

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.

DS: Day Supply. These are drugs that are limited to 30-day supply on your plan

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; QL (4.2 per 1 day)
<i>itraconazole oral solution 10 mg/ml</i>	2	PA; QL (40 per 1 day)
<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	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	3	PA; QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	2	PA; QL (3.1 per 1 day)
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	3	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	3	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<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>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	3	
<i>atazanavir oral capsule 150 mg</i>	1	
<i>atazanavir oral capsule 200 mg, 300 mg</i>	2	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	3	PA; DS; ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	3	QL (1 per 1 day)
CIMDUO ORAL TABLET 300-300 MG	3	
<i>darunavir oral tablet 600 mg, 800 mg</i>	2	
DELSTRIGO ORAL TABLET 100-300-300 MG	3	
DESCOVY ORAL TABLET 120-15 MG	3	QL (1 per 1 day)
DESCOVY ORAL TABLET 200-25 MG	3	ACA; QL (1 per 1 day)
DOVATO ORAL TABLET 50-300 MG	3	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
EDURANT ORAL TABLET 25 MG	3	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	2	
<i>efavirenz-lamivudine-tenofovir disoproxil oral tablet 400-300-300 mg, 600-300-300 mg</i>	2	
<i>emtricitabine oral capsule 200 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	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	3	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	2	
EVOTAZ ORAL TABLET 300-150 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<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	3	QL (1 per 1 day)
INTELENCE ORAL TABLET 25 MG	3	
ISENTRESS HD ORAL TABLET 600 MG	3	
ISENTRESS ORAL POWDER IN PACKET 100 MG	3	
ISENTRESS ORAL TABLET 400 MG	3	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	3	
JULUCA ORAL TABLET 50-25 MG	3	QL (1 per 1 day)
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	QL (40 per 180 days)
<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	3	PA; SP; DS

Drug Name	Drug Tier	Requirements / Limits
<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 PELLETS IN PACKET 50-20 MG	3	PA; SP; DS
MAVYRET ORAL TABLET 100-40 MG	3	PA; SP; DS
<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 400 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG	3	QL (1 per 1 day)
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
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	2	QL (30 per 180 days)
PIFELTRO ORAL TABLET 100 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
PREZCOBIX ORAL TABLET 675-150 MG	2	
PREZCOBIX ORAL TABLET 800-150 MG-MG	3	
PREZISTA ORAL SUSPENSION 100 MG/ML	3	
PREZISTA ORAL TABLET 150 MG, 75 MG	3	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
<i>ribavirin oral capsule 200 mg</i>	3	SP; DS
<i>ribavirin oral tablet 200 mg</i>	3	SP; DS
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	PA; SP; DS
STRIBILD ORAL TABLET 150-150-200-300 MG	3	

Drug Name	Drug Tier	Requirements / Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	QL (1 per 1 day)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 50 MG	3	
TRIUMEQ ORAL TABLET 600-50-300 MG	3	QL (1 per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	3	QL (6 per 1 day)
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	DS
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; SP; DS
<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	

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

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime 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	

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Drug Name	Drug Tier	Requirements / Limits
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	PA; QL (10 per 1 day)
<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)

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	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 reconstn soln 75 mg/5 ml</i>	1	
COARTEM ORAL TABLET 20-120 MG	3	
<i>cycloserine oral capsule 250 mg</i>	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	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	2	
KRINTAFEL ORAL TABLET 150 MG	3	
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	3	
<i>linezolid oral tablet 600 mg</i>	3	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	2	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitazoxanide oral tablet 500 mg</i>	2	
<i>praziquantel oral tablet 600 mg</i>	2	
PRETOMANID ORAL TABLET 200 MG	3	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>	2	
<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	
<i>rifapentine oral tablet 150 mg</i>	3	
SIRTURO ORAL TABLET 100 MG	3	PA; QL (68 per 21 days)
SIRTURO ORAL TABLET 20 MG	3	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	

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Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	3	SP; DS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	3	SP; DS
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	SP; DS
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	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
QUINOLONES		
<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 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	

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 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>tetracycline oral capsule 250 mg, 500 mg</i>	3	
URINARY TRACT AGENTS		
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
<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	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	3	PA; SP; OC; DS
ALECENSA ORAL CAPSULE 150 MG	3	PA; SP; OC; DS; QL (8 per 1 day)
ALUNBRIG ORAL TABLET 180 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	3	PA; SP; OC; DS; QL (6 per 1 day)
ALUNBRIG ORAL TABLET 90 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	3	PA; SP; OC; DS; QL (1 per 21 days)
<i>anastrozole oral tablet 1 mg</i>	1	OC

Drug Name	Drug Tier	Requirements / Limits
AUGTYRO ORAL CAPSULE 160 MG	3	PA; SP; OC; DS
AUGTYRO ORAL CAPSULE 40 MG	3	PA; SP; OC; DS; QL (8 per 1 day)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; SP; OC; DS; QL (14 per 14 days)
<i>azathioprine oral tablet 100 mg, 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	3	PA; SP; OC; DS; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
<i>bexarotene oral capsule 75 mg</i>	3	SP; OC; DS
<i>bexarotene topical gel 1 %</i>	3	PA; SP; DS
<i>bicalutamide oral tablet 50 mg</i>	3	SP; OC; DS
BOSULIF ORAL CAPSULE 100 MG	3	PA; SP; OC; DS; QL (6 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
<i>bosutinib oral tablet 100 mg</i>	1	PA; SP; OC; DS; QL (3 per 1 day)
<i>bosutinib oral tablet 400 mg, 500 mg</i>	1	PA; SP; OC; DS; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; SP; OC; DS; QL (6 per 1 day)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
<i>capecitabine oral tablet 150 mg, 500 mg</i>	3	PA; SP; OC; DS
CAPRELSA ORAL TABLET 100 MG	3	PA; OC; DS; QL (1 per 1 day)
CAPRELSA ORAL TABLET 300 MG	3	PA; OC; DS; 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)	3	PA; SP; OC; DS
<i>cyclophosphamide oral capsule 25 mg</i>	3	SP; OC; DS
<i>cyclophosphamide oral capsule 50 mg</i>	2	SP; OC; DS
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	
<i>dasatinib oral tablet 100 mg, 140 mg, 80 mg</i>	3	PA; SP; OC; DS; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg, 50 mg, 70 mg</i>	3	PA; SP; OC; DS; QL (2 per 1 day)
ERIVEDGE ORAL CAPSULE 150 MG	3	PA; SP; OC; DS
ERLEADA ORAL TABLET 240 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	3	PA; SP; OC; DS; QL (3 per 1 day)
<i>etoposide oral capsule 50 mg</i>	3	SP; OC; DS
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; SP; OC; DS; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	3	PA; SP; OC; DS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	3	QL (1 per 1 day)
<i>exemestane oral tablet 25 mg</i>	3	SP; OC; DS; QL (2 per 1 day)
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; SP; OC; DS; QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
FRUZAQLA ORAL CAPSULE 5 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
GAVRETO ORAL CAPSULE 100 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
GILOTRIF ORAL TABLET 20 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
GILOTRIF ORAL TABLET 30 MG, 40 MG	3	PA; SP; OC; DS
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	SP; OC; DS
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	3	PA; SP; DS
HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; SP; DS
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	3	PA; SP; OC; DS
<i>hydroxyurea oral capsule 500 mg</i>	1	OC; DS
IBRANCE ORAL CAPSULE 125 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	3	PA; OC; DS

