

WellSense Clarity plans Formulary (List of Covered Drugs)

Thank you for being a WellSense member. We're committed to providing comprehensive prescription drug coverage. This document is the complete list of pharmacy drugs and supplies, also called a formulary, that are covered by WellSense under your plan. It can help you and your healthcare providers understand your prescription drug coverage. You can find your formulary on our website at: [Prescriptions | Clarity Plans | WellSense Health Plan](#) or if you have questions if a particular drug is included or excluded on your formulary you can call us toll free at 855-833-8120.

Inclusion of a pharmacy drug or item in this formulary doesn't guarantee coverage. A medicine listed in this guide doesn't mean we'll pay for it. For example, some drugs may need prior authorization, or approval, for us to pay for them. In other cases, we may only pay for certain amounts or strengths.

This drug list is effective for plan year 2025.

It's updated monthly and the last update was on December 1, 2025.

The prescription drugs in this list have been added to the WellSense Clarity plans formulary for their reported medical effectiveness, safety and value. All the drugs in this formulary are approved by the U.S. Food and Drug Administration (FDA) and have been reviewed by our Pharmacy and Therapeutics Committee, a group of medical practitioners with expertise in evaluating the effectiveness of drugs in treating various conditions.

What's a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen for their safety, cost and effectiveness. The formulary lists medications by categories or classes and also sorts them into cost levels known as tiers. This list is guided by the Pharmacy and Therapeutics Committee. The committee reviews which medications will be covered, how well the drugs work, their safety and their overall value in treating a specific condition.



Your plan's formulary may change over time, such as when new drugs and generics become available, existing medications are approved for new disease categories, drugs have been withdrawn from the market for safety reasons or a medication becomes available without a prescription.

Which drugs are included in the formulary?

This formulary is a complete list of prescription drugs that are included under your pharmacy plan.

Our list of covered drugs includes both brand-name and generic drugs. Brand-name drugs have the name the drug company that developed the drug gave it. Brand-name and generic drugs are functionally identical, but generic drugs generally cost less. For example, simvastatin is a commonly prescribed drug used to help control cholesterol. It's sold both as a generic and under the brand name Zocor. You can learn more about generic drugs on [the FDA's website](#).

How do I use the formulary?

You can look for your drug by searching the drug name within the document or using the index at the end of this document. If you already know what your drug is used for, you can also look for the relevant section in the Table of Contents.

Sections are based on what the drugs are used to treat. For example, drugs used for a heart condition are under "Cardiovascular, Hypertension & Lipids." The first column of the chart lists the drug name. Brand-name drugs are upper-case (e.g., ELIQUIS). Generic drugs are shown in lower-case italics (e.g., atenolol).

Drugs used to treat multiple conditions

Some drugs in the same dosage form may be used to treat more than one medical condition. In these instances, each medication is classified according to its first FDA-approved use. Please check the index of your formulary if you do not find your particular medication in the class/condition section that corresponds to your use.

What are tiers?

This formulary contains tiers that will help you find out how we cover a drug. Each drug on the formulary is in a tier. Each tier represents a different cost level for what you pay for a medication (what you pay for a given drug is also called your cost share). Locate



your drug in the formulary and check the coverage information to the right of the drug name. This information will tell you what tier your drug falls in as well as any special requirements/limits on that drug. In most cases, they're structured in a general order from lowest to highest level of cost-share.

Below is a summary of tiers and the types of drugs included in each tier. Please refer to your plan documents to determine your copay level for Tiers 1 – 4. Tier 5 is an extra, zero-cost-share tier for drugs specifically required by the State of Massachusetts.

Tier	What drugs are included
Tier 1	Most generic drugs
Tier 2	Some generic drugs and preferred* brand drugs
Tier 3	Non-preferred brand drugs
Tier 4	Specialty drugs**
Tier 5	Specific drugs required by the Commonwealth of Massachusetts at zero cost-share

*Preferred brand drugs are brand name drugs determined by the Pharmacy and Therapeutics Committee to be among the most effective and cost effective.

**Specialty drugs are drugs filled by a specialty pharmacy and limited to a 30-day supply. These are prescription medications that often require special storage, handling and close monitoring by you, your doctor or pharmacist.

For members that choose to receive a lesser quantity of any opioid contained in schedule II or III, there will be no financial penalty. Schedule II and III opioids are noted on the formulary with the abbreviation OP.

Glossary

Below is a list of common abbreviations and their meaning.



ACA: Affordable Care Act

Certain preventive medications, as described in the Patient Protection and Affordable Care Act and detailed by the U.S. Preventative Services Task Force, are covered without cost-sharing with a prescription when provided by a participating retail or mail order pharmacy. These medications may have specific requirements for age, condition and the way they're being used.

LA: Limited availability

For some medications, you need to use specified pharmacies to fill your prescription because the drug is only made available by the manufacturer to very limited pharmacies. Some of these medicines may be specialty medicines filled at a specialty pharmacy that specializes in particular classes of medication and health conditions.

OC: Oral chemotherapy drugs

Oral chemotherapy drugs are medications used to treat different types of cancer. They're taken in the form of pills, capsules or liquids.

OP: Opioids

Opioids are drugs that are powerful pain relievers that can also be addictive. Members worried about the addictive potentation of opioids may choose to get a lower quantity when filling their prescription without incurring a financial penalty.

OTC : Over-the-counter

An OTC drug is a non-prescription drug.

PA: Prior authorization

Prior authorization is the requirement that your healthcare provider obtain approval for coverage or payment for prescription drugs from us before you fill your prescription. Without prior authorization, your prescription won't be covered at a pharmacy.

QL: Quantity limit

We limit the amount that we'll cover for certain drugs. These limits are designed to allow a sufficient supply of medication based on FDA-approved maximum daily doses, standard dosing and/or length of therapy of a drug.

SP: Specialty drugs

Specialty drugs are generally drugs used to treat rare, complex or chronic diseases; have complex storage and/or shipping requirements; or require comprehensive patient



monitoring and/or education. We usually require that you fill specialty drugs at a designated specialty pharmacy.

ST: Step therapy

In some cases, the plan requires you to first try certain drugs to treat your medical condition before we'll 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 doesn't work for you, we'll then cover Drug B.

Are over-the-counter (OTC) drugs covered?

In general, over-the-counter (OTC) drugs are not included in the pharmacy benefit. However, there are certain OTC drugs that are covered with a prescription. These drugs will be listed on the formulary. Examples of OTC drugs covered on the formulary include diabetic test strips and certain preventive medications under the ACA, such as insulin and smoking cessation products. Please note that only certain OTC drugs listed in the formulary are covered by the plan. These drugs can be identified when you see OTC under the Requirements/Limits section next to the drug name. All other OTC medications aren't covered.

Are there any drug exclusions on my formulary?

Our pharmacy program doesn't cover all drugs and prescriptions. In general, only the drugs listed on this formulary are covered by your pharmacy plan. All other prescription drugs are excluded. Some exclusions on this plan include, but are not limited to:

- experimental or investigational drugs (Note: This exclusion does not apply to long-term antibiotic 35 treatment of chronic Lyme disease)
- drugs that haven't been approved by the FDA. This includes herbal and/or alternative drugs and medical foods that require a prescription
- drugs for the treatment of sexual dysfunction
- Prescription drugs related to non-covered dental services.
- Vitamins and dietary supplements (except prescription prenatal vitamins, vitamins as required by the Affordable Care Act, fluoride for children and supplements for the treatment of mitochondrial disease).
- drugs used primarily for cosmetic purposes



- prescription drugs used primarily for the treatment of the symptoms of a cough or cold.
- Topical and oral fluorides for adults
- Prescription medications once the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent to a covered prescription medication becomes available over the counter. In this case, the specific medication may not be covered and the entire class of prescription medications may also not be covered

What if I don't see the drug I need?

If your doctor decides it's medically necessary for you to take a drug not listed, they can submit a coverage request to WellSense Health Plan through the ePA portal, via fax to 833-951-1680 or by calling 877-417-0528.

Can I receive a 90-day supply of my medication?

Our members may choose to have 90-day supplies of certain drugs, known as maintenance medications, sent to their homes instead of filling prescriptions at a local retail pharmacy. Maintenance drugs are medications filled regularly for conditions like diabetes, asthma, high cholesterol or high blood pressure.

Members can obtain a 90-day supply of most maintenance drugs at each fill by signing up for our mail order program with Cornerstone Health Solutions. For both Tier 1 and Tier 2 drugs, as well as Tier 3 drugs, depending on your plan, having these prescriptions delivered to your home will save you time and money over picking them up at the pharmacy.

To use the mail order service, you must first enroll with Cornerstone Health Solutions. To enroll in this service and begin getting medications in the mail you can:

- Call Cornerstone Health Solutions at 844-319-7588
- Complete the [mail order enrollment form and follow the instructions available on our website](#).

Your prescribing provider may also call Cornerstone Health Solutions at 844-319-7588 or fax your prescription to 781-805-8221.

Once you've enrolled, you can refill prescriptions by mail, phone [or online](#).





Once Cornerstone has your prescription and enrollment information, you can expect to receive your medications in 5-7 business days.

Can the formulary change?

Yes. We review and update the formulary as needed. New medicines may be added, and medicines deemed unsafe by the FDA or a medication's manufacturer are immediately removed.

Appealing a decision

If a request for prior authorization or exception results in a denial, you, your appointed representative or your prescribing provider (if granted your consent) may file an appeal. Both you and your provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. We recommend that your provider be involved in any appeal to provide additional information that may be needed.





