QL
EDLUAR SUBLINGUAL TABLET	4	PA; QL
EMSAM TRANSDERMAL PATCH 24 HOUR	4	
<i>ergoloid oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>escitalopram oxalate oral solution</i>	2	ST; HSA+
<i>escitalopram oxalate oral tablet</i>	1	HSA+; QL
<i>estazolam oral tablet</i>	1	
<i>eszopiclone oral tablet</i>	2	QL
FANAPT ORAL TABLET	4	QL
FANAPT ORAL TABLETS,DOSE PACK	4	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	HSA+; QL
<i>fluoxetine oral capsule 20 mg</i>	1	HSA+
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	ST; QL
<i>fluoxetine oral solution</i>	2	HSA+
<i>fluoxetine oral tablet 10 mg</i>	2	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	ST
<i>fluphenazine hcl oral concentrate</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral elixir</i>	2	
<i>fluphenazine hcl oral tablet</i>	2	
<i>flurazepam oral capsule</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	2	ST; QL
<i>fluvoxamine oral tablet</i>	2	HSA+; QL
GEODON ORAL CAPSULE	4	QL
<i>guanfacine oral tablet extended release 24 hr</i>	2	PA; HSA+
HALCION ORAL TABLET 0.25 MG	4	
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	5	PA; MSP; QL
HETLIOZ ORAL CAPSULE	5	PA; MSP; QL
IGALMI SUBLINGUAL FILM	4	
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	4	QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	4	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK	4	ST
<i>lisdexamfetamine oral capsule</i>	2	PA
<i>lisdexamfetamine oral tablet, chewable</i>	2	PA
<i>lithium carbonate oral capsule</i>	1	HSA+
<i>lithium carbonate oral tablet</i>	1	HSA+
<i>lithium carbonate oral tablet extended release</i>	1	HSA+
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	4	
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LUMRYZ ORAL EXTEND RELEASE GRANULES, PACKET	5	ST; MSP; QL
<i>lurasidone oral tablet</i>	2	QL
LYBALVI ORAL TABLET	4	QL
MARPLAN ORAL TABLET	4	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	4	ST
<i>methamphetamine oral tablet</i>	2	PA
METHYLIN ORAL SOLUTION	4	PA
<i>methylphenidate hcl oral cap, er sprinkle, biphasic 40-60</i>	2	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	2	PA
<i>methylphenidate hcl oral solution</i>	2	PA
<i>methylphenidate hcl oral tablet</i>	2	PA
<i>methylphenidate hcl oral tablet extended release</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	PA
<i>methylphenidate hcl oral tablet, chewable</i>	2	PA
<i>methylphenidate transdermal patch 24 hour</i>	2	ST
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	4	
<i>midazolam oral syrup 2 mg/ml</i>	2	
<i>mirtazapine oral tablet</i>	2	HSA+
<i>mirtazapine oral tablet, disintegrating</i>	2	HSA+
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE	4	
<i>modafinil oral tablet</i>	2	PA; QL
<i>molindone oral tablet</i>	2	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	4	ST
NARDIL ORAL TABLET	4	
<i>nefazodone oral tablet</i>	2	
<i>nortriptyline oral capsule</i>	1	HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>nortriptyline oral solution</i>	2	HSA+
NUPLAZID ORAL CAPSULE	5	PA; MSP; QL
NUPLAZID ORAL TABLET	5	PA; MSP; QL
<i>olanzapine oral tablet</i>	1	HSA+; QL
<i>olanzapine oral tablet, disintegrating</i>	2	QL
<i>olanzapine-fluoxetine oral capsule</i>	2	
<i>oxazepam oral capsule</i>	2	
<i>paliperidone oral tablet extended release 24hr</i>	2	QL
PAMELOR ORAL CAPSULE	4	
PARNATE ORAL TABLET	4	
<i>paroxetine hcl oral suspension</i>	2	ST; HSA+
<i>paroxetine hcl oral tablet</i>	1	HSA+; QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule</i>	2	ST; QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
PAXIL ORAL SUSPENSION	4	ST
PAXIL ORAL TABLET	4	ST; QL
<i>perphenazine oral tablet</i>	2	
<i>perphenazine-amitriptyline oral tablet</i>	2	
<i>phenelzine oral tablet</i>	2	
<i>pimozide oral tablet</i>	2	
<i>procentra oral solution</i>	2	PA
<i>protriptyline oral tablet</i>	2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL
<i>quetiapine oral tablet extended release 24 hr</i>	2	QL
QUVIVIQ ORAL TABLET	4	PA; QL
<i>ramelteon oral tablet</i>	2	QL
REMERON ORAL TABLET 15 MG, 30 MG	4	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	4	

Drug Name	Drug Tier	Requirements / Limits
RESTORIL ORAL CAPSULE	4	
REXULTI ORAL TABLET	4	QL
RISPERDAL ORAL SOLUTION	4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL
<i>risperidone oral solution</i>	2	HSA+
<i>risperidone oral tablet</i>	1	HSA+; QL
<i>risperidone oral tablet,disintegrating</i>	2	QL
SECUADO TRANSDERMAL PATCH 24 HOUR	4	QL
<i>sertraline oral concentrate</i>	2	HSA+
<i>sertraline oral tablet</i>	1	HSA+; QL
SILENOR ORAL TABLET	4	PA; QL
SODIUM OXYBATE ORAL SOLUTION	5	ST; QL
SUNOSI ORAL TABLET	3	PA; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4	
<i>tasimelteon oral capsule</i>	5	PA; MSP; QL
<i>temazepam oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	2	
<i>tranlycypromine oral tablet</i>	2	
<i>trazodone oral tablet 100 mg, 50 mg</i>	1	HSA+
<i>trazodone oral tablet 150 mg, 300 mg</i>	2	HSA+
<i>triazolam oral tablet</i>	1	
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	2	
TRINTELLIX ORAL TABLET	4	ST; QL
<i>venlafaxine oral capsule, extended release 24hr</i>	1	HSA+; QL
<i>venlafaxine oral tablet</i>	2	HSA+; QL
<i>venlafaxine oral tablet extended release 24hr</i>	2	PA; HSA+; QL
VERSACLOZ ORAL SUSPENSION	4	
<i>vilazodone oral tablet</i>	2	ST; QL
VRAYLAR ORAL CAPSULE	4	QL
VYLEESI SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
VYVANSE ORAL CAPSULE	4	ST
VYVANSE ORAL TABLET, CHEWABLE	3	ST
WAKIX ORAL TABLET	5	PA; MSP; QL
XYWAV ORAL SOLUTION	5	ST; QL
<i>zaleplon oral capsule</i>	2	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	PA
<i>ziprasidone hcl oral capsule</i>	2	QL
<i>zolpidem oral tablet</i>	2	QL
<i>zolpidem oral tablet, ext release multiphase</i>	2	QL
<i>zolpidem sublingual tablet</i>	2	QL
ZURZUVAE ORAL CAPSULE	5	QL
ZYPREXA ORAL TABLET	4	QL
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING	4	QL

**CARDIOVASCULAR,
HYPERTENSION & LIPIDS**

ANTIARRHYTHMIC AGENTS

Drug Name	Drug Tier	Requirements / Limits
<i>amiodarone oral tablet</i>	2	
BETAPACE AF ORAL TABLET	4	ST
BETAPACE ORAL TABLET	4	ST
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide oral capsule</i>	2	
<i>flecainide oral tablet</i>	2	
<i>mexiletine oral capsule</i>	2	
MULTAQ ORAL TABLET	4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	2	
<i>quinidine gluconate oral tablet extended release</i>	2	
<i>quinidine sulfate oral tablet 200 mg</i>	1	
<i>quinidine sulfate oral tablet 300 mg</i>	2	
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	
SOTYLIZE ORAL SOLUTION	3	

ANTIHYPERTENSIVE THERAPY

Drug Name	Drug Tier	Requirements / Limits
ACCUPRIL ORAL TABLET	4	
ACCURETIC ORAL TABLET	4	
<i>acebutolol oral capsule</i>	1	CISP; HSA+
ALDACTONE ORAL TABLET	4	
<i>aliskiren oral tablet</i>	2	
ALTACE ORAL CAPSULE	4	
<i>amiloride oral tablet</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	
<i>amlodipine oral tablet</i>	1	CISP; HSA+
<i>amlodipine-benazepril oral capsule</i>	2	CISP; HSA+
<i>amlodipine-olmesartan oral tablet</i>	2	CISP; HSA+
<i>amlodipine-valsartan oral tablet</i>	2	CISP; HSA+
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	2	HSA+
<i>atenolol oral tablet</i>	1	CISP; HSA+
<i>atenolol-chlorthalidone oral tablet</i>	1	CISP; HSA+
<i>benazepril oral tablet</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	CISP; HSA+
<i>betaxolol oral tablet</i>	2	CISP; HSA+
<i>bisoprolol fumarate oral tablet</i>	2	CISP; HSA+
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
<i>bumetanide oral tablet</i>	2	
<i>candesartan oral tablet</i>	2	CISP; HSA+
<i>candesartan-hydrochlorothiazid oral tablet</i>	2	CISP; HSA+
<i>captopril oral tablet</i>	2	CISP; HSA+
<i>captopril-hydrochlorothiazide oral tablet</i>	2	CISP; HSA+
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA ORAL TABLET	4	ST; QL
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>cartia xt oral capsule, extended release 24hr</i>	2	CISP; HSA+
<i>carvedilol oral tablet</i>	1	CISP; HSA+
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	2	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	4	QL
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	4	QL
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	4	QL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	CISP; HSA+
<i>clonidine hcl oral tablet</i>	1	CISP; HSA+
<i>clonidine transdermal patch weekly</i>	2	QL
CONSENSI ORAL TABLET	4	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	4	ST
CORGARD ORAL TABLET 20 MG, 40 MG	4	ST
DEMSER ORAL CAPSULE	4	PA
DIBENZYLINE ORAL CAPSULE	4	PA

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol succinate oral tablet extended release 24 hr</i>	2	CISP; HSA+
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	2	CISP; HSA+
<i>metoprolol tartrate oral tablet</i>	1	CISP; HSA+
<i>metirosine oral capsule</i>	2	PA
<i>minoxidil oral tablet</i>	2	
<i>moexipril oral tablet</i>	2	CISP; HSA+
<i>nadolol oral tablet</i>	2	CISP; HSA+
<i>nebivolol oral tablet</i>	2	CISP; HSA+
<i>nicardipine oral capsule</i>	2	CISP; HSA+
<i>nifedipine oral capsule</i>	2	CISP; HSA+
<i>nifedipine oral tablet extended release</i>	2	CISP; HSA+
<i>nifedipine oral tablet extended release 24hr</i>	2	CISP; HSA+
<i>nimodipine oral capsule</i>	2	
<i>nisoldipine oral tablet extended release 24 hr</i>	2	CISP; HSA+
NYMALIZE ORAL SOLUTION	4	
NYMALIZE ORAL SYRINGE	4	
<i>olmesartan oral tablet</i>	1	CISP; HSA+