Drug Name	Drug Tier	Requirements / Limits
<i>imatinib oral tablet 100 mg</i>	3	PA; SP; OC; DS; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	3	PA; SP; OC; DS; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	3	PA; SP; OC; DS; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	3	PA; SP; OC; DS
IMBRUVICA ORAL TABLET 140 MG	3	PA; SP; OC; DS; QL (3 per 1 day)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
INLYTA ORAL TABLET 1 MG, 5 MG	3	PA; SP; OC; DS
INQOVI ORAL TABLET 35-100 MG	3	PA; SP; OC; DS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	3	PA; SP; OC; DS; QL (3 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	3	PA; SP; OC; DS; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	3	SP; DS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; SP; DS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; SP; OC; DS; QL (1 per 1 day)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PA; SP; OC; DS; QL (2 per 1 day)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PA; SP; OC; DS; QL (3 per 1 day)
KRAZATI ORAL TABLET 200 MG	3	PA; SP; OC; DS; QL (3 per 1 day)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	3	PA; SP; OC; DS; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	3	PA; SP; OC; DS; 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)	3	PA; SP; OC; DS; QL (3 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
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)	3	PA; SP; OC; DS; QL (2 per 1 day)
<i>letrozole oral tablet 2.5 mg</i>	1	OC
LEUKERAN ORAL TABLET 2 MG	3	SP; OC; DS
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	3	PA; SP; DS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	3	PA; SP; OC; DS; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	3	PA; SP; OC; DS; QL (8 per 1 day)
LUMAKRAS ORAL TABLET 240 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	3	PA; SP; OC; DS
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; DS; QL (6 per 1 day)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	3	PA; SP; DS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	3	PA; SP; DS

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	3	PA; SP; DS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	3	PA; SP; DS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	3	SP; DS
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
LYSODREN ORAL TABLET 500 MG	3	OC; DS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	3	PA; SP; OC; DS; QL (5 per 1 day)
MATULANE ORAL CAPSULE 50 MG	3	OC; DS
<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	3	PA; SP; OC; DS

Drug Name	Drug Tier	Requirements / Limits
<i>mercaptopurine oral tablet 50 mg</i>	3	SP; OC; DS
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	3	SP; DS
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	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	3	SP; OC; DS
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	3	PA; SP; OC; DS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	PA; SP; OC; DS; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
NUBEQA ORAL TABLET 300 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
<i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml</i>	3	SP; DS
ODOMZO ORAL CAPSULE 200 MG	3	PA; SP; OC; DS
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; SP; DS
OGSIVEO ORAL TABLET 100 MG, 150 MG	3	PA; SP; OC; DS; QL (6 per 1 day)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; SP; DS
ONUREG ORAL TABLET 200 MG, 300 MG	3	PA; SP; OC; DS; QL (0.5 per 1 day)
ORGOVYX ORAL TABLET 120 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
<i>pazopanib oral tablet 200 mg</i>	3	PA; SP; OC; DS
PAZOPANIB ORAL TABLET 400 MG	2	PA; SP; OC; DS; QL (2 per 1 day)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; OC; DS; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; SP; OC; DS; QL (1 per 1 day)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; SP; OC; DS; QL (2 per 1 day)
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	3	SP; OC; DS
QINLOCK ORAL TABLET 50 MG	3	PA; OC; DS; QL (3 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	3	PA; SP; OC; DS; QL (6 per 1 day)
RETEVMO ORAL TABLET 80 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
REZLIDHIA ORAL CAPSULE 150 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	3	PA; SP; OC; DS; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	3	PA; SP; OC; DS; QL (12 per 1 day)
RYDAPT ORAL CAPSULE 25 MG	3	PA; SP; OC; DS

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Drug Name	Drug Tier	Requirements / Limits
SARCLISA ESCENA SUBCUTANEOUS SOLUTION 1,400 MG/10 ML	3	PA; SP; DS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	3	PA; SP; DS
SCEMBLIX ORAL TABLET 100 MG, 20 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	3	PA; SP; OC; DS; 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)	3	PA; DS
<i>sirolimus oral solution 1 mg/ml</i>	2	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	SP; OC; DS
<i>sorafenib oral tablet 200 mg</i>	3	PA; SP; OC; DS
STIVARGA ORAL TABLET 40 MG	3	PA; SP; OC; DS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	3	PA; SP; OC; DS
TABLOID ORAL TABLET 40 MG	3	SP; OC; DS

Drug Name	Drug Tier	Requirements / Limits
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; SP; OC; DS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; SP; OC; DS
TAGRISSE ORAL TABLET 40 MG, 80 MG	3	PA; SP; OC; DS
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	OC; ACA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	3	PA; SP; OC; DS
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; SP; DS; QL (1 per 1 day)
TIBSOVO ORAL TABLET 250 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
<i>topotecan intravenous recon soln 4 mg</i>	1	SP; DS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	3	SP; DS
<i>toremifene oral tablet 60 mg</i>	3	SP; OC; DS

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Drug Name	Drug Tier	Requirements / Limits
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; SP; DS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	3	SP; OC; DS
TRUQAP ORAL TABLET 160 MG, 200 MG	3	PA; SP; OC; DS; QL (64 per 21 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; OC; DS; QL (4 per 1 day)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	3	PA; SP; OC; DS
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	3	PA; SP; OC; DS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
VONJO ORAL CAPSULE 100 MG	3	PA; OC; DS; QL (2 per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	3	PA; SP; OC; DS
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	3	PA; SP; OC; DS

Drug Name	Drug Tier	Requirements / Limits
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA; SP; OC; DS
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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	3	PA; SP; OC; DS
XTANDI ORAL CAPSULE 40 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
<i>yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; SP; OC; DS; QL (1 per 1 day)
ZOLINZA ORAL CAPSULE 100 MG	3	PA; SP; OC; DS
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL SOLUTION 10 MG/ML	3	ST; QL (20 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
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	QL (2 per 1 day)
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	QL (16 per 1 day)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	QL (2 per 1 day)
<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)