Multilanguage Interpreter Services

Important! This is about your WellSense Health Plan benefits. We can translate it for you free of charge. Please call **855-833-8120 (TTY: 711)** for translation help.

ilimportante! Esta información es sobre sus beneficios de WellSense Health Plan. Podemos traducirlo para usted de forma gratuita. Llame al **855-833-8120 (TTY: 711)** para obtener ayuda de traducción. (ESA)

Importante! Esta comunicação é sobre os benefícios da WellSense Health Plan. Podemos traduzir para você gratuitamente. Ligue para **855-833-8120 (TTY: 711)** para obter ajuda com a tradução. (PTB)

重要提示！此信息与您的 WellSense Health Plan 福利有关，我们可免费提供翻译。如需获得翻译服务，请拨打 **855-833-8120 (TTY: 711)**。(CHS)

Enpotan! Sa a se sou avantaj WellSense Health Plan ou an. Nou ka tradui li pou ou gratis. Tanpri relel **855-833-8120 (TTY: 711)** pou jwenn èd ak tradiksyon. (HRV)

Quan trọng! Đây là thông tin về quyền lợi trong WellSense Health Plan của quý vị. Chúng tôi có thể dịch thông tin này miễn phí cho quý vị. Vui lòng gọi số **855-833-8120 (TTY: 711)** để được trợ giúp dịch thuật. (VIT)

Важно! Здесь содержится информация о преимуществах вашего медицинского страхового плана WellSense Health Plan. Мы можем перевести для вас этот документ бесплатно. За помощью в переводе позвоните по телефону **855-833-8120 (TTY: 711)**. (RUS)

Σημαντικό! Πρόκειται για τις παροχές του WellSense Health Plan. Μπορούμε να σας το μεταφράσουμε δωρεάν. Καλέστε στο **855-833-8120 (TTY: 711)** για βοήθεια σχετικά με τη μετάφραση. (ELG)

هام! هذا حول مزايا WellSense Health Plan الخاصة بك. يمكننا ترجمتها لك مجاناً. يرجى الاتصال
(ARA) **855-833-8120 (TTY: 711)** للمساعدة في الترجمة.

महत्वपूर्ण! यह आपके WellSense Health Plan लाभों के बारे में है। हम आपके लिए इसका निःशुल्क अनुवाद कर सकते हैं। कृपया अनुवाद संबंधित सहायता के लिए **855-833-8120 (TTY: 711)** पर फ़ोन करें। (HIN)

중요! 이것은 WellSense Health Plan 혜택에 대한 내용입니다. 무료로 번역해 드릴 수 있습니다. 번역 도움이 필요하면 **855-833-8120 (TTY: 711)**번으로 문의하십시오. (KOR)

ចំណុចសំខាន់! ព័ត៌មាននេះគឺ ស្តីអំពីអត្ថប្រយោជន៍នៃ WellSense Health Plan របស់អ្នក។ យើងអាចបកប្រែវាសម្រាប់អ្នកដោយឥតគិតថ្លៃ។ សូមទូរសព្ទទៅលេខ **855-833-8120 (TTY: 711)** សម្រាប់ជំនួយផ្នែកបកប្រែ។ (KHM)

Ważne! To dotyczy Twoich świadczeń w ramach planu zdrowotnego WellSense Health Plan. Możemy nieodpłatnie przetłumaczyć dla Ciebie te informacje. Zadzwoń pod numer **855-833-8120 (TTY: 711)**, aby uzyskać pomoc w tłumaczeniu. (POL)

ສິ່ງສໍາຄັນ! ນີ້ແມ່ນກ່ຽວກັບຜົນປະໂຫຍດຂອງແຜນປະກັນ WellSense Health Plan ຂອງທ່ານ. ພວກເຮົາສາມາດແປພາສາໃຫ້ທ່ານໄດ້ໂດຍບໍ່ເສຍຄ່າ. ກະລຸນາໂທ **855-833-8120 (TTY: 711)** ເພື່ອຂໍຄວາມຊ່ວຍເຫຼືອໃນການແປພາສາ. (LAO)

Important! This material can be requested in an accessible format by calling 855-833-8120 (TTY: 711).

Notice About Nondiscrimination and Accessibility

WellSense Health Plan complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, gender identity, sexual orientation, limited English proficiency, or moral or religious grounds (including limiting or not providing coverage for counseling or referral services). WellSense Health Plan provides:

- free aids and services to people with disabilities to communicate effectively with us, such as TTY, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).
- free language services to people whose primary language is not English, such as qualified interpreters and information written in other language.

Please contact WellSense if you need any of the services listed above.

If you believe we have failed to provide these services or discriminated in another way on the basis of any of the identifiers listed above, you can file a grievance or request help to do so at:

Civil Rights Coordinator
100 City Square, Suite 200
Charlestown, MA 02129
Phone: 855-833-8120 (TTY: 711)
Fax: 617-897-0805

You can also file a civil rights complaint with the U.S. DHHS, Office for Civil Rights by mail, by phone or online at:

U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019 (TDD: 800-537-7697)

Complaint Portal:
hhs.gov/ocr/office/file/index.html

This Guidebook includes information accurate at the time it was collected from Express Scripts' systems and may not reflect actual benefit setup details at later times.

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List of Abbreviations

ACA: Affordable Care Act.

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

OC: Oral Chemotherapy Drugs

OP: Opioids for which members may choose to get lower quantity without incurring a financial penalty.

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

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

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

SP: Specialty. This is a specialty drug. You may be required to fill this medication at a designated pharmacy.

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	2	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	PA
<i>itraconazole oral solution 10 mg/ml</i>	2	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VIVJOA ORAL CAPSULE 150 MG	3	PA; QL (0.22 per 1 day)
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	2	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	2	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	2	

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

Effective as of 11/01/2025

Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	2	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	PA; SP; ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	QL (1 per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	SP; QL (4 per 23 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	SP; QL (6 per 23 days)
CIMDUO ORAL TABLET 300-300 MG	2	

Drug Name	Drug Tier	Requirements / Limits
COMPLERA ORAL TABLET 200-25-300 MG	2	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	2	
DESCOVY ORAL TABLET 120-15 MG	2	QL (1 per 1 day)
DESCOVY ORAL TABLET 200-25 MG	2	PA; QL (1 per 1 day)
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	
<i>efavirenz oral tablet 600 mg</i>	2	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	2	
<i>emtricitabine oral capsule 200 mg</i>	2	

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

Effective as of 11/01/2025

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL (1 per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	2	ACA; QL (1 per 1 day)
<i>emtricitabine-rilpivirine-tenofovir oral tablet 200-25-300 mg</i>	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	2	
EVOTAZ ORAL TABLET 300-150 MG	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
<i>fosamprenavir oral tablet 700 mg</i>	2	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	2	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	2	
MAVYRET ORAL TABLET 100-40 MG	4	PA; SP
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG	2	

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

Effective as of 11/01/2025

Drug Name	Drug Tier	Requirements / Limits
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	5	QL (30 per 180 days)
PIFELTRO ORAL TABLET 100 MG	2	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	2	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	
<i>ribavirin oral capsule 200 mg</i>	4	SP
<i>ribavirin oral tablet 200 mg</i>	4	SP
<i>rimantadine oral tablet 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ritonavir oral tablet 100 mg</i>	2	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	2	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; SP
STRIBILD ORAL TABLET 150-150-200-300 MG	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	4	PA; SP
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	
TIVICAY ORAL TABLET 50 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (1 per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	QL (6 per 1 day)
TYBOST ORAL TABLET 150 MG	2	

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

Effective as of 11/01/2025

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	2	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; SP
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 gram, 500 mg</i>	2	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefepodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefepodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i>	3	PA
<i>ery-tab oral tablet, delayed release (dr/ec) 333 mg</i>	3	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	3	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>fidaxomicin oral tablet 200 mg</i>	1	PA; QL (2 per 1 day)
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	3	
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
EMVERM ORAL TABLET,CHEWABLE 100 MG	3	PA
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	2	
KRINTAFEL ORAL TABLET 150 MG	2	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	3	
<i>linezolid oral tablet 600 mg</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	2	
<i>meropenem intravenous recon soln 500 mg</i>	1	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	2	
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>praziquantel oral tablet 600 mg</i>	2	
PRETOMANID ORAL TABLET 200 MG	2	PA; QL (1 per 1 day)
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG	2	PA; QL (68 per 21 days)
SIRTURO ORAL TABLET 20 MG	2	PA; QL (74 per 21 days)
SIVEXTRO ORAL TABLET 200 MG	3	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	3	PA; QL (1 per 30 days)
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	SP

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	SP
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	SP
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (3 per 1 day)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		