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

Drug Name	Drug Tier	Requirements / Limits
<i>phenoxybenzamine oral capsule</i>	2	PA
<i>pindolol oral tablet</i>	2	CISP; HSA+
<i>prazosin oral capsule</i>	2	
PRESTALIA ORAL TABLET	4	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	4	PA
<i>propranolol oral capsule,extended release 24 hr</i>	2	CISP; HSA+
<i>propranolol oral solution</i>	1	CISP; HSA+
<i>propranolol oral tablet</i>	1	CISP; HSA+
<i>propranolol-hydrochlorothiazid oral tablet</i>	2	CISP; HSA+
<i>quinapril oral tablet</i>	2	CISP; HSA+
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	CISP; HSA+
<i>quinapril-hydrochlorothiazide oral tablet 20-25 mg</i>	2	CISP; HSA+
<i>ramipril oral capsule 1.25 mg</i>	2	CISP; HSA+
<i>ramipril oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	CISP; HSA+
<i>spironolactone oral suspension</i>	1	CISP; HSA+

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
EFFIENT ORAL TABLET	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	
ELIQUIS ORAL TABLET	3	
ELOCTATE INTRAVENOUS RECON SOLN	5	PA; MSP
<i>enoxaparin subcutaneous solution</i>	5	
<i>enoxaparin subcutaneous syringe</i>	5	
ESPEROCT INTRAVENOUS RECON SOLN	5	PA; MSP
<i>fondaparinux subcutaneous syringe</i>	5	
FRAGMIN SUBCUTANEOUS SOLUTION	5	
FRAGMIN SUBCUTANEOUS SYRINGE	5	
HEMLIBRA SUBCUTANEOUS SOLUTION	5	PA; MSP
<i>hep flush-10 (pf) intravenous solution</i>	1	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL
<i>prasugrel oral tablet</i>	2	HSA+
PROMACTA ORAL POWDER IN PACKET	5	PA; MSP
PROMACTA ORAL TABLET	5	PA; MSP
SEVENFACT INTRAVENOUS RECON SOLN	5	PA; MSP
TAVALISSE ORAL TABLET	5	PA; QL
TRETTEN INTRAVENOUS RECON SOLN	5	PA; MSP
<i>vitamin k injection solution</i>	2	
<i>vitamin k1 injection solution</i>	2	
VONVENDI INTRAVENOUS RECON SOLN	5	PA; MSP
<i>warfarin oral tablet</i>	1	HSA+
WILATE INTRAVENOUS RECON SOLN	5	PA; MSP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>pitavastatin calcium oral tablet</i>	2	CISP; HSA+; ACA; QL
<i>pravastatin oral tablet</i>	1	CISP; HSA+; ACA; QL
<i>prevalite oral powder</i>	2	CISP; HSA+
<i>prevalite oral powder in packet</i>	2	CISP; HSA+
QUESTRAN LIGHT ORAL POWDER	4	ST
QUESTRAN ORAL POWDER	4	ST
QUESTRAN ORAL POWDER IN PACKET	4	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	3	PA; QL
<i>rosuvastatin oral tablet 10 mg</i>	1	CISP; HSA+; ACA; QL
<i>rosuvastatin oral tablet 20 mg</i>	1	CISP; HSA+; QL
<i>rosuvastatin oral tablet 40 mg</i>	2	CISP; HSA+; QL
<i>rosuvastatin oral tablet 5 mg</i>	2	CISP; HSA+; ACA; QL

Drug Name	Drug Tier	Requirements / Limits
ROSZET ORAL TABLET	4	ST; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	CISP; HSA+; ACA; QL
<i>simvastatin oral tablet 80 mg</i>	2	CISP-1; HSA+; QL
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	ST
VASCEPA ORAL CAPSULE	3	PA
ZYPITAMAG ORAL TABLET	4	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE	5	PA; MSP; QL
ENTRESTO ORAL TABLET	3	QL
<i>ranolazine oral tablet extended release 12 hr</i>	2	
VERQUVO ORAL TABLET	3	QL
VYNDAMAX ORAL CAPSULE	5	PA; MSP
VYNDAQEL ORAL CAPSULE	5	PA; MSP
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	4	
ISORDIL ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	2	
<i>nitro-bid transdermal ointment</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	4	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	2	
<i>nitroglycerin translingual spray,non-aerosol</i>	2	
NITROLINGUAL TRANSLINGUAL SPRAY,NON- AEROSOL	4	
NITROMIST TRANSLINGUAL AEROSOL,SPRAY	4	
NITROSTAT SUBLINGUAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
ANALPRAM-HC TOPICAL LOTION	4	ST
<i>calcipotriene scalp solution</i>	2	QL
<i>calcipotriene topical cream</i>	2	QL
<i>calcipotriene topical ointment</i>	2	QL
<i>calcipotriene- betamethasone topical ointment</i>	2	ST; QL
<i>calcipotriene- betamethasone topical suspension</i>	2	DAW-9; QL
<i>calcitriol topical ointment</i>	2	
ENSTILAR TOPICAL FOAM	3	ST; QL
EPIFOAM TOPICAL FOAM	4	ST
<i>hydrocortisone- pramoxine topical cream 2.5-1 %</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	4	
OVACE PLUS TOPICAL CLEANSER	4	
OVACE PLUS TOPICAL CREAM	4	
OVACE PLUS TOPICAL LOTION	4	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	4	
OVACE TOPICAL CLEANSER	4	
PLEXION NS TOPICAL SHAMPOO	4	
PRAMOSONE TOPICAL CREAM	4	ST
PRAMOSONE TOPICAL LOTION	4	ST
PRAMOSONE TOPICAL OINTMENT	4	ST
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
SOTYKTU ORAL TABLET	5	PA; MSP; QL
SPEVIGO SUBCUTANEOUS SYRINGE	5	PA; MSP
STELARA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
STELARA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>sulfacetamide sodium topical cleanser</i>	2	
<i>sulfacetamide sodium topical cleanser, gel</i>	2	
<i>sulfacetamide sodium topical shampoo</i>	1	
TACLONEX TOPICAL SUSPENSION	4	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
TERSI FOAM TOPICAL FOAM	4	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
VECTICAL TOPICAL OINTMENT	4	
VTAMA TOPICAL CREAM	4	ST; QL
WYNZORA TOPICAL CREAM	4	ST; QL
ZORYVE TOPICAL CREAM	4	ST; QL
ZORYVE TOPICAL FOAM	4	ST; QL
BURN THERAPY		
SILVADENE TOPICAL CREAM	4	
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
AMELUZ TOPICAL GEL	4	

Drug Name	Drug Tier	Requirements / Limits
<i>ammonium lactate topical cream</i>	2	
<i>ammonium lactate topical lotion</i>	2	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION	4	
CIBINQO ORAL TABLET	5	PA; MSP; QL
CORTANE-B TOPICAL LOTION	4	
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL
<i>doxepin topical cream</i>	2	ST; HSA+; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	5	PA; MSP; QL
EFUDEX TOPICAL CREAM	4	
EUCRISA TOPICAL OINTMENT	3	PA; QL
FLUROPLEX TOPICAL CREAM	4	
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
HYFTOR TOPICAL GEL	5	PA
IODOFLEX TOPICAL PADS, MEDICATED	4	
IODOSORB TOPICAL GEL	4	
LEVULAN TOPICAL SOLUTION	4	
<i>methoxsalen oral capsule, liqd-filled, rapid rel</i>	2	
<i>methyl salicylate oil</i>	2	
<i>methyl salicylate topical liquid</i>	2	
OPZELURA TOPICAL CREAM	4	PA; QL
PANRETIN TOPICAL GEL	4	PA
<i>pimecrolimus topical cream</i>	2	PA; QL
<i>podofilox topical gel</i>	1	ST; QL
<i>podofilox topical solution</i>	1	
<i>prudoxin topical cream</i>	2	ST; QL
REGRANEX TOPICAL GEL	3	QL
<i>tacrolimus topical ointment</i>	2	PA; QL
TOLAK TOPICAL CREAM	4	
VALCHLOR TOPICAL GEL	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
VYJUVEK TOPICAL GEL	5	PA
<i>wintergreen oil oil</i>	2	
YCANTH TOPICAL SOLUTION WITH APPLICATOR	5	SP
ZONALON TOPICAL CREAM	4	ST; QL
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE	4	ST
<i>accutane oral capsule</i>	2	
ACZONE TOPICAL GEL	4	ST
ACZONE TOPICAL GEL WITH PUMP	4	ST
<i>adapalene topical cream</i>	2	
<i>adapalene topical gel 0.3 %</i>	2	
<i>adapalene topical gel with pump</i>	2	
ADAPALENE TOPICAL LOTION	4	ST
<i>adapalene topical solution</i>	2	
<i>adapalene topical swab</i>	2	ST
<i>adapalene-benzoyl peroxide topical gel with pump</i>	2	
AKLIEF TOPICAL CREAM	4	ST

Drug Name	Drug Tier	Requirements / Limits
ALTRENO TOPICAL LOTION	4	
<i>amnestem oral capsule</i>	2	
AMZEEQ TOPICAL FOAM	4	ST
ARAZLO TOPICAL LOTION	4	PA
AVAR LS TOPICAL CLEANSER	4	ST
<i>avar topical cleanser</i>	2	
AVAR-E GREEN TOPICAL CREAM	4	ST
AVAR-E LS TOPICAL CREAM	4	ST
<i>azelaic acid topical gel</i>	2	
AZELEX TOPICAL CREAM	4	ST
BENZAMYCIN TOPICAL GEL	4	ST
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	4	ST
<i>benzebro topical towelette</i>	2	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	2	
<i>bp 10-1 topical cleanser</i>	2	ST
<i>brimonidine topical gel with pump</i>	2	PA
<i>claravis oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN T TOPICAL LOTION	4	ST; QL
CLINDACIN ETZ TOPICAL KIT	4	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	4	ST
<i>clindacin topical foam</i>	2	QL
<i>clindamycin phosphate topical foam</i>	2	QL
<i>clindamycin phosphate topical gel</i>	2	QL
<i>clindamycin phosphate topical gel, once daily</i>	2	ST; QL
<i>clindamycin phosphate topical lotion</i>	2	QL
<i>clindamycin phosphate topical solution</i>	2	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %</i>	2	DAW-9

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	2	
<i>clindamycin-tretinoin topical gel</i>	2	
<i>dapsone topical gel</i>	2	
<i>dapsone topical gel with pump</i>	2	DAW-9
DIFFERIN TOPICAL CREAM	4	ST
DIFFERIN TOPICAL GEL WITH PUMP	4	ST
DIFFERIN TOPICAL LOTION	4	ST
EPIDUO FORTE TOPICAL GEL WITH PUMP	4	ST
EPSOLAY TOPICAL CREAM	4	ST
<i>ery pads topical swab</i>	2	
<i>erygel topical gel</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide topical gel</i>	2	
EVOCLIN TOPICAL FOAM	4	ST; QL
FINACEA TOPICAL FOAM	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	2	DAW-9
<i>ivermectin topical cream</i>	2	DAW-9; QL
METROCREAM TOPICAL CREAM	4	ST
METROGEL TOPICAL GEL 1 %	4	ST
<i>metronidazole topical cream</i>	2	
<i>metronidazole topical gel</i>	2	
<i>metronidazole topical gel with pump</i>	2	
<i>metronidazole topical lotion</i>	2	
MIRVASO TOPICAL GEL WITH PUMP	3	PA
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	4	ST
<i>neuac topical gel</i>	2	
ONEXTON TOPICAL GEL WITH PUMP	4	ST
PACNEX TOPICAL CLEANSER	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>rosula cleansing cloths topical pads, medicated</i>	2	
ROSULA TOPICAL CLEANSER	4	ST
SOOLANTRA TOPICAL CREAM	4	ST; QL
<i>sss 10-5 topical cream</i>	2	
<i>sss 10-5 topical foam</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9- 4 %, 9-4.5 %, 9.8- 4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical cream</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion</i>	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 8- 4 %</i>	1	
<i>sulfacleanse 8-4 topical suspension</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
SUMADAN TOPICAL CLEANSER	4	ST
SUMADAN TOPICAL KIT	4	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	4	ST
SUMAXIN CP TOPICAL KIT	4	ST
SUMAXIN TOPICAL CLEANSER	4	ST
SUMAXIN TOPICAL PADS, MEDICATED	4	ST
SUMAXIN TS TOPICAL SUSPENSION	4	ST
<i>tazarotene topical cream</i>	2	PA
<i>tazarotene topical gel</i>	2	PA
<i>tretinoin microspheres topical gel</i>	2	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	2	
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	2	DAW-9
<i>tretinoin topical cream</i>	2	
<i>tretinoin topical gel</i>	2	