Drug Name	Drug Tier	Requirements / Limits
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	3	PA; SP; DS; 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)
<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	QL (30 per 1 day)
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	QL (6 per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	QL (24 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	QL (6 per 1 day)
<i>gabapentin oral capsule 300 mg</i>	1	QL (9 per 1 day)
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	QL (72 per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1	QL (6 per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1	QL (4 per 1 day)
<i>lacosamide oral solution 10 mg/ml</i>	3	QL (40 per 1 day)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	2	QL (2 per 1 day)
<i>lacosamide oral tablet 50 mg</i>	2	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), 50 mg (42) -100 mg (14)</i>	3	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<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 1,000 mg</i>	1	QL (3 per 1 day)
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	1	QL (6 per 1 day)
<i>levetiracetam oral tablet 750 mg</i>	1	QL (4 per 1 day)
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>methsuximide oral capsule 300 mg</i>	3	
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxcarbazepine oral tablet 150 mg, 300 mg</i>	1	QL (2 per 1 day)
<i>oxcarbazepine oral tablet 600 mg</i>	1	QL (4 per 1 day)
<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 sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>rufinamide oral suspension 40 mg/ml</i>	3	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	QL (2 per 1 day)
<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	
<i>vigabatrin oral powder in packet 500 mg</i>	3	PA; SP; DS; QL (6 per 1 day)
<i>vigabatrin oral tablet 500 mg</i>	3	PA; SP; DS; QL (6 per 1 day)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	QL (6 per 1 day)
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA; DS
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	3	PA; SP; DS
<i>benztropine injection solution 1 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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)

Drug Name	Drug Tier	Requirements / Limits
<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 0.75 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)
<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; DS; QL (0.04 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	2	PA; SP; DS; QL (0.07 per 1 day)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; SP; DS; QL (0.05 per 1 day)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; SP; DS; QL (0.05 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; DS; QL (0.08 per 1 day)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; SP; DS; QL (0.08 per 1 day)
ERGOMAR SUBLINGUAL TABLET 2 MG	3	QL (0.67 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)

Drug Name	Drug Tier	Requirements / Limits
NURTEC ODT ORAL TABLET,DISINTE GRATING 75 MG	2	PA; QL (0.5 per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	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)
<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 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)
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)

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	3	PA; SP; DS; QL (4 per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG	3	PA; SP; DS; QL (1 per 1 day)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	3	PA; SP; DS; QL (2 per 1 day)
<i>dextromethorphan- quinidine oral capsule 20-10 mg</i>	3	PA; 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	3	PA; DS; QL (10 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	

Drug Name	Drug Tier	Requirements / Limits
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	3	PA; SP; DS; QL (28 per 720 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	3	PA; SP; DS; QL (1 per 1 day)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG	3	PA; SP; DS; 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	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	QL (2 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	3	SP; DS
ZEPOSIA ORAL CAPSULE 0.92 MG	3	PA; SP; DS; QL (1 per 1 day)

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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)	3	PA; SP; DS; QL (1 per 720 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	3	PA; SP; DS; QL (1 per 720 days)
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>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
CYCLOTENS REFILL COMBO PACK 10 MG	1	
CYCLOTENS STARTER COMBO PACK 10 MG	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>metaxalone oral tablet 800 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	3	
<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>	3	
<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)

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Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine hcl sublingual tablet 2 mg</i>	2	PA; OP; QL (12 per 1 day)
<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 21 days)
<i>butalbital-acetaminop-caf-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	

Drug Name	Drug Tier	Requirements / Limits
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	OP; QL (99 per 99 days)
<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, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 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>	3	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)

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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 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>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	3	PA; 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 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)
<i>methadose oral concentrate 10 mg/ml</i>	1	PA; OP; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<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 solution 10 mg/5 ml (2 mg/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)
<i>morphine rectal suppository 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)

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Drug Name	Drug Tier	Requirements / Limits
<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)
<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

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin childrens oral tablet,chewable 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 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)
<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)

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	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>	1	
<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	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>ketorolac oral tablet 10 mg</i>	1	
<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>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	1	OTC; QL (2 per 30 days)
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<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>	1	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>tapentadol oral tablet 100 mg, 50 mg, 75 mg</i>	3	OP; QL (99 per 99 days)
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	OP; QL (2 per 1 day)
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	3	QL (1 per 1 day)
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)

Drug Name	Drug Tier	Requirements / Limits
<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 REL RECON 380 MG	3	SP; DS
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	3	QL (1 per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	3	QL (1 per 30 days)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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, 15 mg</i>	2	PA; QL (2 per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	3	DS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	3	DS; QL (3.9 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	3	DS; QL (1.6 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	3	DS; QL (2.4 per 30 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	3	DS; QL (3.2 per 30 days)
<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, 5 MG	3	ST; QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<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	
<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)

Drug Name	Drug Tier	Requirements / Limits
<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>	3	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	ST; 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
<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)

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Drug Name	Drug Tier	Requirements / Limits
<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, 2.5 mg, 5 mg, 7.5 mg</i>	1	ST
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	2	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)
<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	

Drug Name	Drug Tier	Requirements / Limits
<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)
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 (1 per 720 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)

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Drug Name	Drug Tier	Requirements / Limits
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,EXTENDED 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	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	2	PA; QL (1 per 1 day)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; SP; DS; 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>lisdexamphetamine 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>lisdexamphetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	ST; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<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>	3	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACK ET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	3	PA; SP; DS; QL (1 per 1 day)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	2	PA; DS; 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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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>	3	PA; QL (1 per 1 day)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>olanzapine intramuscular recon soln 10 mg</i>	3	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	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, 3 mg, 9 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<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	
<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)

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Drug Name	Drug Tier	Requirements / Limits
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	PA; QL (1 per 1 day)
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 (2 per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>sodium oxybate oral solution 500 mg/ml</i>	3	PA; SP; DS; QL (18 per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (1 per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	3	PA; SP; DS; 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>tranylcypramine 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	

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Drug Name	Drug Tier	Requirements / Limits
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)
<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 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	PA; QL (1 per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; SP; DS; QL (2 per 1 day)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; DS; 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 (2 per 1 day)
<i>ziprasidone hcl oral capsule 40 mg, 80 mg</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	2	QL (1 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	PA; SP; DS; QL (0.04 per 1 day)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	PA; SP; DS; QL (0.04 per 1 day)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	3	PA; SP; DS; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	PA; SP; DS; QL (0.5 per 1 day)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; SP; DS; QL (60 per 720 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg</i>	3	PA; SP; DS; QL (2 per 1 day)
<i>fingolimod oral capsule 0.5 mg</i>	3	PA; SP; DS; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	3	PA; SP; DS; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	3	PA; SP; DS; QL (0.43 per 1 day)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; SP; DS; QL (0.06 per 1 day)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; DS; QL (2 per 1 day)
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; DS; QL (2 per 1 day)
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; DS; QL (2 per 1 day)
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; DS; QL (2 per 1 day)
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; DS; QL (2 per 1 day)
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; DS; QL (2 per 1 day)
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	3	PA; SP; DS; QL (2 per 1 day)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	3	PA; SP; DS