Drug Name	Drug Tier	Requirements / Limits
BAXDELA ORAL TABLET 450 MG	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 75 mg</i>	2	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	3	
URINARY TRACT AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	2	QL (4 per 1 day)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	3	
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	PA; SP; QL (0.25 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; SP; OC
ALECENSA ORAL CAPSULE 150 MG	4	PA; SP; OC; QL (8 per 1 day)
ALUNBRIG ORAL TABLET 180 MG	4	PA; SP; OC; QL (4 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; OC; QL (6 per 1 day)
ALUNBRIG ORAL TABLET 90 MG	4	PA; SP; OC; QL (1 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; SP; OC; QL (1 per 21 days)
<i>anastrozole oral tablet 1 mg</i>	1	OC
AUGTYRO ORAL CAPSULE 160 MG	4	PA; SP; OC
AUGTYRO ORAL CAPSULE 40 MG	4	PA; SP; OC; QL (8 per 1 day)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; SP; OC; QL (14 per 14 days)
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	3	PA; SP; OC; QL (3 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
BALVERSA ORAL TABLET 4 MG	3	PA; SP; OC; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	3	PA; SP; OC; QL (1 per 1 day)
<i>bexarotene oral capsule 75 mg</i>	4	SP; OC
<i>bexarotene topical gel 1 %</i>	4	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	4	SP; OC
BOSULIF ORAL CAPSULE 100 MG	4	PA; SP; OC; QL (6 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	4	PA; SP; OC; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	4	PA; SP; OC; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; SP; OC; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	4	PA; SP; OC; QL (6 per 1 day)
BRUKINSA ORAL CAPSULE 80 MG	4	PA; SP; OC; QL (4 per 1 day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; SP; OC; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	4	PA; SP; OC; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4	PA; SP; OC
CAPRELSA ORAL TABLET 100 MG	4	PA; SP; OC; QL (1 per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA; SP; OC; QL (2 per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; SP; OC
<i>cyclophosphamide oral capsule 25 mg</i>	4	SP; OC
<i>cyclophosphamide oral capsule 50 mg</i>	2	SP; OC
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>	4	PA; SP; OC; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg, 50 mg, 70 mg</i>	4	PA; SP; OC; QL (2 per 1 day)
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; OC

Drug Name	Drug Tier	Requirements / Limits
ERLEADA ORAL TABLET 240 MG	4	PA; SP; OC; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	4	PA; SP; OC; QL (3 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; SP; OC
<i>etoposide oral capsule 50 mg</i>	4	SP; OC
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; SP; OC; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	4	PA; SP; OC
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	2	QL (1 per 1 day)
<i>exemestane oral tablet 25 mg</i>	4	SP; OC; QL (2 per 1 day)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; SP; OC; QL (4 per 1 day)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; SP; OC; QL (1 per 1 day)
GAVRETO ORAL CAPSULE 100 MG	4	PA; SP; OC; QL (4 per 1 day)
<i>gefitinib oral tablet 250 mg</i>	1	PA; SP; OC

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Drug Name	Drug Tier	Requirements / Limits
GILOTRIF ORAL TABLET 20 MG	4	PA; SP; OC; QL (1 per 1 day)
GILOTRIF ORAL TABLET 30 MG, 40 MG	4	PA; SP; OC
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	4	SP; OC
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	4	PA; SP
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP
<i>hydroxyurea oral capsule 500 mg</i>	1	SP; OC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; SP; OC; QL (1 per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; SP; OC; QL (1 per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; SP; OC
<i>imatinib oral tablet 100 mg</i>	4	PA; SP; OC; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; SP; OC; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; OC; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; OC; QL (1 per 1 day)
IMBRUVICA ORAL TABLET 140 MG	4	PA; SP; OC; QL (3 per 1 day)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	4	PA; SP; OC; QL (1 per 1 day)
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; SP; OC
INQOVI ORAL TABLET 35-100 MG	4	PA; SP; OC
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; OC; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	4	PA; SP; OC; QL (3 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	4	PA; SP; OC; QL (1 per 1 day)
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	4	SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; OC; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; SP; OC; QL (2 per 1 day)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; SP; OC; QL (3 per 1 day)
KRAZATI ORAL TABLET 200 MG	4	PA; SP; OC; QL (3 per 1 day)
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	SP
<i>lapatinib oral tablet 250 mg</i>	4	PA; SP; OC
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	4	PA; SP; OC; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; SP; OC; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; SP; OC; QL (3 per 1 day)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; SP; OC; QL (2 per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	1	OC

Drug Name	Drug Tier	Requirements / Limits
LEUKERAN ORAL TABLET 2 MG	4	SP; OC
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; SP; OC; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	4	PA; SP; OC; QL (8 per 1 day)
LUMAKRAS ORAL TABLET 240 MG	4	PA; SP; OC; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	4	PA; SP; OC
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; SP; QL (6 per 1 day)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; SP; OC; QL (4 per 1 day)
LYSODREN ORAL TABLET 500 MG	4	SP; OC
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; OC; QL (5 per 1 day)
MATULANE ORAL CAPSULE 50 MG	4	SP; OC
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	OC
MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; SP; OC
<i>mercaptopurine oral tablet 50 mg</i>	4	SP; OC
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	4	SP
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	OC
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	2	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	2	
MYLERAN ORAL TABLET 2 MG	4	SP; OC
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	4	PA; SP; OC
<i>nilutamide oral tablet 150 mg</i>	4	PA; SP; OC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; SP; OC; QL (1 per 1 day)
NUBEQA ORAL TABLET 300 MG	4	PA; SP; OC; QL (4 per 1 day)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	SP

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Drug Name	Drug Tier	Requirements / Limits
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP; OC
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG	4	PA; SP; OC; QL (6 per 1 day)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; SP; OC; QL (1 per 1 day)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP
ONUREG ORAL TABLET 200 MG, 300 MG	4	PA; SP; OC; QL (0.5 per 1 day)
ORGOVYX ORAL TABLET 120 MG	4	PA; SP; OC; QL (2 per 1 day)
<i>pazopanib oral tablet 200 mg</i>	4	PA; SP; OC
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; SP; OC; QL (14 per 14 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	2	PA; SP; OC; QL (1 per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	2	PA; SP; OC; QL (2 per 1 day)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; SP; OC

Drug Name	Drug Tier	Requirements / Limits
PURIXAN ORAL SUSPENSION 20 MG/ML	4	SP; OC
QINLOCK ORAL TABLET 50 MG	4	PA; SP; OC; QL (3 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG	4	PA; SP; OC; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	4	PA; SP; OC; QL (6 per 1 day)
RETEVMO ORAL TABLET 80 MG	4	PA; SP; OC; QL (4 per 1 day)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; OC; QL (1 per 1 day)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; SP; OC; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; SP; OC; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; SP; OC; QL (12 per 1 day)
RYDAPT ORAL CAPSULE 25 MG	4	PA; SP; OC
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	4	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG	2	PA; SP; OC; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
SCEMBLIX ORAL TABLET 40 MG	2	PA; SP; OC; QL (10 per 1 day)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; SP
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	SP; OC
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	4	SP
<i>sorafenib oral tablet 200 mg</i>	4	PA; SP; OC
SPRYCEL ORAL TABLET 100 MG, 140 MG, 80 MG	4	PA; SP; OC; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG, 50 MG, 70 MG	4	PA; SP; OC; QL (2 per 2 days)
STIVARGA ORAL TABLET 40 MG	4	PA; SP; OC
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; SP; OC
TABLOID ORAL TABLET 40 MG	4	SP; OC

Drug Name	Drug Tier	Requirements / Limits
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; SP; OC
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; OC
TAGRISSE ORAL TABLET 40 MG, 80 MG	4	PA; SP; OC
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; SP; OC; QL (1 per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	OC; ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; SP; OC
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP; QL (6 per 5 days)
TECVAYLI SUBCUTANEOUS SOLUTION 90 MG/ML	4	PA; SP; QL (3.4 per 5 days)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	SP; OC
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP
TIBSOVO ORAL TABLET 250 MG	4	PA; SP; OC; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>topotecan intravenous recon soln 4 mg</i>	1	SP
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	4	SP
<i>toremifene oral tablet 60 mg</i>	4	SP; OC
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	4	SP; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	SP; OC
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; SP; OC; QL (64 per 21 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; SP; OC; QL (4 per 1 day)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; SP; OC; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; SP; OC
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; SP; OC

Drug Name	Drug Tier	Requirements / Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; SP; OC; QL (2 per 1 day)
VONJO ORAL CAPSULE 100 MG	4	PA; SP; OC; QL (2 per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; SP; OC
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	4	PA; SP; OC
XATMEP ORAL SOLUTION 2.5 MG/ML	4	PA; SP; OC
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; SP; OC
XTANDI ORAL CAPSULE 40 MG	4	PA; SP; OC; QL (2 per 1 day)
ZOLINZA ORAL CAPSULE 100 MG	4	PA; SP; OC
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; SP; OC

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Drug Name	Drug Tier	Requirements / Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	3	ST; QL (2 per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST; QL (20 per 1 day)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST; QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DIACOMIT ORAL CAPSULE 250 MG	3	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	3	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	3	PA; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	3	PA; QL (6 per 1 day)
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	QL (1 per 30 days)
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; SP; QL (20 per 1 day)
<i>eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	1	ST; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; SP; QL (11.82 per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	ST; QL (24 per 1 day)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	3	ST; QL (1 per 1 day)
FYCOMPA ORAL TABLET 2 MG	3	ST; QL (2 per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	3	QL (40 per 1 day)
<i>lacosamide oral tablet 100 mg, 200 mg</i>	1	QL (2 per 1 day)
<i>lacosamide oral tablet 150 mg</i>	1	QL (3 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>lacosamide oral tablet 50 mg</i>	1	QL (4 per 1 day)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (2 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg</i>	1	ST; QL (1 per 1 day)
<i>perampanel oral tablet 2 mg</i>	1	ST; QL (2 per 1 day)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	QL (3 per 1 day)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	QL (2 per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	1	PA; QL (30 per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	2	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	QL (2 per 30 days)
<i>vigabatrin oral powder in packet 500 mg</i>	4	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	4	PA; SP
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA; SP
ANTIPARKINSONISM AGENTS		
<i>benztropine injection solution 1 mg/ml</i>	2	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i>	2	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	QL (8 per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	3	PA; QL (1 per 1 day)
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	QL (3 per 1 day)
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	QL (1 per 1 day)
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 5 mg</i>	1	QL (4 per 1 day)
<i>ropinirole oral tablet 1 mg, 2 mg</i>	1	QL (3 per 1 day)
<i>ropinirole oral tablet 3 mg, 4 mg</i>	1	QL (6 per 1 day)
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	QL (1 per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	1	QL (2 per 1 day)
<i>selegiline hcl oral tablet 5 mg</i>	1	QL (2 per 1 day)
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	