Drug Name	Drug Tier	Requirements / Limits
TWYNEO TOPICAL CREAM	4	ST
VANOXIDE-HC TOPICAL SUSPENSION	4	ST
<i>zenatane oral capsule</i>	2	
ZIANA TOPICAL GEL	4	ST
TOPICAL ANESTHETICS		
COCAINE NASAL SOLUTION	4	
<i>dermacinrx lidocaine topical adhesive patch,medicated</i>	2	ST
GOPRELTO NASAL SOLUTION	4	
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	ST
<i>lidocaine topical ointment</i>	2	QL
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical kit</i>	2	
<i>lidocan iii topical adhesive patch,medicated</i>	2	ST
<i>lidocan iv topical adhesive patch,medicated</i>	2	ST
<i>lidocan v topical adhesive patch,medicated</i>	2	ST
<i>lidocort topical cream</i>	2	
NYNUTEY TOPICAL CREAM	4	
XARACOLL IMPLANT IMPLANT	4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	3	ST
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	4	ST; QL
CENTANY AT TOPICAL OINTMENT KIT	4	ST; QL
CENTANY TOPICAL OINTMENT	4	ST; QL
<i>gentamicin topical cream</i>	2	QL
<i>gentamicin topical ointment</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
KLARON TOPICAL SUSPENSION	4	ST
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	2	
<i>mupirocin calcium topical cream</i>	2	ST; QL
<i>mupirocin topical ointment</i>	2	QL
NEO-SYNALAR KIT TOPICAL CREAM	4	
NEO-SYNALAR TOPICAL CREAM	4	
<i>strong iodine topical solution</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	2	
SULFAMYLON TOPICAL CREAM	3	
XEPI TOPICAL CREAM	4	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	4	ST
<i>ciclodan topical cream</i>	2	QL
<i>ciclodan topical solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical cream</i>	2	QL
<i>ciclopirox topical gel</i>	2	QL
<i>ciclopirox topical shampoo</i>	2	QL
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	QL
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	2	
<i>clotrimazole topical cream</i>	2	QL
<i>clotrimazole topical solution</i>	2	QL
<i>clotrimazole-betamethasone topical cream</i>	2	QL
<i>clotrimazole-betamethasone topical lotion</i>	2	QL
<i>econazole topical cream</i>	2	QL
EXELDERM TOPICAL CREAM	4	QL
EXELDERM TOPICAL SOLUTION	4	QL
EXTINA TOPICAL FOAM	4	ST; QL
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	4	ST
<i>ketoconazole topical cream</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical foam</i>	2	ST; QL
<i>ketoconazole topical shampoo</i>	1	QL
<i>ketodan kit topical combo pack</i>	2	ST
<i>ketodan topical foam</i>	2	ST; QL
<i>klayesta topical powder</i>	2	QL
LOPROX (AS OLAMINE) TOPICAL CREAM	4	QL
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	4	QL
LOPROX KIT TOPICAL COMBO PACK	4	QL
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER	4	QL
<i>naftifine topical cream</i>	2	QL
<i>naftifine topical gel 2 %</i>	2	QL
NAFTIN TOPICAL GEL	4	QL
<i>nyamyc topical powder</i>	2	QL
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	2	QL
<i>nystatin topical powder</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone topical cream</i>	2	QL
<i>nystatin-triamcinolone topical ointment</i>	2	QL
<i>nystop topical powder</i>	1	QL
<i>oxiconazole topical cream</i>	2	QL
<i>tavaborole topical solution with applicator</i>	2	ST

TOPICAL ANTIVIRALS

<i>acyclovir topical cream</i>	2	PA; QL
<i>acyclovir topical ointment</i>	2	PA; QL
DENAVIR TOPICAL CREAM	4	
<i>penciclovir topical cream</i>	2	
ZOVIRAX TOPICAL CREAM	4	PA; QL

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	2	
ALA-SCALP TOPICAL LOTION	4	ST
<i>alclometasone topical cream</i>	2	
<i>alclometasone topical ointment</i>	2	
<i>amcinonide topical cream</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>amcinonide topical ointment</i>	2	ST
<i>apexicon e topical cream</i>	2	ST
<i>beser topical lotion</i>	2	ST
<i>betamethasone dipropionate topical cream</i>	2	
<i>betamethasone dipropionate topical lotion</i>	2	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	2	ST
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	2	
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	2	

Drug Name	Drug Tier	Requirements / Limits
BRYHALI TOPICAL LOTION	4	ST
CAPEX TOPICAL SHAMPOO	4	ST
<i>clobetasol scalp solution</i>	2	QL
<i>clobetasol topical cream</i>	2	QL
<i>clobetasol topical foam</i>	2	ST; QL
<i>clobetasol topical gel</i>	2	QL
<i>clobetasol topical lotion</i>	2	ST; QL
<i>clobetasol topical ointment</i>	2	QL
<i>clobetasol topical shampoo</i>	2	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	2	ST; QL
<i>clobetasol-emollient topical cream</i>	2	QL
<i>clobetasol-emollient topical foam</i>	2	ST; QL
CLOBEX TOPICAL SHAMPOO	4	ST; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL	4	ST; QL
<i>clocortolone pivalate topical cream</i>	2	
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>clodan topical shampoo</i>	2	ST; QL
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	4	ST
CORDRAN TOPICAL CREAM	4	ST; QL
CORDRAN TOPICAL LOTION	4	ST; QL
CORDRAN TOPICAL OINTMENT	4	ST; QL
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL	4	ST
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL	4	ST
<i>desonide topical cream</i>	2	
<i>desonide topical gel</i>	2	ST
<i>desonide topical lotion</i>	2	ST
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream</i>	2	ST
<i>desoximetasone topical gel</i>	2	ST
<i>desoximetasone topical ointment</i>	2	ST
<i>desoximetasone topical spray,non-aerosol</i>	2	ST

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

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

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

Drug Name	Drug Tier	Requirements / Limits
SCALACORT DK TOPICAL COMBO PACK	4	ST
<i>scalacort topical lotion</i>	2	
SYNALAR CREAM KIT TOPICAL CREAM	4	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM	4	ST
SYNALAR TOPICAL CREAM	4	ST
SYNALAR TOPICAL OINTMENT	4	ST
SYNALAR TOPICAL SOLUTION	4	ST
SYNALAR TS TOPICAL KIT	4	ST
TEXACORT TOPICAL SOLUTION	4	ST
TOPICORT TOPICAL CREAM	4	ST
TOPICORT TOPICAL GEL	4	ST
TOPICORT TOPICAL OINTMENT	4	ST
<i>tovet emollient topical foam</i>	2	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL	4	
SANTYL TOPICAL OINTMENT	3	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	2	
ELIMITE TOPICAL CREAM	4	
EURAX TOPICAL CREAM	4	
EURAX TOPICAL LOTION	4	
<i>malathion topical lotion</i>	2	
OVIDE TOPICAL LOTION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>permethrin topical cream</i>	2	
<i>spinosad topical suspension</i>	2	
ULESFIA TOPICAL LOTION	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	2	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
SORBITOL IRRIGATION SOLUTION 3 %	4	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	4	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	2	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	2	
<i>acetic acid irrigation solution</i>	2	
AGRYLIN ORAL CAPSULE	4	
<i>anagrelide oral capsule</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>droxidopa oral capsule</i>	5	PA; MSP
EMPAVELI SUBCUTANEOUS SOLUTION	5	PA
ENDARI ORAL POWDER IN PACKET	5	PA; MSP
EVOXAC ORAL CAPSULE	4	
EXSERVAN ORAL FILM	5	PA
FABHALTA ORAL CAPSULE	5	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	5	PA
FERRIPROX ORAL SOLUTION	5	PA
FERRIPROX ORAL TABLET	5	PA
GIVLAARI SUBCUTANEOUS SOLUTION	5	PA; MSP
GLASSIA INTRAVENOUS SOLUTION	5	PA; MSP
INCRELEX SUBCUTANEOUS SOLUTION	5	PA; MSP
JOENJA ORAL TABLET	5	PA; QL
<i>levocarnitine (with sugar) oral solution</i>	2	

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

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

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

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

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

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone acetonide oil otic (ear) drops</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	2	
<i>ofloxacin otic (ear) drops</i>	2	

OTIC STEROID / ANTIBIOTIC

<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	2	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	
OTOVEL OTIC (EAR) SOLUTION	4	

ENDOCRINE/DIABETES

ADRENAL HORMONES

ACTHAR INJECTION GEL	5	PA; MSP
CORTEF ORAL TABLET	4	
<i>cortisone oral tablet</i>	1	
<i>deflazacort oral tablet</i>	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
<i>dexabliss oral tablets,dose pack</i>	1	PA
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
<i>fludrocortisone oral tablet</i>	1	
<i>hydrocortisone oral tablet</i>	1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	4	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	4	
<i>methylprednisolone oral tablet</i>	2	
<i>methylprednisolone oral tablets,dose pack</i>	2	
<i>millipred dp oral tablets,dose pack</i>	2	
<i>millipred oral tablet</i>	2	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	4	
<i>prednisolone oral solution</i>	2	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	4	
LITEAIRE MDI CHAMBER SPACER	3	CISP-1; HSA+
MICROCHAMBER SPACER	3	CISP-1; HSA+
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	CISP-1; HSA+
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	3	
RITEFLO AEROCHAMBER SPACER	3	CISP-1; HSA+
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON- AEROSOL	3	QL
<i>diazoxide oral suspension</i>	2	

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

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

Drug Name	Drug Tier	Requirements / Limits
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	4	OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	4	OTC
CARESENS CONTROL A AND B SOLUTION	4	OTC
CARETOUCH CONTROL SOLN L2-L3 SOLUTION	4	OTC
CEQR SIMPLICITY DEVICE	3	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	4	OTC
CONTOUR CONTROL SOLUTION, NML SOLUTION	4	OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	4	OTC
DEXCOM G6 RECEIVER	3	ST; QL
DEXCOM G6 SENSOR DEVICE	3	ST; QL
DEXCOM G6 TRANSMITTER DEVICE	3	ST; QL
DEXCOM G7 RECEIVER	3	ST; QL