Drug Name	Drug Tier	Requirements / Limits
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	3	PA; SP; DS; QL (7 per 274 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	3	PA; SP; DS; QL (12 per 274 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	3	PA; SP; DS; QL (0.4 per 1 day)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	3	PA; SP; DS; QL (0.4 per 1 day)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; SP; DS; QL (1 per 274 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	3	PA; SP; DS; QL (0.4 per 1 day)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; SP; DS; QL (1 per 274 days)

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Drug Name	Drug Tier	Requirements / Limits
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	3	PA; SP; DS; QL (1 per 1 day)
PONVORY ORAL TABLET 20 MG	3	PA; SP; DS; QL (1 per 1 day)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; SP; DS; QL (0.22 per 1 day)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; SP; DS; QL (0.22 per 1 day)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; SP; DS; QL (1 per 720 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; SP; DS; QL (1 per 720 days)
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	3	PA; SP; DS; QL (1 per 1 day)
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	3	PA; SP; DS; QL (4 per 1 day)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	2	
<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	
<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 sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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	QL (1 per 1 day)
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	QL (1 per 1 day)
<i>amlodipine-valsartan-hcthidiazid oral tablet 5-160-12.5 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>azilsartan medoxomil oral tablet 40 mg, 80 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (2 per 1 day)
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	1	QL (2 per 1 day)
<i>candesartan oral tablet 32 mg</i>	1	QL (1 per 1 day)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>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 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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; QL (1 per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (2 per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	QL (1 per 1 day)
<i>epplerenone 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</i>	1	QL (2 per 1 day)
<i>fosinopril oral tablet 40 mg</i>	1	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	QL (2 per 1 day)
<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	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL (1 per 1 day)
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	QL (2 per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	QL (2 per 1 day)
<i>losartan oral tablet 100 mg</i>	1	QL (1 per 1 day)
<i>losartan oral tablet 25 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>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	

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Drug Name	Drug Tier	Requirements / Limits
<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>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>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	QL (1 per 1 day)
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	QL (1 per 1 day)
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42)	3	PA; SP; DS; QL (1 per 720 days)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210)	3	PA; SP; DS; 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	3	PA; SP; DS; QL (1 per 720 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	3	PA; SP; DS; QL (3 per 1 day)
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL (2 per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	QL (2 per 1 day)
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	QL (2 per 1 day)
<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	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<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>	1	QL (1 per 1 day)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	3	PA; SP; DS; QL (200 per 720 days)
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	QL (2 per 1 day)
<i>valsartan oral tablet 320 mg</i>	1	QL (1 per 1 day)
<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	QL (1 per 1 day)
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	
COAGULATION THERAPY		
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	3	SP; DS
<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	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<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>	3	QL (4 per 1 day)
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	3	QL (2 per 1 day)
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DOPTelet (15 TAB PACK) ORAL TABLET 20 MG	3	PA; SP; DS
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	3	SP; DS
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	3	PA; SP; DS; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	3	PA; SP; DS; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 50 mg, 75 mg</i>	3	PA; SP; DS; 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)	3	PA; SP; DS
FIBRYGA INTRAVENOUS RECON SOLN 2 GRAM (1,400 MG-2,600 MG)	3	SP; DS

Drug Name	Drug Tier	Requirements / Limits
<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>	3	QL (10 per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	3	
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, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
MULPLETA ORAL TABLET 3 MG	3	PA; SP; DS
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	3	PA; SP; DS; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	3	PA; SP; DS; QL (3 per 1 day)
PROMACTA ORAL TABLET 50 MG, 75 MG	3	PA; SP; DS; QL (2 per 1 day)
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	3	SP; DS
TAVALISSE ORAL TABLET 100 MG, 150 MG	3	PA; SP; DS; 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)
XARELTO ORAL SUSPENSION FOR RECONSTITUTIO N 1 MG/ML	2	QL (30 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
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	QL (1 per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL (1 per 1 day)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL (1 per 1 day)
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (1 per 1 day)
<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>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	2	
JUXTAPID ORAL CAPSULE 10 MG, 5 MG	3	PA; SP; DS; QL (1 per 1 day)
JUXTAPID ORAL CAPSULE 2 MG	3	SP; DS; QL (1 per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	3	PA; SP; DS; QL (2 per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL (1 per 1 day)
<i>lovastatin oral tablet 40 mg</i>	1	ACA; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>niacin oral tablet extended release 24 hr 1,000 mg</i>	3	
<i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i>	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>	3	ST; ACA; QL (1 per 1 day)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA; QL (1 per 1 day)
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; SP; DS; QL (2 per 21 days)
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; SP; DS; QL (2 per 21 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA; QL (1 per 1 day)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL (1 per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA; QL (1 per 1 day)
<i>simvastatin oral tablet 80 mg</i>	1	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	3	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; QL (2 per 1 day)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	
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	

Drug Name	Drug Tier	Requirements / Limits
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 ointment 2 %</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	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	SP; DS
<i>calcipotriene scalp solution 0.005 %</i>	3	
<i>calcipotriene topical cream 0.005 %</i>	3	
<i>calcipotriene topical ointment 0.005 %</i>	3	
<i>calcitriol topical ointment 3 mcg/gram</i>	3	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; DS; QL (0.04 per 1 day)
<i>selenium sulfide topical lotion 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	3	PA; SP; DS; QL (0.17 per 1 day)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; SP; DS; QL (300 per 21 day)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; DS; QL (300 per 21 day)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	3	PA; SP; DS; QL (0.005 per 1 day)
SOTYKTU ORAL TABLET 6 MG	3	PA; SP; DS; QL (1 per 1 day)
STEQEYMA INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; SP; DS; QL (0.58 per 1 day)
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; SP; DS; QL (0.01 per 1 day)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; SP; DS; QL (0.1 per 1 day)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; SP; DS; QL (0.2 per 1 day)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; DS; QL (4 per 720 days)

Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; DS; QL (3 per 720 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; DS; QL (0.04 per 1 day)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	3	PA; SP; DS; QL (0.01 per 1 day)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	3	PA; SP; DS; QL (0.02 per 1 day)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	3	PA; SP; DS; QL (0.04 per 1 day)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	3	PA; SP; DS; QL (0.8 per 1 day)
TREMFYA ONE- PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; SP; DS; QL (0.02 per 1 day)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; SP; DS; QL (0.02 per 1 day)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	PA; SP; DS; QL (0.08 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; DS; QL (0.02 per 1 day)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	3	PA; SP; DS; QL (0.08 per 1 day)
YESINTEK INTRAVENOUS SOLUTION 130 MG/26 ML	3	PA; SP; DS; QL (0.58 per 1 day)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; SP; DS; QL (0.01 per 1 day)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; SP; DS; QL (0.01 per 1 day)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; SP; DS; QL (0.02 per 1 day)
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	3	PA; SP; DS; QL (0.15 per 1 day)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; DS; QL (0.15 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	3	QL (100 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	3	PA; SP; DS; QL (0.09 per 1 day)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; SP; DS; QL (0.15 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	3	PA; SP; DS; QL (0.09 per 1 day)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; SP; DS; QL (0.15 per 1 day)
EUCRISA TOPICAL OINTMENT 2 %	3	PA; QL (2 per 1 day)
<i>fluorouracil topical cream 5 %</i>	3	SP; DS
<i>fluorouracil topical solution 2 %, 5 %</i>	3	SP; DS
HYFTOR TOPICAL GEL 0.2 %	3	PA; DS
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; SP; DS; QL (8.58 per 1 day)
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	2	PA; QL (1 per 1 day)
<i>podofilox topical gel 0.5 %</i>	3	PA
<i>podofilox topical solution 0.5 %</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	PA; QL (1 per 1 day)
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 %</i>	3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %</i>	2	
<i>azelaic acid topical gel 15 %</i>	2	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical gel 1 %</i>	2	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	2	
<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>ivermectin topical cream 1 %</i>	2	
<i>metronidazole topical cream 0.75 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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		

Drug Name	Drug Tier	Requirements / Limits
<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	
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	
ERTACZO TOPICAL CREAM 2 %	3	
<i>ketoconazole topical cream 2 %</i>	1	

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical shampoo 2 %</i>	1	
<i>naftifine topical cream 1 %, 2 %</i>	2	
<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	
<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	
SULCONAZOLE TOPICAL SOLUTION 1 %	1	
<i>tavaborole topical solution with applicator 5 %</i>	3	
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	3	QL (1 per 23 days)
<i>penciclovir topical cream 1 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<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	
<i>betamethasone valerate topical foam 0.12 %</i>	2	PA
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<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>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	2	PA
<i>desoximetasone topical spray, non-aerosol 0.25 %</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>	2	
<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>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	2	

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate topical ointment 0.05 %</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>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 %, 0.1 %, 0.5 %</i>	1	
TOPICAL ENZYMES		

Drug Name	Drug Tier	Requirements / Limits
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		
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 tablet 180 mg, 360 mg, 90 mg</i>	3	PA; SP; DS
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	3	PA; SP; DS

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	3	PA; SP; DS
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	3	PA; SP; DS
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	3	PA; DS
FERRIPROX ORAL SOLUTION 100 MG/ML	3	PA; DS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; DS
<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>	3	SP; DS
<i>riluzole oral tablet 50 mg</i>	3	SP; DS
<i>risedronate oral tablet 30 mg</i>	2	QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	3	DS
TAVNEOS ORAL CAPSULE 10 MG	3	PA; DS; QL (6 per 1 day)
<i>tiopronin oral tablet 100 mg</i>	3	PA; SP; DS
<i>trientine oral capsule 250 mg</i>	3	SP; DS
<i>water for irrigation, sterile irrigation solution</i>	1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA
CHANTIX ORAL TABLET 0.5 MG, 1 MG	1	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	1	ACA
<i>nicorette buccal gum 4 mg</i>	2	ACA; OTC

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
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>	1	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	ACA; OTC
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ACA
<i>quit 2 buccal gum 2 mg</i>	1	OTC
<i>quit 2 buccal lozenge 2 mg</i>	1	OTC
<i>quit 4 buccal gum 4 mg</i>	1	OTC
<i>quit 4 buccal lozenge 4 mg</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<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>	1	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	
<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 acetanide dental paste 0.1 %</i>	3	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear) solution 2 %</i>	1	
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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
<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		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		

Drug Name	Drug Tier	Requirements / Limits
ACTHAR INJECTION GEL 80 UNIT/ML	3	PA; SP; DS; QL (1.08 per 1 day)
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	3	PA; SP; DS; QL (0.9 per 1 day)
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	3	PA; SP; DS; 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	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</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>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
TARPEYO ORAL CAPSULE, DELAYED RELEASE (DR/EC) 4 MG	3	PA; DS
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
DEXCOM G6 RECEIVER	3	PA; QL (1 per 274 days)
DEXCOM G6 SENSOR DEVICE	2	PA; QL (3 per 23 days)
DEXCOM G6 TRANSMITTER DEVICE	3	PA; QL (1 per 69 days)
DEXCOM G7 15 DAY SENSOR DEVICE	3	PA; QL (3 per 23 days)
DEXCOM G7 RECEIVER	3	PA; QL (1 per 274 days)
DEXCOM G7 SENSOR DEVICE	2	PA; QL (3 per 23 days)
FREESTYLE INSULINX STRIP	1	OTC; QL (200 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE INSULINX TEST STRIPS STRIP	1	OTC; QL (200 per 23 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 per 274 days)
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 (6.67 per 1 day)
FREESTYLE TEST STRIP	1	OTC; QL (200 per 23 days)
PRECISION XTRA TEST STRIP	1	OTC; QL (6.67 per 1 day)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	2	PA; QL (10 per 21 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	2	PA; QL (1 per 720 days)
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	
<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 MICROTAINER LANCET 30 GAUGE	1	OTC

Drug Name	Drug Tier	Requirements / Limits
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
LANCETS 33 GAUGE	1	OTC
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		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	1	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	1	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
HUMULIN R REGULAR U-100 INSULN INJECTION 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	

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
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)	3	ST
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>	3	PA; SP; DS
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	3	PA; SP; DS
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	3	PA; SP; DS
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	SP; DS; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	3	SP; DS; QL (4 per 1 day)
<i>clomiphene citrate oral tablet 50 mg</i>	1	

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Effective as of 01/01/2027

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	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	3	SP; DS
JYNARQUE ORAL TABLET 15 MG	3	PA; DS; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	3	PA; DS; QL (1 per 1 day)
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)	3	PA; DS; QL (2 per 1 day)
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	3	PA; SP; DS
METHITEST ORAL TABLET 10 MG	3	PA
<i>mifepristone oral tablet 300 mg</i>	3	PA; SP; DS
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	3	PA; SP; DS