MIGRAINE & CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; SP; QL (0.04 per 1 day)
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA; SP; QL (0.07 per 1 day)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; SP; QL (0.04 per 1 day)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; SP; QL (0.04 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	ST; QL (0.2 per 1 day)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	3	
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	ST; QL (0.2 per 1 day)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; SP; QL (0.08 per 1 day)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; SP; QL (0.08 per 1 day)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	
<i>frovatriptan oral tablet 2.5 mg</i>	2	ST; QL (0.3 per 1 day)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (0.3 per 1 day)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL (0.5 per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; QL (1 per 1 day)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (0.3 per 1 day)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (0.3 per 1 day)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	ST; QL (0.2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	2	ST; QL (0.4 per 1 day)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.3 per 1 day)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	2	ST; QL (0.1 per 1 day)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	2	ST; QL (0.1 per 1 day)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	ST; QL (0.1 per 1 day)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	3	PA; QL (0.3 per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (0.34 per 1 day)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (0.2 per 1 day)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	2	QL (0.2 per 1 day)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	4	PA; SP; QL (4 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	2	PA; SP; QL (1 per 1 day)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; SP; QL (2 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	1	
FIRDAPSE ORAL TABLET 10 MG	4	PA; SP; QL (8 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK 40 MG (7)-80 MG (21)	4	PA; SP; QL (28 per 720 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	PA; SP; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	4	PA; SP; QL (1 per 1 day)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg, 5 mg</i>	2	
MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL (2 per 1 day)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (2 per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	QL (1 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	SP
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; SP; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	4	PA; SP; QL (1 per 720 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)-0.46 MG (3)	4	PA; SP; QL (1 per 1 day)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	QL (84 per 68 days)
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	QL (84 per 68 days)
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	OP; QL (99 per 99 days)
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	
<i>tanlor oral tablet 1,000 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	QL (99 per 99 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	OP; QL (99 per 99 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	PA; OP; QL (12 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine hcl sublingual tablet 8 mg</i>	2	PA; OP; QL (3 per 1 day)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	PA; OP; QL (4 per 28 days)
<i>butalbital-acetaminop-caff-cod oral capsule 50-325-40-30 mg</i>	2	OP; QL (99 per 99 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	OP; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	OP; QL (99 per 99 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	OP; QL (99 per 99 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; OP; QL (0.34 per 1 day)
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i>	2	PA; OP; QL (0.34 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	2	PA; OP; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	OP; QL (99 per 99 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg</i>	2	OP; QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	OP; QL (6 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg</i>	2	OP; QL (8 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	OP; QL (99 per 99 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	2	OP; QL (99 per 99 days)
<i>hydromorphone oral tablet 2 mg</i>	1	OP; QL (8 per 1 day)
<i>hydromorphone oral tablet 4 mg, 8 mg</i>	1	OP; QL (4 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	PA; OP; QL (1 per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	3	OP; QL (99 per 99 days)
<i>meperidine oral solution 50 mg/5 ml</i>	2	OP; QL (99 per 99 days)
<i>meperidine oral tablet 50 mg</i>	1	OP; QL (6 per 1 day)
<i>methadone injection solution 10 mg/ml</i>	2	PA; OP; QL (99 per 99 days)
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; OP; QL (2 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; OP; QL (10 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; OP; QL (20 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; OP; QL (2 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; OP; QL (4 per 1 day)
<i>methadone oral tablet,soluble 40 mg</i>	1	PA; OP; QL (99 per 99 days)

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

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Drug Name	Drug Tier	Requirements / Limits
<i>methadose oral concentrate 10 mg/ml</i>	1	PA; OP; QL (2 per 1 day)
<i>methadose oral tablet, soluble 40 mg</i>	1	PA; OP; QL (99 per 99 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	OP; QL (99 per 99 days)
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	PA; OP; QL (1 per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 20 mg</i>	2	PA; OP; QL (2 per 1 day)
<i>morphine oral capsule, extend. release pellets 100 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; OP; QL (1 per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	OP; QL (99 per 99 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	1	OP; QL (6 per 1 day)
<i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i>	1	PA; OP; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg</i>	1	PA; OP; QL (3 per 1 day)
<i>morphine oral tablet extended release 200 mg</i>	1	PA; OP; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	3	OP; QL (99 per 99 days)
<i>oxycodone oral capsule 5 mg</i>	2	OP; QL (99 per 99 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	2	OP; QL (99 per 99 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	1	OP; QL (99 per 99 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	OP; QL (6 per 1 day)
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 20 MG, 40 MG, 80 MG	1	PA; OP; QL (2 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	OP; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	OP; QL (99 per 99 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	OP; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	OP; QL (8 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	OP; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	OP; QL (6 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	3	PA; OP; QL (99 per 99 days)
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>aspirin childrens oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet 325 mg</i>	5	ACA; OTC
<i>aspirin oral tablet 81 mg</i>	5	OTC
<i>aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer aspirin oral tablet 325 mg</i>	5	ACA; OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	OP; QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	OP; QL (12 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	OP; QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	OP; QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	PA; OP; QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	PA; OP; QL (3 per 1 day)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	QL (99 per 99 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	
<i>diclofenac sodium topical gel 1 %</i>	1	
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>diflunisal oral tablet 500 mg</i>	1	
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 - 3.6 MILLION)	4	PA; SP
<i>fenoprofen oral tablet 600 mg</i>	3	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibuprofen oral tablet 300 mg, 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>indomethacin oral suspension 25 mg/5 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	3	
<i>ketorolac oral tablet 10 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	QL (2 per 23 days)
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	3	
<i>mefenamic acid oral capsule 250 mg</i>	3	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	5	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	5	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	5	OTC; QL (2 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	5	QL (2 per 30 days)
<i>oxaprozin oral tablet 600 mg</i>	3	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	QL (99 per 99 days)
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	5	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL (1 per 1 day)
TRAMADOL ORAL TABLET 25 MG	2	QL (99 per 99 days)
<i>tramadol oral tablet 50 mg</i>	1	QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	QL (1 per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (99 per 99 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 380 MG	4	SP
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 300 MG, 400 MG	4	QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	QL (1 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	2	PA; QL (60 per 30 days)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	2	PA; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	PA; QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	PA; QL (2 per 1 day)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	PA; QL (2 per 1 day)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG	3	ST; QL (4 per 1 day)
BELSOMRA ORAL TABLET 5 MG	3	ST; QL (0.08 per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg</i>	2	PA; QL (9 per 1 day)
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	2	PA; QL (3 per 1 day)
<i>clozapine oral tablet, disintegrating 150 mg</i>	2	PA; QL (6 per 1 day)
<i>clozapine oral tablet, disintegrating 200 mg</i>	2	PA; QL (4 per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	PA; QL (1 per 1 day)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 5 mg</i>	2	ST; QL (2 per 1 day)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 25 mg, 30 mg, 35 mg, 40 mg</i>	2	ST; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	ST
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	2	ST; QL (6 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	2	ST; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	ST; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	ST
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	ST
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	ST; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (2 per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)- 2MG(2)- 4MG(2)- 6MG(2)	3	PA; QL (8 per 30 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)- 2MG(2)- 6 MG(2)-8 MG(2)	2	QL (1 per 1 day)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	2	QL (1 per 1 day)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	3	ST
<i>fluoxetine oral capsule 10 mg</i>	1	QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg, 40 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	2	PA; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	PA
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>HETLIOZ LQ ORAL SUSPENSION 4 MG/ML</i>	4	PA; SP; QL (5 per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	2	ST; QL (1 per 1 day)
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	ST; QL (1 per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACK ET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; SP; QL (1 per 1 day)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	2	PA; SP; QL (1 per 720 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
MARPLAN ORAL TABLET 10 MG	3	
<i>methamphetamine oral tablet 5 mg</i>	3	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	2	ST; QL (2 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	2	ST; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	ST; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	ST
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	ST
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	ST; QL (2 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	ST; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	ST; QL (2 per 1 day)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	2	PA; QL (1 per 1 day)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA; QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine intramuscular recon soln 10 mg</i>	4	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	PA; QL (1 per 1 day)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	2	ST
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i>	2	PA; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
QUAZEPAM ORAL TABLET 15 MG	2	QL (1 per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i>	2	
<i>quetiapine oral tablet extended release 24 hr 200 mg</i>	2	QL (30 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	PA; QL (1 per 1 day)