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
GOJJI MULTI-FUNCTIONAL METER KIT	4	OTC
GUARDIAN 4 GLUCOSE SENSOR DEVICE	4	ST; QL
GUARDIAN 4 TRANSMITTER DEVICE	4	ST; QL
GUARDIAN CONNECT TRANSMITTER DEVICE	4	ST; QL
GUARDIAN LINK 3 TRANSMITTER DEVICE	4	ST; QL
GUARDIAN SENSOR 3 DEVICE	4	ST; QL
HEALTHPRO HIGH-LOW CONTROL SOLUTION	4	OTC
INFINITY CONTROL SOLUTION NORM SOLUTION	4	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	4	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	4	
LANCETS 33 GAUGE	3	CISP-1; HSA+; OTC
LANCING DEVICE	3	CISP-1; HSA+; OTC

Drug Name	Drug Tier	Requirements / Limits
MEDISENSE COMBO PACK	3	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	3	OTC
MYGLUCOHEALTH H CONTROL SOLUTION	4	OTC
NOVA MAX PLUS GLUC-KETON METER DEVICE	4	OTC
NOVA MAX PLUS GLUC-KETON METER KIT	4	OTC
NOVAMAX PLUS GLU-KET SOLUTION	4	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	4	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	INS; HSA+
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	INS; HSA+
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	3	INS; HSA+
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	INS; HSA+
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	INS; HSA+

Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	INS; HSA+
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	INS; HSA+
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN	4	INS; HSA+
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	4	INS; HSA+
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
LYUMJEV TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; INS
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS; HSA+
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	INS; HSA+

Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARGINE-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	INS; HSA+; QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	INS; HSA+
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	INS; HSA+
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	4	INS; QL
MISCELLANEOUS HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>cabergoline oral tablet</i>	2	QL
<i>calcitonin (salmon) injection solution</i>	2	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	
<i>calcitriol oral solution</i>	2	
CERDELGA ORAL CAPSULE	5	PA; MSP; QL
<i>cetorelix subcutaneous kit</i>	5	
CETROTIDE SUBCUTANEOUS KIT	5	SP
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	4	ST
<i>cinacalcet oral tablet</i>	2	ST
<i>clomid oral tablet</i>	2	
<i>clomiphene citrate oral tablet</i>	2	
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
<i>danazol oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
DDAVP ORAL TABLET	4	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL	4	
<i>desmopressin injection solution</i>	5	SP
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral tablet</i>	2	
<i>doxercalciferol oral capsule</i>	2	ST
<i>fyremadel subcutaneous syringe</i>	5	SP
GALAFOLD ORAL CAPSULE	5	PA; MSP; QL
<i>ganirelix subcutaneous syringe</i>	5	ST; SP
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	5	ST; SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN	5	ST; SP

Drug Name	Drug Tier	Requirements / Limits
GONAL-F SUBCUTANEOUS RECON SOLN	5	ST; SP
JATENZO ORAL CAPSULE	4	QL
<i>javygtor oral powder in packet</i>	5	PA; MSP
<i>javygtor oral tablet, soluble</i>	5	PA; MSP
JYNARQUE ORAL TABLET	5	PA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL	5	PA; QL
MENOPUR SUBCUTANEOUS RECON SOLN	5	SP
METHITEST ORAL TABLET	3	
<i>methyltestosterone oral capsule</i>	2	
MIACALCIN INJECTION SOLUTION	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA
<i>miglustat oral capsule</i>	5	PA; MSP; QL
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MSP
NOC DURNA (MEN) SUBLINGUAL TABLET, DISINTE GRATING	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
NOC DURNA (WOMEN) SUBLINGUAL TABLET, DISINTE GRATING	4	PA; QL
NOVAREL INTRAMUSCULA R RECON SOLN 5,000 UNIT	5	SP; QL
OPFOLDA ORAL CAPSULE	5	PA; MSP; QL
ORILISSA ORAL TABLET	3	ST; QL
OVIDREL SUBCUTANEOUS SYRINGE	5	SP
PALYNZIQ SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>paricalcitol intravenous solution</i>	2	
<i>paricalcitol oral capsule</i>	2	ST
PREGNYL INTRAMUSCULA R RECON SOLN	5	ST; SP; QL
RAYALDEE ORAL CAPSULE, EXTEN DED RELEASE 24 HR	4	ST
ROCALTROL ORAL SOLUTION	4	ST
<i>sapropterin oral powder in packet</i>	5	PA; MSP
<i>sapropterin oral tablet, soluble</i>	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MSP
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA
SYNAREL NASAL SPRAY, NON- AEROSOL	3	PA
TESTOPEL IMPLANT PELLETT	5	
<i>testosterone cypionate intramuscular oil</i>	2	
<i>testosterone enanthate intramuscular oil</i>	2	
TESTOSTERONE IMPLANT PELLETT	4	
<i>testosterone transdermal gel</i>	2	QL
<i>testosterone transdermal gel in metered-dose pump</i>	2	QL
<i>testosterone transdermal gel in packet</i>	2	QL
<i>testosterone transdermal solution in metered pump w/app</i>	2	QL
<i>tolvaptan oral tablet</i>	5	PA; MSP; QL
VOGELXO TRANSDERMAL GEL	4	QL

Drug Name	Drug Tier	Requirements / Limits
VOGELXO TRANSDERMAL GEL IN METERED- DOSE PUMP	4	QL
VOGELXO TRANSDERMAL GEL IN PACKET	4	QL
VOXZOGO SUBCUTANEOUS RECON SOLN	5	PA; MSP
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	QL
ZEMPLAR INTRAVENOUS SOLUTION	4	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	ST
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	CISP; HSA+
ACTOPLUS MET ORAL TABLET 15- 850 MG	4	ST; QL
ACTOS ORAL TABLET	4	ST; QL
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	ST; CISP; HSA+; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	3	ST; CISP; HSA+; QL
CYCLOSET ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
DUETACT ORAL TABLET	4	ST; QL
FARXIGA ORAL TABLET	3	ST; CISP; HSA+; QL
<i>glimepiride oral tablet</i>	1	CISP; HSA+
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	CISP; HSA+
<i>glipizide oral tablet extended release 24hr</i>	1	CISP; HSA+
<i>glipizide-metformin oral tablet</i>	1	CISP; HSA+
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	4	
<i>glyburide micronized oral tablet</i>	1	CISP; HSA+
<i>glyburide oral tablet</i>	1	CISP; HSA+
<i>glyburide-metformin oral tablet</i>	1	CISP; HSA+
GLYXAMBI ORAL TABLET	3	ST; CISP; HSA+; QL
JANUMET ORAL TABLET	3	ST; CISP; HSA+; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST; CISP; HSA+; QL
JANUVIA ORAL TABLET	3	ST; CISP; HSA+; QL
JARDIANCE ORAL TABLET	3	ST; CISP; HSA+; QL
<i>metformin oral solution</i>	2	ST; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	CISP; HSA+
<i>metformin oral tablet extended release 24 hr</i>	1	CISP; HSA+; QL
<i>metformin oral tablet osmotic extended release 24hr</i>	2	PA; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	2	PA; QL
<i>miglitol oral tablet</i>	2	CISP; HSA+
MOUNJARO SUBCUTANEOUS PEN INJECTOR	3	ST; CISP; HSA+; QL
<i>nateglinide oral tablet</i>	2	CISP; HSA+
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	ST; CISP; HSA+; QL
<i>pioglitazone oral tablet</i>	1	CISP; HSA+; QL
<i>pioglitazone-glimepiride oral tablet</i>	2	CISP; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-metformin oral tablet</i>	2	CISP; HSA+; QL
PRECOSE ORAL TABLET	4	
<i>repaglinide oral tablet</i>	2	CISP; HSA+
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON	4	ST
RIOMET ORAL SOLUTION	4	ST
RYBELSUS ORAL TABLET	3	ST; CISP; HSA+; QL
<i>saxagliptin oral tablet</i>	2	ST; CISP; HSA+; QL
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>	2	ST; CISP; HSA+; QL
SEGLUROMET ORAL TABLET	3	ST; CISP; HSA+; QL
STEGLATRO ORAL TABLET	3	ST; CISP; HSA+; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	3	ST; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	ST; QL
SYNJARDY ORAL TABLET	3	ST; CISP; HSA+; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; CISP; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	ST; CISP; HSA+; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; CISP; HSA+; QL
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ARMOUR THYROID ORAL TABLET	3	
ERMEZA ORAL SOLUTION	4	ST
<i>euthyrox oral tablet</i>	2	
<i>levo-t oral tablet</i>	2	
<i>levothyroxine oral tablet</i>	1	
<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</i>	1	
<i>niva thyroid oral tablet</i>	1	
<i>np thyroid oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>thyroid (pork) oral tablet</i>	1	

<i>unithroid oral tablet</i>	2	
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GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet, disintegrating</i>	1	
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<i>chlordiazepoxide-clidinium oral capsule</i>	1	
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<i>dicyclomine oral capsule</i>	1	
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<i>dicyclomine oral solution</i>	1	
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<i>dicyclomine oral tablet</i>	1	
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<i>diphenoxylate-atropine oral liquid</i>	1	
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<i>diphenoxylate-atropine oral tablet</i>	1	
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DONNATAL ORAL ELIXIR 16.2-0.1037-0.0194 MG/5 ML	4	
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DONNATAL ORAL TABLET	4	
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<i>ed-spaz oral tablet, disintegrating</i>	1	
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GLYCATE ORAL TABLET	4	
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<i>glycopyrrolate oral solution</i>	2	
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<i>glycopyrrolate oral tablet</i>	2	
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<i>hyoscyamine sulfate oral drops</i>	1	
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Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral elixir</i>	1	

<i>hyoscyamine sulfate oral tablet</i>	1	
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<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
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<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
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<i>hyoscyamine sulfate sublingual tablet</i>	1	
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<i>hyosyne oral drops</i>	1	
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<i>hyosyne oral elixir</i>	1	
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LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	4	
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LEVSIN ORAL TABLET	4	
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LEVSIN/SL SUBLINGUAL TABLET	4	
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LOMOTIL ORAL TABLET	4	
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<i>loperamide oral capsule</i>	2	
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<i>methscopolamine oral tablet</i>	2	
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MOTOFEN ORAL TABLET	4	
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NULEV ORAL TABLET, DISINTEGRATING	4	
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<i>opium tincture oral tincture</i>	2	
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Drug Name	Drug Tier	Requirements / Limits
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	2	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	
<i>phenohydro oral tablet</i>	2	
ROBINUL FORTE ORAL TABLET	4	
ROBINUL ORAL TABLET	4	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	4	
<i>symax fastabs oral tablet,disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET	4	
<i>lanthanum oral tablet,chewable</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
LOKELMA ORAL POWDER IN PACKET	3	QL
RENVELA ORAL POWDER IN PACKET	4	QL
RENVELA ORAL TABLET	4	QL
<i>sevelamer carbonate oral powder in packet</i>	1	QL
<i>sevelamer carbonate oral tablet</i>	2	QL
<i>sevelamer hcl oral tablet</i>	2	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	3	QL
VELTASSA ORAL POWDER IN PACKET	3	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	2	
<i>alvimopan oral capsule</i>	2	
ANA-LEX KIT RECTAL KIT	4	