Drug Name	Drug Tier	Requirements / Limits
ORILISSA ORAL TABLET 150 MG	3	PA; SP; DS; QL (1 per 1 day)
ORILISSA ORAL TABLET 200 MG	3	PA; SP; DS; QL (2 per 1 day)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	3	PA; SP; DS
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	
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>	3	PA; SP; DS
<i>sapropterin oral tablet,soluble 100 mg</i>	3	PA; SP; DS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; SP; DS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	2	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	2	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	
<i>tolvaptan (polycystic kidney disease) oral tablet 15 mg</i>	3	PA; SP; DS; QL (2 per 1 day)
<i>tolvaptan (polycystic kidney disease) oral tablet 30 mg</i>	3	PA; SP; DS; QL (1 per 1 day)
<i>tolvaptan (polycystic kidney disease) 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>	3	PA; SP; DS; QL (2 per 1 day)
<i>tolvaptan oral tablet 15 mg</i>	3	PA; SP; DS; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>tolvaptan oral tablet 30 mg</i>	3	PA; SP; DS; QL (2 per 1 day)
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	3	SP; DS
NON-INSULIN HYPOGLYCEMIC AGENTS		
<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 15 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 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	
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	2	ST; QL (0.3 per 1 day)
<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 625 mg</i>	1	
<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	
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; QL (0.08 per 1 day)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	ST; QL (1 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	ST; QL (0.108 per 1 day)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>sitagliptin phosphate-metformin oral tablet 50-1,000 mg, 50-500 mg</i>	1	ST; QL (2 per 1 day)
<i>sitagliptin phosphate-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg</i>	1	ST
<i>sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg</i>	1	ST
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG	2	ST; QL (2 per 1 day)
SYNJARDY ORAL TABLET 5-500 MG	2	ST; QL (4 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	ST; QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	ST; QL (2 per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML	2	ST; QL (0.08 per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 1.5 MG/0.5 ML	2	ST; QL (0.08 per 1 day)
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	ST; QL (0.08 per 1 day)
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	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>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate- atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate- atropine oral tablet 2.5-0.025 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>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	3	PA; SP; DS
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA; QL (0.11 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<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)
<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>	3	DS
<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 extended release 9 mg</i>	3	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	3	PA; SP; DS
BYLVAY ORAL PELLET 200 MCG, 600 MCG	3	PA; SP; DS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	3	PA; SP; DS; QL (0.04 per 1 day)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	3	PA; SP; DS; QL (0.04 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
<i>citroma oral solution</i>	1	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	1	ACA; OTC
<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.)	3	SP; DS; QL (0.43 per 1 day)
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	3	PA; SP; DS; QL (2 per 28 days)
<i>enulose oral solution 10 gram/15 ml</i>	1	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; SP; DS; 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>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	OTC
LIVMARLI ORAL SOLUTION 19 MG/ML	3	PA; DS; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; DS; QL (3 per 1 day)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	3	PA; DS; 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 250 mg, 500 mg</i>	3	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</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
MOVANTI ^K ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	3	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<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 (0.3 per 1 day)
<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
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>purelax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	3	PA; SP; DS; QL (0.36 per 1 day)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	3	PA; SP; DS; QL (0.03 per 1 day)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	3	PA; SP; DS; 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	3	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	3	QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg, 400 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VARUBI ORAL TABLET 90 MG	3	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>bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg</i>	2	
<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, 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>pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL (1 per 1 day)
<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	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	PA

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Drug Name	Drug Tier	Requirements / Limits
VOQUEZNA ORAL TABLET 10 MG, 20 MG	3	PA
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	3	PA

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP; DS; QL (2 per 21 days)
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML	3	SP; DS; QL (2 per 21 days)
<i>plerixafor</i> <i>subcutaneous</i> <i>solution 24 mg/1.2</i> <i>ml (20 mg/ml)</i>	1	PA; SP; DS
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	3	PA; SP; DS; QL (12 per 21 days)
RETACRIT INJECTION SOLUTION 20,000 UNIT/2 ML	3	PA; SP; DS; QL (6 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	PA; SP; DS; QL (15 per 21 days)
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; SP; DS; QL (2 per 21 days)

GROWTH HORMONES

GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	3	PA; SP; DS
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	3	PA; SP; DS

INTERFERONS

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	3	PA; SP; DS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	SP; DS; QL (2 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	PA; ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	PA; ACA
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
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	PA; ACA
ASCENIV INTRAVENOUS SOLUTION 10 %	3	PA; SP; DS
BEXSERO INTRAMUSCULAR SYRINGE 50-50- 50-25 MCG/0.5 ML	2	PA; ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	PA; ACA

Drug Name	Drug Tier	Requirements / Limits
BIVIGAM INTRAVENOUS SOLUTION 10 %	3	PA; SP; DS
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	PA; ACA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	PA; SP; DS
COMIRNATY 2025-2026(5- 11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	2	PA; ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	ACA
COMIRNATY 2026-2027(5- 11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	2	
COMIRNATY 2026-27 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	3	PA; SP; DS

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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 %)	3	PA; SP; DS
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	3	PA; SP; DS
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 %	3	PA; SP; DS
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	PA
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	1	
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	PA
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	PA

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Drug Name	Drug Tier	Requirements / Limits
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	1	PA
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	PA
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA; SP; DS
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %	2	PA; SP; DS
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	3	PA; SP; DS

Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	3	PA; SP; DS
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	3	PA; SP; DS
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	3	PA; SP; DS
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	3	PA; SP; DS
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 %)	3	PA; SP; DS
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
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	PA; ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	PA; ACA
HIBERIX (PF) INTRAMUSCULAR 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 %)	3	PA; SP; DS
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA; SP; DS

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 %)	3	PA; SP; DS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	PA; ACA
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	PA; ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	PA; ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	PA; ACA
MENQUADFI (PF) INTRAMUSCULAR 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
MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML	1	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	PA; ACA
MNEXSPIKE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	2	
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	3	PA; SP; DS
NUVAXOVID 2026-2027 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	3	PA; SP; DS
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; DS; QL (1 per 1 day)
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; SP; DS
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	ACA
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 RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	2	PA; ACA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	3	PA; SP; DS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	2	PA; ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	PA; ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF- 48 MCG- 5 LF UNIT/0.5ML	2	PA; ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 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) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	PA; ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	PA
SPIKEVAX 2026- 2027(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	
SPIKEVAX 2026- 27 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	2	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	PA; ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	PA; ACA

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Drug Name	Drug Tier	Requirements / Limits
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 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
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	PA; ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	PA; ACA

Drug Name	Drug Tier	Requirements / Limits
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	3	PA; ACA
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	3	PA; SP; DS
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT	3	PA; SP; DS
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, 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST
<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</i>	1	QL (1 per 1 day)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (0.15 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)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	1	PA; SP; DS; QL (0.09 per 1 day)