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

Effective as of 11/01/2025

Drug Name	Drug Tier	Requirements / Limits
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	PA; QL (12 per 1 day)
<i>ramelteon oral tablet 8 mg</i>	2	ST; QL (1 per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA; QL (1 per 1 day)
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 2 mg</i>	1	QL (2 per 1 day)
<i>risperidone oral tablet 1 mg, 3 mg</i>	1	
<i>risperidone oral tablet 4 mg</i>	1	QL (4 per 1 day)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 2 mg, 4 mg</i>	2	PA
<i>risperidone oral tablet,disintegrating 1 mg, 3 mg</i>	2	PA; QL (60 per 30 days)
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SP; QL (18 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (1 per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	2	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL (1 per 1 day)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	3	
TRINTELLIX ORAL TABLET 10 MG	3	ST; QL (30 per fill); QL (30 per 30 days)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	3	ST; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL (90 per 30 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	3	QL (1 per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	PA; QL (1 per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	QL (1 per 1 day)
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	QL (1 per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; SP; QL (2 per 1 day)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; SP; QL (18 per 1 day)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 60 mg</i>	1	QL (60 per 30 days)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	2	ST; QL (1 per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	2	ST; QL (1 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	4	PA; SP; QL (0.04 per 1 day)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	4	PA; SP; QL (0.04 per 1 day)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	4	PA; SP; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; SP; QL (0.5 per 1 day)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; SP; QL (60 per 720 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg</i>	4	PA; SP; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>fingolimod oral capsule 0.5 mg</i>	4	SP; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	SP; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	SP; QL (0.43 per 1 day)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; SP; QL (0.06 per 1 day)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
MAYZENT ORAL TABLET 0.25 MG	4	PA; SP; QL (4 per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; SP; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	4	PA; SP; QL (1.75 per 1 day)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA; SP; QL (2.4 per 1 day)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; SP; QL (0.4 per 1 day)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; QL (0.4 per 1 day)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; QL (0.4 per 1 day)
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; SP; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
PONVORY ORAL TABLET 20 MG	4	PA; SP; QL (1 per 1 day)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; QL (0.22 per 1 day)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; SP; QL (0.22 per 1 day)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; QL (1 per 720 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; SP; QL (1 per 720 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	4	PA; SP; QL (1 per 1 day)
VUMERITY ORAL CAPSULE, DELAYED RELEASE (DR/EC) 231 MG	4	PA; SP; QL (4 per 1 day)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	3	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	3	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan-hcthiaizid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>cartia xt oral capsule,extended release 24hr 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	ST
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST
<i>enalapril maleate oral solution 1 mg/ml</i>	2	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	ST
<i>ethacrynic acid oral tablet 25 mg</i>	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml</i>	1	
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	3	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	3	
<i>metyrosine oral capsule 250 mg</i>	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	2	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	4	PA; SP; QL (1 per 720 days)

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Drug Name	Drug Tier	Requirements / Limits
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	4	PA; SP; QL (1 per 720 days)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	4	PA; SP; QL (1 per 720 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; SP
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol- hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril- hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20- 25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton- hydrochlorothiaz oral tablet 25-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan- amlodipine oral tablet 40-10 mg, 40- 5 mg, 80-10 mg, 80- 5 mg</i>	2	
<i>telmisartan- hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80- 25 mg</i>	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

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Effective as of 11/01/2025

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SP; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; SP; QL (200 per 23 days)
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	

CARDIAC GLYCOSIDES

<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	1	

COAGULATION THERAPY

<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	2	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	

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Effective as of 11/01/2025

Drug Name	Drug Tier	Requirements / Limits
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dabigatran etexilate oral capsule 110 mg</i>	2	QL (4 per 1 day)
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	2	QL (2 per 1 day)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; SP
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	QL (74 per 365 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	QL (2 per 1 day)
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	4	SP

Drug Name	Drug Tier	Requirements / Limits
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	4	PA; SP; QL (2 per 1 day)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	QL (20 per 30 days)
FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG-1,300 MG)	4	PA; SP
FIBRYGA INTRAVENOUS RECON SOLN 2 GRAM (1,400 MG-2,600 MG)	4	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	2	QL (10 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	3	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
MULPLETA ORAL TABLET 3 MG	4	PA; SP
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	4	SP; QL (4 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 150 MG, 20 MG	4	SP; QL (2 per 1 day)
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	4	PA; SP; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; QL (3 per 1 day)
PROMACTA ORAL TABLET 50 MG, 75 MG	4	PA; SP; QL (2 per 1 day)
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	4	SP
TAVALISSE ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (2 per 1 day)
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	QL (51 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (30 per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	QL (2 per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG	3	

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	2	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	
<i>fenofibrate micronized oral capsule 130 mg</i>	2	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	2	ST; ACA
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	2	ST; ACA
<i>gemfibrozil oral tablet 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	4	PA; SP; QL (1 per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	4	PA; SP; QL (2 per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
NIACOR ORAL TABLET 500 MG	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	2	ST; ACA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	4	PA; SP; QL (3.5 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	4	PA; SP; QL (3 per 23 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	4	PA; SP; QL (3 per 23 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL (2 per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	2	QL (2 per 1 day)
<i>ivabradine oral tablet 5 mg, 7.5 mg</i>	2	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; QL (1 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

Drug Name	Drug Tier	Requirements / Limits
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	SP
<i>calcipotriene scalp solution 0.005 %</i>	2	
<i>calcipotriene topical cream 0.005 %</i>	2	
<i>calcipotriene topical ointment 0.005 %</i>	2	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	2	
<i>calcitriol topical ointment 3 mcg/gram</i>	2	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
<i>selenium sulfide topical lotion 2.5 %</i>	1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	4	PA; SP; QL (0.17 per 1 day)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; SP; QL (0.04 per 1 day)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (0.04 per 1 day)
SOTYKTU ORAL TABLET 6 MG	4	PA; SP; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	4	PA; SP; QL (1.86 per 1 day)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; SP; QL (0.01 per 1 day)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; QL (0.01 per 1 day)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; QL (0.02 per 1 day)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; SP; QL (4 per 720 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; SP; QL (3 per 720 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; SP; QL (0.04 per 1 day)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	4	PA; SP; QL (0.08 per 1 day)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	4	PA; SP; QL (0.02 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; SP; QL (0.04 per 1 day)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	4	PA; SP; QL (0.8 per 1 day)
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (0.02 per 1 day)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; SP; QL (0.08 per 1 day)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; SP; QL (0.08 per 1 day)
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
<i>diclofenac sodium topical gel 3 %</i>	3	QL (100 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>doxepin topical cream 5 %</i>	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; QL (0.15 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; QL (0.15 per 1 day)
EUCRISA TOPICAL OINTMENT 2 %	3	PA; QL (2 per 1 day)
<i>fluorouracil topical cream 5 %</i>	4	SP
<i>fluorouracil topical solution 2 %, 5 %</i>	4	SP
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	4	PA; SP; QL (2 per 1 day)
PANRETIN TOPICAL GEL 0.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>pimecrolimus topical cream 1 %</i>	2	PA; QL (100 per 23 days)
<i>podofilox topical gel 0.5 %</i>	1	PA
<i>podofilox topical solution 0.5 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	PA; QL (30 per 180 days)
THERAPY FOR ACNE		
<i>adapalene topical cream 0.1 %</i>	2	PA
<i>adapalene topical gel 0.3 %</i>	2	PA
<i>adapalene topical gel with pump 0.3 %</i>	2	PA
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	2	
<i>azelaic acid topical gel 15 %</i>	2	
<i>benzepro topical towelette 6 %</i>	3	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>clindamycin phosphate topical foam 1 %</i>	3	
<i>clindamycin phosphate topical gel 1 %</i>	2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical lotion 1 %</i>	2	
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	3	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	3	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	3	
<i>ery pads topical swab 2 %</i>	1	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>rosadan topical cream 0.75 %</i>	1	
<i>rosadan topical gel 0.75 %</i>	3	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	
<i>tazarotene topical cream 0.1 %</i>	3	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	3	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	ST
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	ST
<i>tretinoin topical gel 0.05 %</i>	3	ST
TOPICAL ANESTHETICS		
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch, medicated 5 %</i>	3	QL (3 per 1 day)
<i>lidocaine topical ointment 5 %</i>	2	QL (50 per 23 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
TOPICAL ANTIBACTERIALS		

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Drug Name	Drug Tier	Requirements / Limits
ALTABAX TOPICAL OINTMENT 1 %	3	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	2	
<i>mupirocin topical ointment 2 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	2	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	
<i>econazole nitrate topical cream 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ERTACZO TOPICAL CREAM 2 %	3	
EXELDERM TOPICAL CREAM 1 %	3	
EXELDERM TOPICAL SOLUTION 1 %	3	
<i>ketoconazole topical cream 2 %</i>	1	
<i>ketoconazole topical foam 2 %</i>	3	
<i>ketoconazole topical shampoo 2 %</i>	1	
LULICONAZOLE TOPICAL CREAM 1 %	2	
<i>naftifine topical cream 1 %, 2 %</i>	2	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	3	QL (1 per 23 days)
<i>penciclovir topical cream 1 %</i>	2	
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	3	PA
<i>apexicon e topical cream 0.05 %</i>	3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	PA
<i>betamethasone valerate topical cream 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate topical foam 0.12 %</i>	2	PA
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
CAPEX TOPICAL SHAMPOO 0.01 %	3	PA
<i>clobetasol scalp solution 0.05 %</i>	2	PA
<i>clobetasol topical cream 0.05 %</i>	2	PA
<i>clobetasol topical foam 0.05 %</i>	2	PA
<i>clobetasol topical gel 0.05 %</i>	2	PA
<i>clobetasol topical lotion 0.05 %</i>	2	PA
<i>clobetasol topical ointment 0.05 %</i>	2	PA
<i>clobetasol topical shampoo 0.05 %</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	2	PA
<i>clobetasol-emollient topical cream 0.05 %</i>	2	PA
<i>clobetasol-emollient topical foam 0.05 %</i>	2	PA
<i>desonide topical cream 0.05 %</i>	2	ST
<i>desonide topical gel 0.05 %</i>	2	
<i>desonide topical lotion 0.05 %</i>	2	ST
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	2	PA
<i>desoximetasone topical gel 0.05 %</i>	2	PA
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	2	PA
<i>diflorasone topical cream 0.05 %</i>	2	PA
<i>diflorasone topical ointment 0.05 %</i>	2	PA
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	PA
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	2	ST
<i>fluocinolone topical ointment 0.025 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical solution 0.01 %</i>	2	ST
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	PA
<i>fluocinonide topical gel 0.05 %</i>	2	PA
<i>fluocinonide topical ointment 0.05 %</i>	2	PA
<i>fluocinonide topical solution 0.05 %</i>	2	PA
<i>flurandrenolide topical cream 0.05 %</i>	2	PA
<i>flurandrenolide topical lotion 0.05 %</i>	2	PA
<i>flurandrenolide topical ointment 0.05 %</i>	2	PA
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	2	PA
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	2	PA
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	PA