Drug Name	Drug Tier	Requirements / Limits
ANALPRAM-HC RECTAL CREAM 1-1 %	4	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	4	ST
ANALPRAM-HC SINGLES RECTAL CREAM	4	ST
<i>anucort-hc rectal suppository</i>	2	
<i>aprepitant oral capsule</i>	2	QL
<i>aprepitant oral capsule,dose pack</i>	2	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	4	ST
AZULFIDINE ENTABS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	ST
AZULFIDINE ORAL TABLET	4	ST
<i>balsalazide oral capsule</i>	2	
<i>betaine oral powder</i>	5	PA
<i>budesonide oral capsule,delayed,extended.release</i>	2	
<i>budesonide oral tablet,delayed and ext.release</i>	2	DAW-9
<i>budesonide rectal foam</i>	2	

Drug Name	Drug Tier	Requirements / Limits
BYLVAY ORAL CAPSULE	5	PA; MSP; QL
BYLVAY ORAL PELLET	5	PA; MSP; QL
CHENODAL ORAL TABLET	5	PA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL
<i>citrate of magnesia oral solution</i>	1	ACA; OTC
<i>citroma oral solution</i>	1	ACA; OTC
<i>clearlax oral powder</i>	1	ACA; OTC
COLAZAL ORAL CAPSULE	4	ST
COMPAZINE ORAL TABLET	4	
COMPAZINE RECTAL SUPPOSITORY	4	
<i>compro rectal suppository</i>	2	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	4	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	
<i>cromolyn oral concentrate</i>	2	HSA+

Drug Name	Drug Tier	Requirements / Limits
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	QL
DIPENTUM ORAL CAPSULE	4	ST
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	2	QL
<i>dronabinol oral capsule</i>	2	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	1	ACA; OTC
<i>enulose oral solution</i>	1	
GASTROCROM ORAL CONCENTRATE	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MSP
<i>gavilax oral powder</i>	1	ACA; OTC
<i>gavilyte-c oral recon soln</i>	1	ACA
<i>gavilyte-g oral recon soln</i>	1	ACA
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>gentlelax oral powder</i>	1	ACA; OTC
GOLYTELY ORAL RECON SOLN	4	

Drug Name	Drug Tier	Requirements / Limits
<i>granisetron hcl oral tablet</i>	2	QL
<i>hemmorex-hc rectal suppository</i>	2	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	2	
<i>hydrocortisone acetate rectal suppository 30 mg</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	ST
KRISTALOSE ORAL PACKET	4	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	1	ACA; OTC
<i>laxative peg 3350 oral powder</i>	1	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	4	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	2	
<i>lidocaine-hydrocortisone-aloe rectal gel</i>	2	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	2	
LINZESS ORAL CAPSULE	3	QL
LIVMARLI ORAL SOLUTION	5	PA
<i>lubiprostone oral capsule</i>	2	QL
<i>magnesium citrate oral solution</i>	1	ACA; OTC
MARINOL ORAL CAPSULE	4	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	DAW-9
<i>mesalamine oral capsule, extended release 24hr</i>	2	DAW-9
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine rectal enema</i>	2	
<i>mesalamine rectal suppository</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit</i>	2	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia concentrated oral suspension</i>	1	ACA; OTC
<i>milk of magnesia oral suspension</i>	1	ACA; OTC
MOVANTIK ORAL TABLET	3	QL
<i>natura-lax oral powder</i>	1	ACA; OTC
<i>nitroglycerin rectal ointment</i>	2	
OICALIVA ORAL TABLET	5	PA; MSP; QL
OMVOH PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
<i>ondansetron hcl oral solution</i>	2	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL
<i>ondansetron oral tablet, disintegrating</i>	2	QL
<i>onelax magnesium citrate oral solution</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>oral saline laxative oral liquid</i>	1	ACA; OTC
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	3	
<i>peg 3350-electrolytes oral recon soln</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	2	ACA
<i>peg-electrolyte soln oral recon soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	
<i>phosphate laxative oral liquid</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>polyethylene glycol 3350 oral powder</i>	2	ACA; OTC
<i>powderlax oral powder</i>	1	ACA; OTC
<i>prochlorperazine maleate oral tablet</i>	1	HSA+
<i>prochlorperazine rectal suppository</i>	2	HSA+
PROCORT RECTAL CREAM	4	
PROCTOCORT RECTAL SUPPOSITORY	4	ST
<i>procto-med hc topical cream with perineal applicator</i>	2	
<i>proctosol hc topical cream with perineal applicator</i>	2	
<i>proctozone-hc topical cream with perineal applicator</i>	2	
<i>purelax oral powder</i>	1	ACA; OTC
RECTIV RECTAL OINTMENT	3	
REGLAN ORAL TABLET	4	
RELISTOR ORAL TABLET	3	ST
RELISTOR SUBCUTANEOUS SOLUTION	3	ST
RELISTOR SUBCUTANEOUS SYRINGE	3	ST
ROWASA RECTAL ENEMA KIT	4	

Drug Name	Drug Tier	Requirements / Limits
SANCUSO TRANSDERMAL PATCH WEEKLY	4	QL
<i>scopolamine base transdermal patch 3 day</i>	2	
SFROWASA RECTAL ENEMA	4	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	5	PA; MSP; QL
<i>smoothlax oral powder</i>	1	ACA; OTC
<i>sodium,potassium,m ag sulfates oral recon soln</i>	2	HSA+; ACA
SUCRAID ORAL SOLUTION	5	PA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	
SYMPROIC ORAL TABLET	3	
SYNDROS ORAL SOLUTION	4	PA
<i>trimethobenzamide oral capsule</i>	2	
TRULANCE ORAL TABLET	3	
UCERIS ORAL TABLET,DELAYE D AND EXT.RELEASE	4	

Drug Name	Drug Tier	Requirements / Limits
UCERIS RECTAL FOAM	3	
URSO 250 ORAL TABLET	4	
URSO FORTE ORAL TABLET	4	
<i>ursodiol oral capsule</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI ORAL TABLET	3	QL
VIBERZI ORAL TABLET	3	
VIOKACE ORAL TABLET	3	
VOWST ORAL CAPSULE	5	
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)</i>	1	ACA; OTC

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	5	PA; MSP; QL
PONVORY ORAL TABLET	5	PA; MSP; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>teriflunomide oral tablet</i>	5	PA; MSP; QL
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; MSP; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	3	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	ACA

Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	ACA
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION	3	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ACA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
BEXSERO INTRAMUSCULAR SYRINGE	3	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	

Drug Name	Drug Tier	Requirements / Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION	3	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION	3	ACA
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE	3	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE	3	ACA
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE	3	ACA
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION	3	ACA

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

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

Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	3	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	ACA
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION	3	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	5	PA; MSP
NABI-HB INTRAMUSCULAR SOLUTION	4	
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION	3	ACA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT	3	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	ACA

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	3	ACA
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ACA
PNEUMOVAX-23 INJECTION SOLUTION	3	ACA
PNEUMOVAX-23 INJECTION SYRINGE	3	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	3	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	3	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	ACA

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	3	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	ACA
ROTARIX ORAL SUSPENSION	3	ACA
ROTATEQ VACCINE ORAL SOLUTION	3	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION	3	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE	3	ACA

Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TDVAX INTRAMUSCULAR SUSPENSION	3	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	ACA
TICOVAC INTRAMUSCULAR SYRINGE	3	
TRUMENBA INTRAMUSCULAR SYRINGE	3	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	ACA

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

IMMUNOLOGY

INTERLEUKINS

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in metered-dose pump</i>	2	
<i>imiquimod topical cream in packet</i>	2	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral capsule</i>	2	ST
<i>colchicine oral tablet</i>	2	
<i>febuxostat oral tablet</i>	2	ST
GLOPERBA ORAL SOLUTION	4	
MITIGARE ORAL CAPSULE	3	ST
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	2	
ZYLOPRIM ORAL TABLET 100 MG	4	

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	4	PA; QL
<i>alendronate oral solution</i>	2	HSA+; QL
<i>alendronate oral tablet 10 mg, 70 mg</i>	2	HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
<i>alendronate oral tablet 35 mg, 5 mg</i>	1	HSA+; QL
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	4	PA; QL
BINOSTO ORAL TABLET, EFFERVESCENT	4	PA; QL
EVISTA ORAL TABLET	4	
FORTEO SUBCUTANEOUS PEN INJECTOR	5	PA; SP; QL
FOSAMAX ORAL TABLET 70 MG	4	PA; QL
FOSAMAX PLUS D ORAL TABLET	4	PA; QL
<i>ibandronate oral tablet</i>	2	HSA+; QL
<i>raloxifene oral tablet</i>	2	HSA+
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	HSA+; QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	2	HSA+; QL
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	5	PA; SP; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR	5	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MSP; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB- ADB SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL
ADALIMUMAB- ADB(CF) PEN CROHN'S SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL
ADALIMUMAB- ADB(CF) PEN CROHN'S SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MSP; QL
ADALIMUMAB- ADB(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL
ADALIMUMAB- ADB(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MSP; QL
ADALIMUMAB- RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	5	PA; QL
ARAVA ORAL TABLET	4	QL
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MSP; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MSP; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MSP; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL
DEPEN TITRATABS ORAL TABLET	4	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MSP; QL
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MSP; QL
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MSP; QL
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MSP; QL
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT	5	PA; MSP; QL

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

Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>leflunomide oral tablet</i>	2	QL
OTEZLA ORAL TABLET	5	PA; MSP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MSP; QL
<i>penicillamine oral capsule</i>	2	PA
<i>penicillamine oral tablet</i>	2	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	3	ST

Drug Name	Drug Tier	Requirements / Limits
RIDAURA ORAL CAPSULE	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MSP; QL
SAVELLA ORAL TABLET	3	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK	3	ST; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	5	PA; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	5	PA; MSP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; MSP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MSP; QL
XELJANZ ORAL SOLUTION	5	PA; MSP; QL
XELJANZ ORAL TABLET	5	PA; MSP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MSP; QL

OBSTETRICS & GYNECOLOGY

Drug Name	Drug Tier	Requirements / Limits
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM	3	ACA
DUREX AVANTI BARE REAL FEEL	4	ACA; OTC
DUREX EXTRA SENSITIVE CONDOM DEVICE	4	ACA; OTC
FC2 FEMALE CONDOM	3	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	3	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA; MSP
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	5	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	5	ACA

Drug Name	Drug Tier	Requirements / Limits
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	3	ACA; OTC
WIDE-SEAL DIAPHRAGM	4	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET	4	
<i>amabelz oral tablet 0.5-0.1 mg</i>	1	
<i>amabelz oral tablet 1-0.5 mg</i>	2	
ANGELIQ ORAL TABLET	4	
<i>camila oral tablet</i>	1	ACA
CLIMARA TRANSDERMAL PATCH WEEKLY	4	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	3	
<i>covaryx h.s. oral tablet</i>	2	
<i>covaryx oral tablet</i>	2	
CRINONE VAGINAL GEL 8 %	5	SP
<i>deblitane oral tablet</i>	1	ACA
DELESTROGEN INTRAMUSCULAR OIL	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	