OTHER RHEUMATOLOGICALS

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	3	PA; SP; DS; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	3	PA; SP; DS; QL (2 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; SP; DS; QL (3 per 720 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; SP; DS; QL (0.08 per 1 day)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	3	PA; SP; DS; QL (0.08 per 1 day)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; SP; DS; QL (0.15 per 1 day)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; SP; DS; QL (0.15 per 1 day)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	PA; SP; DS; QL (0.15 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	PA; SP; DS; QL (0.15 per 1 day)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	3	PA; SP; DS; QL (0.15 per 1 day)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	3	PA; SP; DS; QL (0.15 per 1 day)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	
<i>milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	PA; QL (2 per 1 day)
<i>milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)</i>	1	PA; QL (55 per 720 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	3	PA; SP; DS; QL (4 per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	3	PA; SP; DS; QL (0.15 per 1 day)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	3	PA; SP; DS; QL (0.15 per 21 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	3	PA; SP; DS; QL (0.06 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	3	PA; SP; DS; QL (0.1 per 1 day)
OTEZLA ORAL TABLET 20 MG, 30 MG	3	PA; SP; DS; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; SP; DS; QL (55 per 720 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	3	SP; DS
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	3	SP; DS
<i>penicillamine oral tablet 250 mg</i>	3	SP; DS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	3	PA; SP; DS; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	3	PA; SP; DS; QL (1 per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA

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Drug Name	Drug Tier	Requirements / Limits
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	3	PA; SP; DS; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; SP; DS; QL (0.02 per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; DS; QL (0.04 per 1 day)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; SP; DS; QL (0.02 per 1 day)
<i>tofacitinib oral solution 1 mg/ml</i>	3	PA; SP; DS; QL (10 per 1 day)
<i>tofacitinib oral tablet 10 mg, 5 mg</i>	3	PA; SP; DS; QL (2 per 1 day)
<i>tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg</i>	3	PA; SP; DS; QL (1 per 1 day)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	SP; DS; QL (0.13 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
TYENNE INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	3	PA; SP; DS
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	SP; DS; QL (0.13 per 1 day)
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; DS; ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	2	SP; DS; ACA

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Drug Name	Drug Tier	Requirements / Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	2	SP; DS; ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	2	SP; DS; ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	2	SP; DS; ACA
ESTROGENS & PROGESTINS		
<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	3	
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	3	
<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)

Drug Name	Drug Tier	Requirements / Limits
DUAVEE ORAL TABLET 0.45-20 MG	3	
ENDOMETRIN VAGINAL INSERT 100 MG	3	PA; SP; DS
<i>errin oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<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	

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Drug Name	Drug Tier	Requirements / Limits
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATIO N	3	
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	
<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)

Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA; QL (99 per 99 days)
<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 VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone 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>yuvafer vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	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	
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>mifepristone oral tablet 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	2	PA; QL (1 per 1 day)
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	SP; DS; 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)	3	PA; QL (2 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
OSPHENA ORAL TABLET 60 MG	3	
<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	2	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)
AFTERA ORAL TABLET 1.5 MG	2	ACA; OTC; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<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)
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<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)
<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)
<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)

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Drug Name	Drug Tier	Requirements / Limits
<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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA; 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)

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Drug Name	Drug Tier	Requirements / Limits
<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	ACA; 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)
<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)

Drug Name	Drug Tier	Requirements / Limits
<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>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>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 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)

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Drug Name	Drug Tier	Requirements / Limits
<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)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA; QL (99 per 99 days)
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	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)

Drug Name	Drug Tier	Requirements / Limits
<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>luter a (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)
<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)

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Drug Name	Drug Tier	Requirements / Limits
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	2	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)	2	ACA; QL (99 per 99 days)
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)
<i>norethindrone ac-eth estradiol oral tablet 1-20 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,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 (99 per 99 days)
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA; QL (99 per 99 days)
<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	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)

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Drug Name	Drug Tier	Requirements / Limits
<i>rosyrah 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>setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	1	ACA; QL (99 per 99 days)
<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 (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)

Drug Name	Drug Tier	Requirements / Limits
<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)
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA; QL (99 per 99 days)
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA; QL (99 per 99 days)
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA; QL (99 per 99 days)
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA; QL (99 per 99 days)
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA; QL (99 per 99 days)
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA; QL (99 per 99 days)
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg</i>	1	ACA; QL (99 per 99 days)
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	ACA; QL (99 per 99 days)
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	QL (99 per 99 days)
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA; QL (99 per 99 days)
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA; QL (99 per 99 days)
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>vylibra oral tablet 0.25-0.035 mg</i>	1	ACA; QL (99 per 99 days)
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA; QL (99 per 99 days)
<i>xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA; QL (99 per 99 days)
YAZ (28) ORAL TABLET 3-0.02 MG	3	ACA; QL (99 per 99 days)
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA; QL (99 per 99 days)
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA; QL (99 per 99 days)

OPHTHALMOLOGY

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	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPTHALMIC (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>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
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	
<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>	3	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	2	
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 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		

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>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	3	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	PA; ST; QL (60 per 23 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	3	DS
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
XDEMZY OPHTHALMIC (EYE) DROPS 0.25 %	3	PA; DS; QL (10 per 30 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; ST; QL (60 per 23 days)
ZERVATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>bromfenac ophthalmic (eye) drops 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 %</i>	1	
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 0.01 %</i>	1	ST
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	3	PA; QL (0.1 per 1 day)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	2	PA; QL (0.1 per 1 day)
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	2	ST
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
<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		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
SYMPATHOMIMETICS		

Drug Name	Drug Tier	Requirements / Limits
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	2	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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, 150 mg, 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>promethazine-dm oral solution 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	3	PA; SP; DS; QL (3 per 1 day)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	PA; SP; DS; QL (1 per 1 day)
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	

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	3	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	PA; SP; DS; 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 160-18-4.8 MCG/ACTUATION , 160-9-4.8 MCG/ACTUATION	2	

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Drug Name	Drug Tier	Requirements / Limits
<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	
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	3	PA; SP; DS; QL (0.02 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	3	PA; SP; DS; QL (0.01 per 1 day)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	3	PA; SP; DS; QL (0.02 per 1 day)
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	1	
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	3	PA; SP; DS; QL (0.6 per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	3	PA; SP; DS; QL (2 per 1 day)
KALYDECO ORAL TABLET 150 MG	3	PA; SP; DS; 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>macitentan oral tablet 10 mg</i>	3	PA; SP; DS; QL (1 per 1 day)
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<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)
<i>nintedanib oral capsule 100 mg, 150 mg</i>	3	PA; SP; DS; QL (2 per 1 day)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; SP; DS; QL (0.04 per 1 day)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	3	PA; SP; DS; QL (0.04 per 1 day)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; DS; QL (0.04 per 1 day)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; SP; DS; QL (0.02 per 1 day)
OFEV ORAL CAPSULE 100 MG, 150 MG	3	PA; SP; DS; QL (2 per 1 day)
OPSUMIT ORAL TABLET 10 MG	3	PA; SP; DS; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	3	PA; SP; DS; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; SP; DS; QL (4 per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; DS; QL (1 per 1 day)
<i>pirfenidone oral capsule 267 mg</i>	3	PA; SP; DS; QL (9 per 1 day)
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	3	PA; SP; DS; QL (3 per 1 day)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION , 90 MCG/ACTUATION	2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	SP; DS; QL (5 per 1 day)
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	2	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	3	PA; SP; DS; QL (3 per 1 day)
<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	3	
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; SP; DS; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	3	PA; SP; DS; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	3	PA; SP; DS; QL (0.15 per 1 day)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	QL (4 per 1 day)
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	QL (3 per 1 day)
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 300 MG, 400 MG	3	QL (2 per 1 day)
<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 100 mg, 200 mg, 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	