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

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	PA
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	2	PA
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	PA
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	PA
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	PA
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	PA
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>prednicarbate topical cream 0.1 %</i>	2	PA
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %</i>	1	PA
<i>triamcinolone acetonide topical lotion 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	3	
<i>malathion topical lotion 0.5 %</i>	2	
<i>permethrin topical cream 5 %</i>	1	
<i>pruradik topical lotion 10 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	3	PA; QL (120 per 23 days)

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Drug Name	Drug Tier	Requirements / Limits
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP; QL (0.3 per 1 day)
ORLISTAT ORAL CAPSULE 120 MG	3	PA; QL (3 per 1 day)
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	QL (84 per 274 days)
<i>phentermine oral tablet 37.5 mg</i>	1	QL (84 per 274 days)
<i>phentermine oral tablet 8 mg</i>	1	
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; SP; QL (4 per 30 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	2	PA; SP; QL (4 per 720 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; SP; QL (4 per 30 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 12.5 MG/0.5 ML, 15 MG/0.5 ML	2	PA; SP; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML	2	PA; QL (4 per 720 days)
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>cevimeline oral capsule 30 mg</i>	2	
CHEMET ORAL CAPSULE 100 MG	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	4	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	4	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	4	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	4	PA; SP; QL (6.8 per 1 day)
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	4	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; SP
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	4	SP
<i>riluzole oral tablet 50 mg</i>	4	SP
<i>risedronate oral tablet 30 mg</i>	2	QL (1 per 1 day)
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	SP
TAVNEOS ORAL CAPSULE 10 MG	4	PA; SP; QL (6 per 1 day)
<i>trientine oral capsule 250 mg</i>	4	SP
<i>water for irrigation, sterile irrigation solution</i>	1	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; SP; QL (4 per 1 day)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	4	SP
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	5	ACA
CHANTIX ORAL TABLET 0.5 MG	5	

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Drug Name	Drug Tier	Requirements / Limits
CHANTIX ORAL TABLET 1 MG	5	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	5	
<i>nicorette buccal gum 4 mg</i>	2	ACA; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	ACA; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	5	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	5	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	5	ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	5	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	5	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	5	ACA
<i>quit 2 buccal gum 2 mg</i>	1	ACA; OTC
<i>quit 2 buccal lozenge 2 mg</i>	5	ACA; OTC
<i>quit 4 buccal gum 4 mg</i>	5	ACA; OTC
<i>quit 4 buccal lozenge 4 mg</i>	5	ACA; OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA; OTC
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	5	ACA; QL (2 per 1 day)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	3	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %</i>	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>ACTHAR INJECTION GEL 80 UNIT/ML</i>	4	PA; SP; QL (1.08 per 1 day)
<i>ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML</i>	4	PA; QL (0.9 per 1 day)
<i>cortisone oral tablet 25 mg</i>	1	
<i>CORTROPHIN GEL INJECTION GEL 80 UNIT/ML</i>	4	PA; SP; QL (0.75 per 1 day)
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>	1	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred oral tablet 5 mg</i>	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	3	
<i>prednisone oral solution 5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
DEXCOM G6 RECEIVER	3	PA; QL (1 per 274 days)
DEXCOM G6 SENSOR DEVICE	3	PA; QL (3 per 23 days)
DEXCOM G6 TRANSMITTER DEVICE	3	PA; QL (1 per 69 days)
DEXCOM G7 RECEIVER	3	PA; QL (1 per 274 days)
DEXCOM G7 SENSOR DEVICE	3	PA; QL (3 per 23 days)
FREESTYLE INSULINX STRIP	1	OTC; QL (200 per 23 days)
FREESTYLE INSULINX TEST STRIPS STRIP	1	OTC; QL (200 per 23 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 per 274 days)

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	PA; QL (2 per 23 days)
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	2	PA; QL (2 per 23 days)
FREESTYLE LIBRE 2 READER	2	PA; QL (1 per 274 days)
FREESTYLE LIBRE 2 SENSOR KIT	2	PA; QL (2 per 23 days)
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	PA; QL (2 per 21 days)
FREESTYLE LIBRE 3 READER	2	PA; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	2	PA; QL (2 per 21 days)
FREESTYLE LITE STRIPS STRIP	1	OTC; QL (200 per 23 days)
FREESTYLE PRECISION NEO STRIPS STRIP	1	OTC; QL (200 per 23 days)
FREESTYLE TEST STRIP	1	OTC; QL (200 per 23 days)
PRECISION XTRA TEST STRIP	1	OTC; QL (200 per 23 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS) SUBCUTANEOUS CARTRIDGE	2	PA; QL (1 per 720 days)
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
LANCETS 33 GAUGE	1	OTC

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Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	PA; QL (10 per 21 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	PA; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	PA; QL (10 per 21 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	PA; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	PA; QL (10 per 23 days)
V-GO 20 DEVICE	2	PA; QL (30 per 23 days)
V-GO 30 DEVICE	2	PA; QL (30 per 23 days)
V-GO 40 DEVICE	2	PA; QL (30 per 23 days)
INSULIN THERAPY		
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	1	

Drug Name	Drug Tier	Requirements / Limits
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	

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Drug Name	Drug Tier	Requirements / Limits
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	1	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	

Drug Name	Drug Tier	Requirements / Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cetrorelix subcutaneous kit 0.25 mg</i>	4	PA; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	PA; SP
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; SP
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	SP; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	4	SP; QL (4 per 1 day)
<i>clomiphene citrate oral tablet 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	4	PA; SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	4	PA; SP
ISTURISA ORAL TABLET 1 MG	4	PA; SP; QL (12 per 1 day)
ISTURISA ORAL TABLET 5 MG	4	PA; SP; QL (8 per 1 day)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	3	
JYNARQUE ORAL TABLET 15 MG	4	PA; SP; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	4	PA; SP; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; SP; QL (2 per 1 day)
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	PA; SP
METHITEST ORAL TABLET 10 MG	3	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; SP
ORILISSA ORAL TABLET 150 MG	4	PA; SP; QL (1 per 1 day)
ORILISSA ORAL TABLET 200 MG	4	PA; SP; QL (2 per 1 day)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4	PA; SP
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	PA; QL (2 per 1 day)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; SP
<i>sapropterin oral tablet,soluble 100 mg</i>	4	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; SP
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	
<i>tolvaptan (polycyst kidney dis) oral tablet 15 mg</i>	4	PA; SP; QL (2 per 1 day)
<i>tolvaptan (polycyst kidney dis) oral tablet 30 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>tolvaptan (polycyst kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	4	PA; SP; QL (2 per 1 day)
<i>tolvaptan oral tablet 15 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; SP; QL (2 per 1 day)
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	SP
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	4	SP
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	4	SP

NON-INSULIN HYPOGLYCEMIC AGENTS

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

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Drug Name	Drug Tier	Requirements / Limits
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG	3	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	2	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST

Drug Name	Drug Tier	Requirements / Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	ST; SP; QL (0.3 per 1 day)
<i>metformin oral solution 500 mg/5 ml</i>	2	
<i>metformin oral tablet 1,000 mg</i>	1	QL (2.5 per 1 day)
<i>metformin oral tablet 500 mg</i>	1	QL (5 per 1 day)
<i>metformin oral tablet 850 mg</i>	1	QL (3 per 1 day)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	QL (4 per 1 day)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	QL (3 per 1 day)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	ST; SP; QL (0.08 per 1 day)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
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)	2	ST; SP; QL (0.108 per 1 day)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	ST; SP; QL (1 per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST

Drug Name	Drug Tier	Requirements / Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML	2	ST; SP; QL (0.08 per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 4.5 MG/0.5 ML	2	ST; SP; QL (8 per 1 day)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; SP; QL (0.3 per 1 day)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	2	ST; SP; QL (0.3 per 1 day)

THYROID HORMONES

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Effective as of 11/01/2025

Drug Name	Drug Tier	Requirements / Limits
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 30 mg, 60 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	

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Drug Name	Drug Tier	Requirements / Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>chlordiazepoxide- clidinium oral capsule 5-2.5 mg</i>	2	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate- atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diphenoxylate- atropine oral tablet 2.5-0.025 mg</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	2	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MYTESI ORAL TABLET, DELAYE D RELEASE (DR/EC) 125 MG	4	PA; SP
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	2	QL (2 per 1 day)
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	QL (0.15 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	QL (0.15 per 1 day)
<i>balsalazide oral capsule 750 mg</i>	1	
<i>betaine oral powder 1 gram/scoop</i>	4	SP
<i>bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	2	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	3	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	4	PA; SP
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	4	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; SP; QL (0.08 per 1 day)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	4	SP; QL (0.04 per 1 day)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; SP; QL (0.08 per 1 day)
<i>citroma oral solution</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	2	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	3	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	2	PA; QL (4 per 1 day)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	1	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	4	SP; QL (6 per 1 day)
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; SP; QL (2 per 28 days)
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; SP; QL (30 per 21 days)
<i>gavilax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>granisetron hcl oral tablet 1 mg</i>	2	QL (0.86 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone acetate topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; SP; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; SP; QL (3 per 1 day)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	4	PA; SP; QL (1 per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	1	ACA; OTC
<i>meclizine oral tablet 50 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine oral capsule, extended release 500 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	1	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	1	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL (30 per 30 days)
<i>natura-lax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL (3.34 per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL (9 per 30 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL (0.3 per 1 day)
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	1	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>purelax oral powder 17 gram/dose</i>	1	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	4	PA; SP; QL (0.36 per 1 day)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	4	PA; SP; QL (0.05 per 1 day)
<i>smoothlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	QL (1 per 1 day)
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VARUBI ORAL TABLET 90 MG	2	PA; QL (0.2 per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG	3	QL (2 per 1 day)
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC

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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	2	

ULCER THERAPY

<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	3	ST; QL (30 per 23 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	3	ST; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	ST; QL (1 per 1 day)
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	2	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	QL (1 per 1 day)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL (1 per 1 day)
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (1 per 1 day)
PYLERA ORAL CAPSULE 140-125-125 MG	2	
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	2	ST; QL (1 per 1 day)
<i>sucralfate oral tablet 1 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; SP; QL (4 per 21 days)
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; SP; QL (2 per 21 days)
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	PA; SP
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	4	PA; SP; QL (12 per 21 days)
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML	4	PA; SP; QL (6 per 21 days)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; SP; QL (15 per 21 days)
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; QL (2 per 21 days)
GROWTH HORMONES		

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA; SP
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	SP; QL (2 per 21 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULA R RECON SOLN 120 MCG/0.5 ML	2	PA; ACA
ACTHIB (PF) INTRAMUSCULA R RECON SOLN 10 MCG/0.5 ML	2	PA; ACA

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Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	PA; ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	PA; ACA
AFLURIA 2025-2026 (3YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	
AFLURIA 2025-2026 (6MO UP) INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	PA; ACA
ASCENIV INTRAVENOUS SOLUTION 10 %	4	PA; SP
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	ACA

Drug Name	Drug Tier	Requirements / Limits
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	PA; ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	PA; ACA
BIVIGAM INTRAVENOUS SOLUTION 10 %	4	PA; SP
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	PA; ACA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	4	PA; SP
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	5	PA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	5	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	4	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %)	4	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	PA; ACA
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	PA; ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	4	PA; SP
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	4	PA; SP
FLUAD 2025-2026 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	
FLUARIX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	
FLUBLOK 2025-2026 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	5	
FLUCELVAX 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	
FLUCELVAX 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	
FLULAVAL 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	

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Drug Name	Drug Tier	Requirements / Limits
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	5	
FLUZONE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	5	
FLUZONE 2025-2026 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	5	
FLUZONE HIGH-DOSE 2025-26 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	5	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	4	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	4	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	4	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	4	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	4	PA; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	PA; ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	PA; ACA

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Drug Name	Drug Tier	Requirements / Limits
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA; QL (1 per 1 day)
HAVRIX (PF) INTRAMUSCULA R SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	PA; ACA
HEPLISAV-B (PF) INTRAMUSCULA R SYRINGE 20 MCG/0.5 ML	2	PA; ACA
HIBERIX (PF) INTRAMUSCULA R RECON SOLN 10 MCG/0.5 ML	2	PA; ACA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; SP
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	4	PA; SP
IMOVAX RABIES VACCINE (PF) INTRAMUSCULA R RECON SOLN 2.5 UNIT	2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULA R SYRINGE 25-58- 10 LF-MCG- LF/0.5ML	2	PA; ACA
IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML	2	PA; ACA
IXIARO (PF) INTRAMUSCULA R SYRINGE 6 MCG/0.5 ML	2	PA; ACA
KINRIX (PF) INTRAMUSCULA R SYRINGE 25 LF- 58 MCG-10 LF/0.5 ML	2	PA; ACA
MENQUADFI (PF) INTRAMUSCULA R SOLUTION 10 MCG/0.5 ML	2	PA; ACA

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Drug Name	Drug Tier	Requirements / Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	PA; ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	PA; ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	PA; ACA
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	5	
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	PA; ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	4	PA; SP
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	5	
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; SP; QL (1 per 1 day)
PANZYGA INTRAVENOUS SOLUTION 10 %	4	PA; SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	PA; ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	PA; ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	PA; ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	PA; ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	PA; ACA

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Drug Name	Drug Tier	Requirements / Limits
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	PA; ACA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	4	PA; SP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 10EXP3-4.3-3- 3.99 TCID50/0.5	2	PA; ACA
QUADRACEL (PF) INTRAMUSCULA R SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	PA; ACA
QUADRACEL (PF) INTRAMUSCULA R SYRINGE 15 LF- 48 MCG- 5 LF UNIT/0.5ML	2	PA; ACA
RABAVERT (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 2.5 UNIT	2	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	3	PA; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULA R SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	PA; ACA
SHINGRIX (PF) INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 50 MCG/0.5 ML	2	PA; ACA
SPIKEVAX 2025- 2026(12Y UP)(PF) INTRAMUSCULA R SYRINGE 50 MCG/0.5 ML	5	
SPIKEVAX 2025- 26 (6M-11Y) (PF) INTRAMUSCULA R SYRINGE 25 MCG/0.25 ML	5	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTIO N 1,000 UNIT/0.5 ML	2	PA; ACA

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Drug Name	Drug Tier	Requirements / Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	PA; ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	PA; ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	PA; ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	PA; ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	PA; ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	PA; ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	PA; ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	PA; ACA

Drug Name	Drug Tier	Requirements / Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	PA; ACA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	PA; ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	PA; ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	PA; ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	PA; ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	PA; ACA

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Drug Name	Drug Tier	Requirements / Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA; SP
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	4	PA; SP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	PA; ACA
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid- colchicine oral tablet 500-0.5 mg</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (0.15 per 1 day)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	4	PA; SP; QL (0.09 per 1 day)
<i>ibandronate oral tablet 150 mg</i>	2	QL (0.04 per 1 day)
<i>raloxifene oral tablet 60 mg</i>	1	
<i>risedronate oral tablet 150 mg</i>	2	QL (0.04 per 1 day)
<i>risedronate oral tablet 35 mg</i>	2	QL (0.15 per 1 day)
<i>risedronate oral tablet 5 mg</i>	2	QL (1 per 1 day)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	2	QL (0.15 per 1 day)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; SP; QL (0.13 per 1 day)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; SP; QL (0.13 per 1 day)
ADALIMUMAB- AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; SP; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; SP; QL (0.08 per 1 day)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	4	PA; SP; QL (2 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; SP; QL (2 per 28 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; SP; QL (0.15 per 1 day)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; SP; QL (0.15 per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; SP; QL (0.15 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; SP; QL (0.15 per 1 day)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	4	PA; SP; QL (0.15 per 1 day)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; SP; QL (0.15 per 1 day)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; QL (0.15 per 1 day)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; SP; QL (0.15 per 1 day)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; SP; QL (0.08 per 1 day)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; SP; QL (0.15 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP; QL (0.15 per 1 day)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; SP; QL (0.15 per 1 day)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; SP; QL (3 per 720 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; SP; QL (0.09 per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	4	PA; SP; QL (4 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; SP; QL (0.15 per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; SP; QL (4 per 21 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; SP; QL (0.06 per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; SP; QL (0.1 per 1 day)
OTEZLA ORAL TABLET 20 MG, 30 MG	4	PA; SP; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	4	PA; SP; QL (22 per 720 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; QL (55 per 720 days)
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	4	PA; SP; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; SP; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 45 MG	4	PA; SP; QL (1 per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; QL (1 per 720 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; SP; QL (1 per 23 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; SP; QL (1 per 23 days)
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; SP; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; SP; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	2	ACA
FC2 FEMALE CONDOM	2	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	2	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	2	SP; ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	2	SP; ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	2	SP; ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	2	SP; ACA