Drug Name	Drug Tier	Requirements / Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	ACA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	ACA; QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	ACA; QL
<i>dotti transdermal patch semiweekly</i>	2	HSA+; QL
DUAVEE ORAL TABLET	3	
<i>eemt hs oral tablet</i>	2	
<i>eemt oral tablet</i>	2	
<i>emzahh oral tablet</i>	2	ACA
<i>errin oral tablet</i>	1	ACA
ESTRACE ORAL TABLET	4	
ESTRADIOL IMPLANT PELLET 6 MG	4	
<i>estradiol oral tablet</i>	1	HSA+
<i>estradiol transdermal gel in metered-dose pump</i>	2	HSA+; QL
<i>estradiol transdermal gel in packet</i>	2	HSA+; QL
<i>estradiol transdermal patch semiweekly</i>	2	HSA+; QL
<i>estradiol transdermal patch weekly</i>	2	HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol vaginal cream</i>	2	HSA+
<i>estradiol vaginal tablet</i>	2	HSA+
<i>estradiol valerate intramuscular oil</i>	2	
<i>estradiol-norethindrone acet oral tablet</i>	2	HSA+
<i>estrogens-methyltestosterone oral tablet</i>	2	
<i>fyavolv oral tablet</i>	2	
<i>heather oral tablet</i>	1	ACA
<i>incassia oral tablet</i>	2	ACA
<i>jencycla oral tablet</i>	2	ACA
<i>jinteli oral tablet</i>	2	
<i>lyleq oral tablet</i>	2	ACA
<i>lyllana transdermal patch semiweekly</i>	2	QL
<i>lyza oral tablet</i>	1	ACA
<i>medroxyprogesterone intramuscular suspension</i>	2	HSA+; ACA; QL
<i>medroxyprogesterone intramuscular syringe</i>	2	HSA+; ACA; QL
<i>medroxyprogesterone oral tablet</i>	1	HSA+
MENOSTAR TRANSDERMAL PATCH WEEKLY	4	QL
<i>mimvey oral tablet</i>	2	
<i>nora-be oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone (contraceptive) oral tablet</i>	1	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	HSA+
OPILL ORAL TABLET	3	OTC
PREMARIN VAGINAL CREAM	3	
<i>progesterone micronized oral capsule</i>	2	
PROMETRIUM ORAL CAPSULE	4	
PROVERA ORAL TABLET	4	
<i>sharobel oral tablet</i>	1	ACA
<i>tulana oral tablet</i>	2	ACA
<i>yuvaferm vaginal tablet</i>	2	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	4	ST; ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	4	
CLEOCIN VAGINAL CREAM	4	
CLEOCIN VAGINAL SUPPOSITORY	4	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate vaginal cream</i>	2	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE	4	
<i>eluryng vaginal ring</i>	2	ACA
<i>enilloring vaginal ring</i>	2	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	ACA
<i>fem ph vaginal gel</i>	1	
GYNAZOLE-1 VAGINAL CREAM	4	
<i>haloette vaginal ring</i>	2	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE ORAL TABLET	3	PA
NEXPLANON SUBDERMAL IMPLANT	5	ACA; MSP
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	2	ACA
NUVESSA VAGINAL GEL	4	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	3	PA

Drug Name	Drug Tier	Requirements / Limits
OSPHENA ORAL TABLET	4	
PREPIDIL VAGINAL GEL	4	
RELAGARD VAGINAL GEL	4	
<i>terconazole vaginal cream</i>	2	
<i>terconazole vaginal suppository</i>	1	
<i>tranexamic acid oral tablet</i>	2	
TRIMO-SAN JELLY VAGINAL GEL	3	
<i>vandazole vaginal gel</i>	2	
VCF CONTRACEPTIVE FILM VAGINAL FILM	3	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	3	ACA; OTC
VEOZAH ORAL TABLET	4	
XACIATO VAGINAL GEL	3	
<i>xulane transdermal patch weekly</i>	2	ACA
<i>zafemy transdermal patch weekly</i>	2	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>after pill oral tablet</i>	2	ACA; OTC; QL
AFTERA ORAL TABLET	4	ACA; OTC; QL
<i>altavera (28) oral tablet</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	1	ACA
<i>amethia oral tablets, dose pack, 3 month</i>	2	ACA
<i>amethyst (28) oral tablet</i>	2	ACA
<i>apri oral tablet</i>	1	ACA
<i>aranelle (28) oral tablet</i>	1	ACA
<i>ashlyna oral tablets, dose pack, 3 month</i>	2	ACA
<i>aubra eq oral tablet</i>	1	ACA
<i>aubra oral tablet</i>	1	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	2	ACA
<i>aurovela 1/20 (21) oral tablet</i>	2	ACA
<i>aurovela 24 fe oral tablet</i>	2	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	2	ACA
<i>aviane oral tablet</i>	1	ACA
<i>ayuna oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>azurette (28) oral tablet</i>	1	ACA
<i>balziva (28) oral tablet</i>	1	ACA
BEYAZ ORAL TABLET	4	ST; ACA
<i>blisovi 24 fe oral tablet</i>	2	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	2	ACA
<i>briellyn oral tablet</i>	2	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	1	ACA
<i>camrese oral tablets,dose pack,3 month</i>	2	ACA
<i>caziant (28) oral tablet</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	2	ACA
<i>chateal (28) oral tablet</i>	1	ACA
<i>chateal eq (28) oral tablet</i>	2	ACA
<i>cryselle (28) oral tablet</i>	1	ACA
<i>curae oral tablet</i>	2	ACA; OTC; QL
<i>cyred eq oral tablet</i>	1	ACA
<i>cyred oral tablet</i>	1	ACA
<i>dasetta 1/35 (28) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>dasetta 7/7/7 (28) oral tablet</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month</i>	2	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	ACA
<i>dolishale oral tablet</i>	2	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	2	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	2	ACA
<i>econtra ez oral tablet</i>	2	ACA; OTC; QL
<i>econtra one-step oral tablet</i>	2	ACA; OTC; QL
<i>elinest oral tablet</i>	1	ACA
ELLA ORAL TABLET	3	ACA; QL
<i>enpresse oral tablet</i>	1	ACA
<i>enskyce oral tablet</i>	1	ACA
<i>estarylla oral tablet</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	ACA
<i>falmina (28) oral tablet</i>	1	ACA
<i>finzala oral tablet,chewable</i>	2	ACA
<i>gemmily oral capsule</i>	2	ACA
<i>hailey 24 fe oral tablet</i>	2	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>hailey fe 1/20 (28) oral tablet</i>	2	ACA
<i>hailey oral tablet</i>	2	ACA
<i>her style oral tablet</i>	2	ACA; OTC; QL
<i>iclevia oral tablets,dose pack,3 month</i>	2	ACA
<i>isibloom oral tablet</i>	1	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	2	ACA
<i>jasmiel (28) oral tablet</i>	2	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	2	ACA
<i>joyeaux oral tablet</i>	2	ACA
<i>juleber oral tablet</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet</i>	1	ACA
<i>junel 1/20 (21) oral tablet</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	2	ACA
<i>junel fe 1/20 (28) oral tablet</i>	2	ACA
<i>junel fe 24 oral tablet</i>	2	ACA
<i>kaitlib fe oral tablet,chewable</i>	1	ACA
<i>kalliga oral tablet</i>	1	ACA
<i>kariva (28) oral tablet</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>kelnor 1-50 (28) oral tablet</i>	1	ACA
<i>kurvelo (28) oral tablet</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month</i>	2	ACA
<i>larin 1.5/30 (21) oral tablet</i>	1	ACA
<i>larin 1/20 (21) oral tablet</i>	1	ACA
<i>larin 24 fe oral tablet</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet</i>	1	ACA
<i>layolis fe oral tablet,chewable</i>	1	ACA
<i>leena 28 oral tablet</i>	1	ACA
<i>lessina oral tablet</i>	1	ACA
<i>levonest (28) oral tablet</i>	1	ACA
<i>levonorgest-eth.estradiol-iron oral tablet</i>	2	ACA
<i>levonorgestrel oral tablet</i>	2	ACA; OTC; QL
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg</i>	1	ACA
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	1	ACA
<i>levora-28 oral tablet</i>	1	ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	2	ACA
<i>loryna (28) oral tablet</i>	2	ACA
<i>low-ogestrel (28) oral tablet</i>	1	ACA
<i>lo-zumandimine (28) oral tablet</i>	2	ACA
<i>lutera (28) oral tablet</i>	1	ACA
<i>marlissa (28) oral tablet</i>	1	ACA
<i>merzee oral capsule</i>	2	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	2	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	2	ACA
<i>microgestin 1/20 (21) oral tablet</i>	1	ACA
<i>microgestin 24 fe oral tablet</i>	2	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	1	ACA
<i>mili oral tablet</i>	1	ACA
<i>mono-linyah oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>my choice oral tablet</i>	2	ACA; OTC; QL
<i>my way oral tablet</i>	1	ACA; OTC; QL
<i>necon 0.5/35 (28) oral tablet</i>	1	ACA
<i>new day oral tablet</i>	2	ACA; OTC; QL
<i>nikki (28) oral tablet</i>	2	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	2	HSA+; ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	HSA+; ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	HSA+; ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	2	HSA+; ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	2	HSA+; ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	1	HSA+; ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	1	ACA
<i>nylia 1/35 (28) oral tablet</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 7/7/7 (28) oral tablet</i>	2	ACA
<i>nymyo oral tablet</i>	2	ACA
<i>ocella oral tablet</i>	2	ACA
<i>opcicon one-step oral tablet</i>	1	ACA; OTC; QL
<i>option-2 oral tablet</i>	1	ACA; OTC; QL
<i>philith oral tablet</i>	2	ACA
<i>pimtrea (28) oral tablet</i>	2	ACA
PLAN B ONE-STEP ORAL TABLET	1	ACA; OTC; QL
<i>portia 28 oral tablet</i>	1	ACA
<i>reclipsen (28) oral tablet</i>	1	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	1	ACA
<i>setlakin oral tablets,dose pack,3 month</i>	1	ACA
<i>simliya (28) oral tablet</i>	2	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	2	ACA
<i>sprintec (28) oral tablet</i>	1	ACA
<i>sronyx oral tablet</i>	1	ACA
<i>syeda oral tablet</i>	2	ACA
TAKE ACTION ORAL TABLET	4	ACA; OTC; QL
<i>tarina 24 fe oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tarina fe 1/20 (28) oral tablet</i>	1	ACA
<i>tilia fe oral tablet</i>	2	ACA
<i>tri-estarylla oral tablet</i>	1	ACA
<i>tri-legest fe oral tablet</i>	1	ACA
<i>tri-linyah oral tablet</i>	1	ACA
<i>tri-lo-estarylla oral tablet</i>	1	ACA
<i>tri-lo-marzia oral tablet</i>	1	ACA
<i>tri-lo-mili oral tablet</i>	2	ACA
<i>tri-lo-sprintec oral tablet</i>	1	ACA
<i>tri-mili oral tablet</i>	2	ACA
<i>tri-nymyo oral tablet</i>	2	ACA
<i>tri-sprintec (28) oral tablet</i>	1	ACA
<i>trivora (28) oral tablet</i>	1	ACA
<i>tri-vylibra lo oral tablet</i>	2	ACA
<i>tri-vylibra oral tablet</i>	1	ACA
<i>turqoz (28) oral tablet</i>	1	ACA
<i>tydemy oral tablet</i>	2	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	2	ACA
<i>vestura (28) oral tablet</i>	2	ACA
<i>vienva oral tablet</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>viorele (28) oral tablet</i>	2	ACA
<i>volnea (28) oral tablet</i>	2	ACA
<i>vyfemla (28) oral tablet</i>	1	ACA
<i>vylibra oral tablet</i>	1	ACA
<i>wera (28) oral tablet</i>	1	ACA
<i>wymzya fe oral tablet, chewable</i>	2	ACA
YAZ (28) ORAL TABLET	4	ST; ACA
<i>zarah oral tablet</i>	1	ACA
<i>zovia 1-35 (28) oral tablet</i>	1	ACA
<i>zumandimine (28) oral tablet</i>	2	ACA
OXYTOCICS		
<i>methylergonovine oral tablet</i>	2	PA; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	3	
<i>bacitracin ophthalmic (eye) ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	