Drug Name	Drug Tier	Requirements / Limits
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	3	PA; SP; DS; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; SP; DS; QL (3 per 1 day)
<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	3	PA; SP; DS; QL (0.08 per 1 day)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	3	PA; SP; DS; QL (0.15 per 1 day)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	3	PA; SP; DS; QL (0.04 per 1 day)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	3	PA; SP; DS; QL (0.08 per 1 day)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; DS; QL (0.08 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	3	PA; SP; DS; QL (0.15 per 1 day)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; SP; DS; QL (0.04 per 1 day)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	QL (2 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<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	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 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	

Drug Name	Drug Tier	Requirements / Limits
<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

<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	QL (1 per 1 day)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	3	PA; SP; DS; 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	
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MISCELLANEOUS UROLOGICALS

CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; DS
ELMIRON ORAL CAPSULE 100 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	

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	

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	3	
<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 chloride 0.45 % intravenous parenteral solution 0.45 %</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	1	
<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	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	3	
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	
<i>dialyvite 800 oral tablet 0.8 mg</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<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	ACA; 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
<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

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Drug Name	Drug Tier	Requirements / Limits
<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, 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>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
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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<i>gatifloxacin</i>	96	<i>heather</i>	88	<i>hydroxychloroquine</i>	9
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<i>gavilax</i>	72	HEPLISAV-B (PF)	80	<i>hydroxyzine hcl</i>	101
<i>gavilyte-c</i>	72	HERCEPTIN	14	<i>hydroxyzine pamoate</i>	101
<i>gavilyte-g</i>	72	HERZUMA	14	HYFTOR	53
<i>gavilyte-n</i>	72	HETLIOZ LQ	35	<i>hyoscyamine sulfate</i>	70
GAVRETO	14	HIBERIX (PF)	80	<i>hyosyne</i>	70
<i>gemfibrozil</i>	50	HIZENTRA	80	HYQVIA	80
<i>gemmily</i>	91	HUMALOG JUNIOR		I	
<i>generlac</i>	72	KWIKPEN U-100	63	<i>ibandronate</i>	84
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<i>glimepiride</i>	67	HUMULIN 70/30 U-100		<i>imipramine pamoate</i>	35
<i>glipizide</i>	67	INSULIN	64	<i>imiquimod</i>	53
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<i>isosorbide mononitrate</i>	51	<i>kurvelo (28)</i>	92	<i>levorphanol tartrate</i>	28
<i>isosorbide-hydralazine</i>	44	KYLEENA	86	<i>levo-t</i>	69
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<i>itraconazole</i>	3	<i>labetalol</i>	44	<i>levoxyl</i>	69
<i>ivabradine</i>	51	<i>lacosamide</i>	21	<i>lidocaine</i>	55
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LONSURF	15	MAVENCLAD (5 TABLET PACK)	40	METHITEST	66
<i>lopinavir-ritonavir</i>	5	MAVENCLAD (6 TABLET PACK)	40	<i>methocarbamol</i>	26
<i>lorazepam</i>	36	MAVENCLAD (7 TABLET PACK)	40	<i>methotrexate sodium</i>	16
<i>lorazepam intensol</i>	36	MAVENCLAD (8 TABLET PACK)	40	<i>methotrexate sodium (pf)</i>	16
<i>loryna (28)</i>	93	MAVENCLAD (9 TABLET PACK)	40	<i>methoxsalen</i>	54
<i>losartan</i>	44	MAVYRET	5	<i>methscopolamine</i>	70
<i>losartan-hydrochlorothiazide</i>	44	<i>maxi-tuss ac</i>	101	<i>methsuximide</i>	21
<i>loteprednol etabonate</i>	100	MAYZENT	40	<i>methyldopa</i>	44
<i>lovastatin</i>	50	MAYZENT STARTER(FOR 1MG MAINT)	40	<i>methylphenidate</i>	36
<i>low-ogestrel (28)</i>	93	MAYZENT STARTER(FOR 2MG MAINT)	40	<i>methylphenidate hcl</i>	36
<i>loxapine succinate</i>	36	<i>meclizine</i>	72	<i>methylprednisolone</i>	61
<i>lo-zumandimine (28)</i>	93	<i>medroxyprogesterone</i>	88	<i>metoclopramide hcl</i>	73
<i>lubiprostone</i>	72	<i>mefloquine</i>	9	<i>metolazone</i>	44
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LUPRON DEPOT (6 MONTH)	16	<i>meprobamate</i>	26	<i>microgestin fe 1.5/30 (28)</i>	93
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<i>luteru (28)</i>	93	MERIOLOG SOLOSTAR	65	<i>mifepristone</i>	66, 89
<i>lyleq</i>	88	<i>meropenem</i>	9	<i>miglitol</i>	68
LYNPARZA	16	MEROPENEM-0.9% SODIUM CHLORIDE	9	<i>mili</i>	93
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LYTGOBI	16	<i>metaxalone</i>	26	<i>milk of magnesia concentrated</i>	73
<i>lyza</i>	88	<i>metformin</i>	68	<i>milnacipran</i>	85
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<i>macitentan</i>	104	<i>methadose</i>	28	<i>minocycline</i>	11
<i>magnesium citrate</i>	72	<i>methamphetamine</i>	36	<i>minoxidil</i>	45
<i>malathion</i>	58	<i>methazolamide</i>	98	<i>mirabegron</i>	107
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<i>naloxone</i>	30	<i>nora-be</i>	88	<i>omeprazole</i>	75
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<i>neomycin-bacitracin-poly-hc</i>	99	<i>nortrel 1/35 (21)</i>	94	<i>ondansetron</i>	73
<i>neomycin-bacitracin-</i>		<i>nortrel 1/35 (28)</i>	94	<i>ondansetron hcl</i>	73
<i>polymyxin</i>	97	<i>nortrel 7/7/7 (28)</i>	94	<i>ondansetron hcl (pf)</i>	73
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