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Drug Name	Drug Tier	Requirements / Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	2	SP; ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	2	ACA
ESTROGENS & PROGESTINS		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
<i>camila oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	ACA; QL (99 per 99 days)
DUAVEE ORAL TABLET 0.45-20 MG	2	
ENDOMETRIN VAGINAL INSERT 100 MG	4	PA; SP
<i>errin oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	3	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
EVAMIST TRANSDERMAL SPRAY, NON- AEROSOL 1.53 MG/SPRAY (1.7%)	3	
<i>heather oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>incassia oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>jencycla oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>lyza oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>medroxyprogesteron e intramuscular suspension 150 mg/ml</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesteron e intramuscular syringe 150 mg/ml</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesteron e oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>tulana oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	3	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA; QL (99 per 99 days)
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA; QL (99 per 99 days)
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	2	ACA; QL (99 per 99 days)
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA; QL (1 per 1 day)
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	SP; ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA; QL (99 per 99 days)
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
OSPHENA ORAL TABLET 60 MG	3	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	ACA; QL (99 per 99 days)
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	3	ACA; QL (99 per 99 days)
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	ACA; OTC; QL (99 per 99 days)
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	ACA; OTC; QL (99 per 99 days)
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA; QL (99 per 99 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA; QL (99 per 99 days)
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>after pill oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
AFTERA ORAL TABLET 1.5 MG	2	ACA; OTC; QL (99 per 99 days)
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA; QL (99 per 99 days)
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	ACA; QL (99 per 99 days)
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	3	ACA; QL (99 per 99 days)
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA; QL (99 per 99 days)
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA; QL (99 per 99 days)
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	ACA; QL (99 per 99 days)
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
ELLA ORAL TABLET 30 MG	3	ACA; QL (99 per 99 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA; QL (99 per 99 days)
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>estarylla oral tablet 0.25-0.035 mg</i>	1	ACA; QL (99 per 99 days)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	QL (99 per 99 days)
<i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA; QL (99 per 99 days)
<i>introvale oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	QL (99 per 99 days)
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA; QL (99 per 99 days)
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (1 per 99 days)
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA; QL (99 per 99 days)
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA; QL (99 per 99 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA; QL (99 per 99 days)
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA; QL (99 per 99 days)
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	3	ACA; QL (99 per 99 days)
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	2	ACA; QL (99 per 99 days)
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	2	ACA; QL (99 per 99 days)
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>mili oral tablet 0.25-0.035 mg</i>	1	ACA; QL (99 per 99 days)
<i>mono-lynyah oral tablet 0.25-0.035 mg</i>	1	ACA; QL (99 per 99 days)
<i>my choice oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>my way oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	3	ACA; QL (99 per 99 days)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>new day oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	3	ACA; QL (99 per 99 days)
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	1	ACA; QL (99 per 99 days)
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA; QL (2 per 99 days)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	ACA; QL (2 per 99 days)
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (2 per 99 days)
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA; QL (1 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	ACA; QL (99 per 99 days)
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>option-2 oral tablet 1.5 mg</i>	1	ACA; OTC; QL (99 per 99 days)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	ACA; OTC; QL (99 per 99 days)
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA; QL (99 per 99 days)
<i>rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	QL (99 per 99 days)
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA; QL (99 per 99 days)
SLYND ORAL TABLET 4 MG (28)	2	ACA; QL (99 per 99 days)
<i>sprintec (28) oral tablet 0.25-0.035 mg</i>	1	ACA; QL (10 per 99 days)
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA; QL (99 per 99 days)
TAKE ACTION ORAL TABLET 1.5 MG	2	ACA; OTC; QL (99 per 99 days)
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA; QL (99 per 99 days)
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA; QL (99 per 99 days)
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA; QL (99 per 99 days)
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-estarylla oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
<i>tri-lo-mili oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA; QL (99 per 99 days)
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA; QL (2 per 99 days)
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA; QL (99 per 99 days)
<i>turqoz (28) oral tablet</i> 0.3-30 mg-mcg	1	ACA; QL (99 per 99 days)
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	3	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>velivet triphasic regimen (28) oral tablet</i> 0.1/.125/.15-25 mg-mcg	1	ACA; QL (99 per 99 days)
<i>vestura (28) oral tablet</i> 3-0.02 mg	1	ACA; QL (99 per 99 days)
<i>vienva oral tablet</i> 0.1-20 mg-mcg	1	ACA; QL (99 per 99 days)
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA; QL (99 per 99 days)
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA; QL (99 per 99 days)
<i>vyfemla (28) oral tablet</i> 0.4-35 mg-mcg	1	ACA; QL (99 per 99 days)
<i>vylibra oral tablet</i> 0.25-0.035 mg	1	ACA; QL (99 per 99 days)
<i>wera (28) oral tablet</i> 0.5-35 mg-mcg	1	ACA; QL (99 per 99 days)
<i>wymzya fe oral tablet,chewable</i> 0.4mg-35mcg(21) and 75 mg (7)	1	ACA; QL (99 per 99 days)
<i>xarah fe oral tablet</i> 1-20(5)/1-30(7) /1mg-35mcg (9)	1	QL (99 per 99 days)
YAZ (28) ORAL TABLET 3-0.02 MG	3	ACA; QL (99 per 99 days)
<i>zarah oral tablet</i> 3-0.03 mg	1	ACA; QL (99 per 99 days)
<i>zovia 1-35 (28) oral tablet</i> 1-35 mg-mcg	1	ACA; QL (99 per 99 days)
<i>zumandimine (28) oral tablet</i> 3-0.03 mg	1	ACA; QL (99 per 99 days)

OPHTHALMOLOGY

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Drug Name	Drug Tier	Requirements / Limits
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin- polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
<i>neomycin- bacitracin- polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit- unit/g</i>	1	
<i>neomycin- polymyxin- gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit- 0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit- unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500- 10,000 unit/gram</i>	1	
<i>polymyxin b sulf- trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPTHALMIC (EYE) OINTMENT 0.3 %	3	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
ZIRGAN OPTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPTHALMIC (EYE) DROPS 0.5 %	3	
BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	2	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	3	SP
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPTHALMOLOGICS		
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; ST; QL (60 per 23 days)
CYSTARAN OPTHALMIC (EYE) DROPS 0.44 %	4	SP
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
XDEMVY OPTHALMIC (EYE) DROPS 0.25 %	4	PA; SP; QL (10 per 30 days)
XIIDRA OPTHALMIC (EYE) DROPPERETTE 5 %	2	PA; ST; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	ST
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02- 0.005 %	2	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSIO N 1-0.2 %	3	
<i>tafluprost (pf)</i> <i>ophthalmic (eye)</i> <i>dropperette 0.0015</i> <i>%</i>	1	ST
<i>travoprost</i> <i>ophthalmic (eye)</i> <i>drops 0.004 %</i>	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin- bacitracin-poly-hc</i> <i>ophthalmic (eye)</i> <i>ointment 3.5-400- 10,000 mg-unit/g- 1%</i>	1	
<i>neomycin-polymyxin b-dexameth</i> <i>ophthalmic (eye)</i> <i>drops,suspension</i> <i>3.5mg/ml-10,000</i> <i>unit/ml-0.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin b-dexameth</i> <i>ophthalmic (eye)</i> <i>ointment 3.5 mg/g- 10,000 unit/g-0.1 %</i>	1	
<i>neomycin- polymyxin-hc</i> <i>ophthalmic (eye)</i> <i>drops,suspension</i> <i>3.5-10,000-10 mg- unit-mg/ml</i>	2	
<i>neo-polycin hc</i> <i>ophthalmic (eye)</i> <i>ointment 3.5-400- 10,000 mg-unit/g- 1%</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
<i>tobramycin- dexamethasone</i> <i>ophthalmic (eye)</i> <i>drops,suspension</i> <i>0.3-0.1 %</i>	2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSIO N 0.3-0.5 %	3	
STERIODS		
<i>dexamethasone</i> <i>sodium phosphate</i> <i>ophthalmic (eye)</i> <i>drops 0.1 %</i>	1	
<i>difluprednate</i> <i>ophthalmic (eye)</i> <i>drops 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	3	
STEROID-SULFONAMIDE COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide- prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	2	
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	1	OP
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; SP; QL (3 per 1 day)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	2	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA; SP; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (120), 220 MCG/ACTUATION (14), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	3	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	4	PA; SP; QL (0.34 per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA; SP; QL (2 per 1 day)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 1 mg/2 ml</i>	1	
<i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i>	1	QL (120 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	4	PA; SP; QL (0.67 per 1 day)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	4	PA; SP
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	1	
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113- 14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	1	
<i>fluticasone propion- salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; SP
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	4	PA; SP; QL (0.6 per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium- albuterol inhalation solution for nebulization 0.5 mg- 3 mg(2.5 mg base)/3 ml</i>	1	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; SP; QL (0.48 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; SP; QL (2 per 1 day)
KALYDECO ORAL GRANULES IN PACKET 5.8 MG	4	PA; SP; QL (0.06 per 1 day)
KALYDECO ORAL TABLET 150 MG	4	PA; SP; QL (2 per 1 day)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	2	
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	QL (1 per 1 day)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	4	PA; SP
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; SP; QL (2 per 1 day)
OPSUMIT ORAL TABLET 10 MG	4	PA; SP; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; QL (4 per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; SP; QL (1 per 1 day)
<i>pirfenidone oral capsule 267 mg</i>	4	PA; SP; QL (9 per 1 day)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; SP; QL (3 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; SP; QL (3 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION , 90 MCG/ACTUATION	2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	4	SP; QL (5 per 1 day)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	3	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	4	PA; SP; QL (0.27 per 1 day)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; SP; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; SP; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	4	PA; SP; QL (2 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; SP; QL (0.15 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; SP; QL (0.15 per 1 day)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	4	PA; SP; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	4	PA; SP; QL (3 per 1 day)
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; SP
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	4	PA; SP
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	QL (2 per 1 day)
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	2	ST; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

Drug Name	Drug Tier	Requirements / Limits
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	1	
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	2	
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	2	
<i>trospium oral tablet 20 mg</i>	1	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

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Drug Name	Drug Tier	Requirements / Limits
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; SP; QL (1 per 1 day)
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; SP
ELMIRON ORAL CAPSULE 100 MG	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	2	PA; SP
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	2	
<i>sevelamer carbonate oral tablet 800 mg</i>	2	
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	3	
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	2	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; SP
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	1	ACA; OTC
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	1	ACA; OTC
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	1	ACA; OTC
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i>	2	
<i>dialyvite 800 oral tablet 0.8 mg</i>	1	ACA; OTC
<i>dodex injection solution 1,000 mcg/ml</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>flotrex oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	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 105 mg iron- 500 mg-800 mcg</i>	1	ACA; OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	ACA; OTC
<i>kobee oral tablet 0.4 mg</i>	1	ACA; OTC
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml</i>	1	OTC
<i>multi-vitamin with fluoride oral drops 0.5 mg/ml</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC
<i>multivit-fluor 0.25 mg/ml drop (rx)</i>	1	ACA; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron-800 mcg-250 mg</i>	1	ACA; OTC
<i>prenatal multivitamins oral tablet 28 mg iron-800 mcg</i>	1	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>rena-vite oral tablet 0.8 mg</i>	1	ACA; OTC
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	1	ACA; OTC
<i>super quints oral tablet 0.4 mg</i>	1	ACA; OTC
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC

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