Drug Name	Drug Tier	Requirements / Limits
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	4	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	2	
<i>gatifloxacin ophthalmic (eye) drops</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
MOXIFLOXACIN (PF)-BSS INTRACAMERAL SOLUTION	4	PA
<i>moxifloxacin ophthalmic (eye) drops</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION	4	PA

Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE	4	PA
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	2	
OCUFLOX OPHTHALMIC (EYE) DROPS	4	
<i>ofloxacin ophthalmic (eye) drops</i>	2	
<i>polycin ophthalmic (eye) ointment</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>tobramycin ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TOBRAMYCIN-VANCOMYCIN OPHTHALMIC (EYE) DROPS	4	
TOBREX OPHTHALMIC (EYE) OINTMENT	4	
VIGAMOX OPHTHALMIC (EYE) DROPS	4	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	4	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	2	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>carteolol ophthalmic (eye) drops</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	2	
<i>timolol maleate ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.5 %</i>	2	

CHOLINESTERASE INHIBITOR MIOTICS

PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS

5

CYCLOPLEGIC MYDRIATICS

ATROPINE OPTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %

4

atropine ophthalmic (eye) drops 1 %

1

atropine ophthalmic (eye) ointment

2

CYCLOGYL OPTHALMIC (EYE) DROPS

4

cyclopentolate ophthalmic (eye) drops 1 %

1

cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops

2

Drug Name	Drug Tier	Requirements / Limits
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPTHALMIC (EYE) DROPS 1 %-1 %-2.5 %- 0.5 %	4	

homatropaire ophthalmic (eye) drops

1

MYDRIACYL OPTHALMIC (EYE) DROPS

4

PHENYLEPH-TROPICAMIDE IN WATER OPTHALMIC (EYE) DROPS

4

tropicamide ophthalmic (eye) drops

1

DIRECT ACTING MIOTICS

MIOCHOL-E INTRAOCULAR KIT

4

pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %

1

MISCELLANEOUS OPTHALMOLOGICS

AKTEN (PF) OPTHALMIC (EYE) GEL

4

alaway ophthalmic (eye) drops

2

OTC

ALCAINE OPTHALMIC (EYE) DROPS

4

Drug Name	Drug Tier	Requirements / Limits
<i>allergy eye (ketotifen) ophthalmic (eye) drops</i>	2	OTC
ALOCRILOPHTHALMIC (EYE) DROPS	4	ST
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUORBENOXOPHTHALMIC (EYE) DROPS	4	
<i>azelastine ophthalmic (eye) drops</i>	2	
BEOVUINTRAVITREAL SYRINGE	5	PA; MSP
<i>bepotastine besilate ophthalmic (eye) drops</i>	2	
BEVACIZUMABINTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML	4	MSP
BYOOVIZINTRAVITREAL SOLUTION	5	PA; MSP
CEQUAOPHTHALMIC (EYE) DROPPERETTE	4	PA; QL
<i>children's alaway ophthalmic (eye) drops</i>	2	OTC

Drug Name	Drug Tier	Requirements / Limits
CIMERLIINTRAVITREAL SOLUTION	5	PA; MSP
<i>cromolyn ophthalmic (eye) drops</i>	1	HSA+
CYCLOSPORINEIN KLARITYOPHTHALMIC (EYE) DROPS	4	
<i>cyclosporine ophthalmic (eye) dropperette</i>	2	PA; DAW-9; QL
CYSTARANOPHTHALMIC (EYE) DROPS	5	PA
DEXAMET-MOXIFL-KETORONACL(PF)INTRAOCULAR SOLUTION	4	
<i>epinastine ophthalmic (eye) drops</i>	1	
<i>eye itch relief ophthalmic (eye) drops</i>	2	OTC
FLUORESCEIN-BENOXINATEOPHTHALMIC (EYE) DROPS	4	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	

Drug Name	Drug Tier	Requirements / Limits
IHEEZO (PF) OPHTHALMIC (EYE) DROPPERETTE, G EL	4	
<i>ketotifen fumarate ophthalmic (eye) drops</i>	2	OTC
LACRISERT OPHTHALMIC (EYE) INSERT	4	PA; QL
LUXTURNA SUBRETINAL SUSPENSION	5	PA; MSP
MYDRIATIC4(TRO P-PROP-PE- KTRLC) OPHTHALMIC (EYE) DROPS	4	
<i>olopatadine ophthalmic (eye) drops</i>	2	
OMIDRIA INTRAOCULAR CONCENTRATE	4	
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MSP
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS	4	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS	4	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLN SP- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS	4	
PREDNISOLONE ACETATE- BROMFENAC OPHTHALMIC (EYE) DROPS, SUSPENSIO N	4	
PREDNISOLONE- MOXIFLO- NEPAFENAC OPHTHALMIC (EYE) DROPS, SUSPENSIO N	4	
PREDNISOLONE- MOXIFLOX- BROMFEN OPHTHALMIC (EYE) DROPS, SUSPENSIO N	4	
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>bromfenac ophthalmic (eye) drops</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION	4	
<i>ketorolac ophthalmic (eye) drops</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	
<i>acetazolamide oral tablet</i>	2	
<i>methazolamide oral tablet</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops</i>	2	ST
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine-timolol ophthalmic (eye) drops</i>	2	
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	2	
COMBIGAN OPTHALMIC (EYE) DROPS	4	
DORZOLAMIDE (PF) OPTHALMIC (EYE) DROPS	4	
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
<i>latanoprost ophthalmic (eye) drops</i>	1	ST
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	4	ST
<i>miostat intraocular solution</i>	2	
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	2	ST
<i>travoprost ophthalmic (eye) drops</i>	2	ST
VYZULTA OPTHALMIC (EYE) DROPS	4	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION	4	
MAXITROL OPTHALMIC (EYE) DROPS,SUSPENSION	4	
MAXITROL OPTHALMIC (EYE) OINTMENT	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	
PREDNISOLONE SOD PH-MOXIFLOX OPTHALMIC (EYE) DROPS	4	
PREDNISOLONE-MOXIFLOXACIN HCL OPTHALMIC (EYE) DROPS,SUSPENSION	4	
TOBRADEX OPTHALMIC (EYE) OINTMENT	4	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	
DEXTENZA INTRACANALICULAR INSERT	4	
DEXYCU (PF) INTRAOCULAR SUSPENSION	4	

Drug Name	Drug Tier	Requirements / Limits
<i>difluprednate ophthalmic (eye) drops</i>	2	
EYSUVIS OPTHALMIC (EYE) DROPS,SUSPENSION	4	PA; QL
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	
FML LIQUIFILM OPTHALMIC (EYE) DROPS,SUSPENSION	4	ST
ILUVIEN INTRAVITREAL IMPLANT	5	MSP
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION	4	ST
LOTEMAX OPTHALMIC (EYE) DROPS,GEL	4	ST
LOTEMAX OPTHALMIC (EYE) DROPS,SUSPENSION	4	
LOTEMAX OPTHALMIC (EYE) OINTMENT	4	ST
LOTEMAX SM OPTHALMIC (EYE) DROPS,GEL	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	2	ST
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
OZURDEX INTRAVITREAL IMPLANT	5	MSP
PRED FORTE OPTHALMIC (EYE) DROPS,SUSPENSION	4	
PREDNISOLONE ACETATE (PF) OPTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
RETISERT INTRAVITREAL IMPLANT	5	MSP

Drug Name	Drug Tier	Requirements / Limits
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS	4	
<i>apraclonidine ophthalmic (eye) drops</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPTHALMIC (EYE) DROPS	4	

Drug Name	Drug Tier	Requirements / Limits
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	3	QL
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	4	QL
<i>clemastine oral syrup</i>	2	
<i>clemastine oral tablet</i>	1	
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	2	QL
<i>desloratadine oral tablet, disintegrating</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>dexchlorpheniramine maleate oral solution</i>	2	
DIPHEN ORAL ELIXIR	4	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	HSA+; QL
EPIPEN INJECTION AUTO-INJECTOR	3	PA; QL
EPIPEN JR INJECTION AUTO-INJECTOR	3	PA; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR	4	ST
<i>levocetirizine oral solution</i>	1	
<i>levocetirizine oral tablet</i>	2	QL
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>promethegan rectal suppository</i>	2	
RYCLORA ORAL SOLUTION	4	
RYVENT ORAL TABLET	4	ST
SYMJEPI INJECTION SYRINGE	3	QL
VISTARIL ORAL CAPSULE 25 MG	4	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	2	
BROMFED DM ORAL SYRUP	4	
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	4	QL
<i>codeine-guaifenesin oral liquid</i>	2	
CODITUSSIN AC ORAL LIQUID	4	
CODITUSSIN DAC ORAL LIQUID	4	
<i>g tussin ac oral liquid</i>	2	
HISTEX-AC ORAL SYRUP	4	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	4	

Drug Name	Drug Tier	Requirements / Limits
HYCODAN (WITH HOMATROPINE) ORAL TABLET	4	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr</i>	2	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	4	
<i>maxi-tuss ac oral liquid</i>	2	
MAXI-TUSS CD ORAL LIQUID	4	
NINJACOF-XG ORAL LIQUID	4	
POLY-TUSSIN AC ORAL LIQUID	4	
<i>promethazine vc oral syrup</i>	1	
<i>promethazine-codeine oral syrup</i>	2	
<i>promethazine-dm oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	4	

Drug Name	Drug Tier	Requirements / Limits
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	4	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	4	
<i>acetylcysteine solution</i>	2	
ADEMPAS ORAL TABLET	5	PA; MSP; QL
ADRENALIN NASAL SOLUTION	4	
ADVAIR HFA INHALATION HFA AEROSOL INHALER	3	ST; CISP; HSA+; QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION , 232-14 MCG/ACTUATION	4	ST; QL
AIRSUPRA INHALATION HFA AEROSOL INHALER	3	
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	CISP; HSA+; QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	2	
<i>alyq oral tablet</i>	5	PA; MSP; QL
<i>ambrisentan oral tablet</i>	5	PA; MSP; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	2	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	CISP; HSA+; QL
<i>arformoterol inhalation solution for nebulization</i>	2	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	CISP; HSA+; QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER	3	CISP; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	CISP; HSA+; QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	4	QL
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	2	ST; QL
<i>bosentan oral tablet</i>	5	PA; MSP; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; CISP; HSA+; QL
<i>breynga inhalation hfa aerosol inhaler</i>	2	ST; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	QL
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; MSP

Drug Name	Drug Tier	Requirements / Limits
BROVANA INHALATION SOLUTION FOR NEBULIZATION	4	QL
<i>budesonide inhalation suspension for nebulization</i>	2	CISP; HSA+; QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	2	ST; CISP; HSA+; QL
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MSP; QL
COMBIVENT RESPIMAT INHALATION MIST	3	CISP; HSA+; QL
<i>cromolyn inhalation solution for nebulization</i>	2	CISP; HSA+
DULERA INHALATION HFA AEROSOL INHALER	3	ST; CISP; HSA+; QL
DYMISTA NASAL SPRAY,NON-AEROSOL	4	ST; QL
ELIXOPHYLLIN ORAL ELIXIR	4	
<i>epinephrine hcl nasal solution</i>	2	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
<i>flunisolide nasal spray,non-aerosol</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate nasal spray,suspension</i>	1	HSA+; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	ST; CISP; HSA+; QL
<i>formoterol fumarate inhalation solution for nebulization</i>	2	QL
HAEGARDA SUBCUTANEOUS RECON SOLN	5	PA; MSP; QL
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	4	
<i>icatibant subcutaneous syringe</i>	5	PA; QL
<i>ipratropium bromide inhalation solution</i>	1	CISP; HSA+
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	CISP; HSA+; QL
KALYDECO ORAL GRANULES IN PACKET	5	PA; MSP; QL
KALYDECO ORAL TABLET	5	PA; MSP; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	2	CISP; HSA+
<i>mometasone nasal spray,non-aerosol</i>	2	ST; QL
<i>montelukast oral granules in packet</i>	2	CISP; HSA+

Drug Name	Drug Tier	Requirements / Limits
<i>montelukast oral tablet</i>	2	CISP; HSA+
<i>montelukast oral tablet,chewable</i>	2	CISP; HSA+
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MSP; QL
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL
OFEV ORAL CAPSULE	5	PA; MSP; QL
OPSUMIT ORAL TABLET	5	PA; MSP; QL
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MSP; QL
ORKAMBI ORAL TABLET	5	PA; MSP; QL
ORLADEYO ORAL CAPSULE	5	PA; QL
<i>pirfenidone oral capsule</i>	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA; MSP; QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	5	PA; MSP
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	3	CISP; HSA+; QL
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	5	PA; SP; QL
REVATIO ORAL TABLET	5	PA; SP; QL
<i>roflumilast oral tablet 250 mcg</i>	2	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	2	PA
RUCONEST INTRAVENOUS RECON SOLN	5	PA; MSP; QL
RYALTRIS NASAL SPRAY, NON-AEROSOL	4	ST; QL
<i>sajazir subcutaneous syringe</i>	5	PA; MSP; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; SP; QL
SINUVA SINUS IMPLANT	5	
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	3	CISP; HSA+; QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	CISP; HSA+; QL
STIOLTO RESPIMAT INHALATION MIST	3	CISP; HSA+; QL
STRIVERDI RESPIMAT INHALATION MIST	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER	4	ST; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MSP; QL
<i>tadalafil (pulm.hypertension) oral tablet</i>	5	PA; MSP; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; MSP; QL

Drug Name	Drug Tier	Requirements / Limits
TAKHZYRO SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
<i>terbutaline oral tablet</i>	2	CISP; HSA+
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	5	PA; MSP; QL
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR	4	
<i>theophylline oral elixir</i>	1	CISP; HSA+
<i>theophylline oral solution</i>	1	CISP; HSA+
<i>theophylline oral tablet extended release 12 hr</i>	2	CISP; HSA+
<i>theophylline oral tablet extended release 24 hr</i>	2	CISP-1; HSA+
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	2	CISP; HSA+; DAW-9
TRACLEER ORAL TABLET	5	PA; MSP; QL
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MSP; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	CISP; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MSP; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MSP; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; MSP
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	5	PA; MSP
WINREVAIR SUBCUTANEOUS KIT	5	PA; MSP
<i>wixela inhub inhalation blister with device</i>	2	ST; HSA+; QL

Drug Name	Drug Tier	Requirements / Limits
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; QL
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MSP; QL
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MSP; QL
XOLAIR SUBCUTANEOUS SYRINGE	5	PA; MSP; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	3	QL
<i>zafirlukast oral tablet</i>	2	CISP; HSA+
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	PA
ZYFLO ORAL TABLET	4	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr</i>	2	
<i>fesoterodine oral tablet extended release 24 hr</i>	2	
<i>flavoxate oral tablet</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	ST; QL
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN	4	
URELLE ORAL TABLET	4	
<i>uretron d-s oral tablet</i>	1	
URIBEL ORAL CAPSULE	4	
URIBEL TABS ORAL TABLET	4	
<i>urimar-t oral tablet</i>	2	
<i>uro-458 oral tablet</i>	2	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	4	
<i>urogesic-blue oral tablet</i>	2	
<i>uro-mp oral capsule</i>	2	
UROQID-ACID NO.2 ORAL TABLET	4	
<i>uro-sp oral capsule</i>	2	
<i>uryl oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	1	QL
<i>calcium acetate(phosphat bind) oral tablet</i>	1	QL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4	
<i>effe-k oral tablet, effervescent 25 meq</i>	2	
GALZIN ORAL CAPSULE	4	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con oral packet</i>	2	
<i>klor-con/ef oral tablet, effervescent</i>	2	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	
<i>lugols oral solution</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral packet</i>	2	
<i>potassium chloride oral tablet extended release</i>	1	
<i>potassium chloride oral tablet, er particles/crystals</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	5	PA; MSP
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	4	
<i>b complex 1 (with folic acid) oral tablet</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	1	ACA; OTC
<i>balanced b-100 oral tablet</i>	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>dodex injection solution</i>	1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	4	
<i>elite-ob oral tablet</i>	1	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE	4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FER-IN-SOL ORAL DROPS	3	OTC
<i>ferocon oral capsule</i>	2	ACA; OTC
<i>ferrous sulfate oral liquid</i>	1	OTC
<i>ferrous sulfate oral solution</i>	1	OTC
<i>fluoride (sodium) oral drops</i>	2	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	1	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>folitab oral tablet extended release</i>	2	ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>foltabs 800 oral tablet</i>	2	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>full spectrum b-vitamin c oral tablet</i>	1	ACA; OTC
<i>hydroxocobalamin intramuscular solution</i>	1	
<i>kobee oral tablet</i>	1	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET	4	
<i>ludent fluoride oral tablet,chewable</i>	1	ACA; OTC
MARNATAL-F ORAL CAPSULE	4	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	4	
<i>m-natal plus oral tablet</i>	1	HSA+
<i>multi-vitamin with fluoride oral drops</i>	2	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable</i>	2	ACA; OTC
<i>mvc-fluoride oral tablet,chewable</i>	2	ACA; OTC
<i>mynatal oral capsule</i>	1	HSA+
<i>mynatal plus oral tablet</i>	1	HSA+
<i>mynatal-z oral tablet</i>	1	HSA+
NASCOBAL NASAL SPRAY,NON-AEROSOL	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	4	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	4	
NEONATAL COMPLETE ORAL TABLET	4	
NEONATAL FE ORAL TABLET	4	
NEONATAL PLUS VITAMIN ORAL TABLET	4	
NEONATAL-DHA ORAL COMBO PACK	4	
NESTABS ABC ORAL COMBO PACK	4	
NESTABS DHA ORAL COMBO PACK	4	
NESTABS ONE ORAL CAPSULE	4	
NESTABS ORAL TABLET	4	
<i>newgen oral tablet</i>	1	HSA+
OB COMPLETE ONE ORAL CAPSULE	4	
OB COMPLETE ORAL TABLET	4	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE PETITE ORAL CAPSULE	4	
OB COMPLETE PREMIER ORAL TABLET	4	
OB COMPLETE WITH DHA ORAL CAPSULE	4	
<i>one daily prenatal oral combo pack</i>	1	ACA; OTC
<i>pnv-dha oral capsule</i>	2	
<i>pnv-omega oral capsule</i>	2	
<i>pnv-select oral tablet</i>	2	HSA+
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	HSA+
<i>pr natal 400 oral combo pack</i>	1	HSA+
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	HSA+
<i>pr natal 430 oral combo pack</i>	1	HSA+
<i>prenal chew oral tablet,chew,ir - dr;biphase</i>	2	HSA+
<i>prenal pearl oral capsule,ir - delay rel,biphase</i>	2	HSA+
<i>prenal true oral combo pack</i>	1	HSA+
PRENATA ORAL TABLET,CHEWABLE	4	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatabs fa oral tablet</i>	1	HSA+
<i>prenatabs rx oral tablet</i>	1	HSA+
<i>prenatal complete oral tablet</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule</i>	1	ACA; OTC
<i>prenatal multivitamins oral tablet</i>	1	ACA; OTC
<i>prenatal one daily oral tablet</i>	1	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal plus (calcium carb) oral tablet</i>	1	HSA+
PRENATAL PLUS DHA ORAL COMBO PACK	4	
<i>prenatal plus oral tablet</i>	1	HSA+
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	4	
<i>prenatal vit no.179-iron-folic oral tablet</i>	2	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	ACA; OTC
<i>prenatal vitamin with minerals oral tablet</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	4	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	4	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	4	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	4	
PRENATE ENHANCE ORAL CAPSULE	4	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	4	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	4	
PRENATE PIXIE ORAL CAPSULE	4	
PRENATE RESTORE ORAL CAPSULE	4	
PRENATE STAR ORAL TABLET	4	
PRIMACARE ORAL CAPSULE	4	
PROVIDA OB ORAL CAPSULE	4	
<i>rena-vite oral tablet</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
R-NATAL OB ORAL CAPSULE	4	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	4	
SELECT-OB + DHA ORAL COMBO PACK	4	
SELECT-OB ORAL TABLET,CHEWABLE	4	
<i>se-natal 19 chewable oral tablet,chewable</i>	1	HSA+
<i>se-natal-19 oral tablet</i>	2	HSA+
<i>stress formula with iron oral tablet</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet</i>	1	ACA; OTC
<i>super b maxi complex oral tablet</i>	1	ACA; OTC
<i>super b-50 complex oral capsule 400 mcg-20 mg- 50 mg</i>	2	ACA; OTC
<i>super quints oral tablet</i>	1	ACA; OTC
<i>taron-c dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	4	
TRICARE ORAL TABLET	4	
<i>tricon oral capsule</i>	2	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
TRIFERIC HEMODIALYSIS POWDER IN PACKET	4	
TRIFERIC HEMODIALYSIS SOLUTION	4	
<i>trinatal rx 1 oral tablet</i>	1	HSA+
<i>trinate oral tablet</i>	1	HSA+
TRISTART DHA ORAL CAPSULE	4	
<i>tri-vitamin with fluoride oral drops</i>	2	ACA; OTC
VITAFOL FE PLUS ORAL CAPSULE	4	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	4	
VITAFOL ULTRA ORAL CAPSULE	4	
VITAFOL-OB ORAL TABLET	4	
VITAFOL-OB+DHA ORAL COMBO PACK	4	
VITAFOL-ONE ORAL CAPSULE	4	
VITAMEDMD ONE RX ORAL CAPSULE	4	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE	4	

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin b complex-folic acid oral tablet</i>	1	ACA; OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	1	OTC
<i>vitamin d3 oral tablet, chewable 25 mcg (1,000 unit)</i>	1	OTC
<i>vitamins a,c,d and fluoride oral drops</i>	2	ACA; OTC
VITATRUE ORAL COMBO PACK	4	
<i>wescap-c dha oral capsule</i>	2	
<i>wescap-pn dha oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>wesnatal dha complete oral combo pack</i>	1	HSA+
<i>wesnate dha oral capsule</i>	2	HSA+
<i>westab plus oral tablet</i>	1	HSA+
<i>westgel dha oral capsule</i>	2	HSA+
<i>zatean-pn dha oral capsule</i>	2	
<i>zatean-pn plus oral capsule</i>	2	
<i>zingiber oral tablet</i>	1	

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