WellSense MA Clarity Plan Formulary

(List of Covered Drugs)

Thank you for being a WellSense member. We're committed to providing comprehensive prescription drug coverage. This document is the complete list of pharmacy drugs and supplies, also called a formulary, that are covered by WellSense under your plan. It can help you and your healthcare providers understand your prescription drug coverage.

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

This drug list is effective for plan year 2027.

It's updated monthly and the last update was on October 23, 2027.

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

What's a formulary?

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

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new drugs and generics become available, existing medications are approved for new disease categories, drugs have been withdrawn from the market for safety reasons, or a medication becomes available without a prescription.

Which drugs are included in the formulary?

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

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

How do I use the formulary?

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

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

Drugs used to treat multiple conditions

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

What are tiers?

This formulary contains tiers that will help you find out how we cover a drug. Each drug on the formulary is in a tier. Each tier represents a different cost level for what you pay for a medication (what you pay for a given drug is also called your cost share). Locate your drug in the formulary and check the coverage information to the right of the drug name. This information will tell you what tier your drug falls in as well as any special requirements/limits on that drug. In most cases, they're structured in a general order from lowest to highest level of cost-share.

Below is a summary of tiers and the types of drugs included in each tier. Please refer to your plan documents to determine your copay level for Tiers 1 – 3.

Tier	What drugs are included
Tier 1	Most generic drugs
Tier 2	Some generic drugs and preferred* brand drugs
Tier 3	Non-preferred brand drugs and Specialty drugs**

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

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

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

Glossary

Below is a list of common abbreviations and their meaning.

ACA: Affordable Care Act

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

DS: Day Supply.

These are drugs that are limited to 30-day supply on your plan.

LA: Limited availability

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

MB: Medical benefit

Some medications are covered under your medical benefit. These medications are typically physician administered. Prior authorization may be required, please refer to your plan.

OC: Oral chemotherapy drugs

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

OP: Opioids

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

OTC : Over-the-counter

An OTC drug is a non-prescription drug.

PA: Prior authorization

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

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

SP: Specialty drugs
Specialty drugs are generally drugs used to treat rare, complex or chronic diseases; have complex storage and/or shipping requirements; or require comprehensive patient monitoring and/or education. We usually require that you fill specialty drugs at a designated specialty pharmacy.

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

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

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

Are there any drug exclusions on my formulary?

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

- experimental or investigational drugs (Note: This exclusion does not apply to long-term antibiotic 35 treatment of chronic Lyme disease)
- drugs that haven't been approved by the FDA. This includes herbal and/or alternative drugs and medical foods that require a prescription
- drugs for the treatment of sexual dysfunction

- drugs for the treatment of weight loss (Note: GLP1 medications are covered for diabetes with prior authorization)
- Prescription drugs related to non-covered dental services
- Vitamins and dietary supplements (except prescription prenatal vitamins, vitamins as required by the Affordable Care Act, fluoride for children and supplements for the treatment of mitochondrial disease)
- drugs used primarily for cosmetic purposes
- prescription drugs used primarily for the treatment of the symptoms of a cough or cold.
- Topical and oral fluorides for adults
- Prescription medications once the same active ingredient or a modified version of an active ingredient that is therapeutically equivalent to a covered prescription medication becomes available over the counter. In this case, the specific medication may not be covered, and the entire class of prescription medications may also not be covered

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

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

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

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

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

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

- Call **Cornerstone Health Solutions** at 844-319-7588
- Complete the mail order enrollment form and follow the instructions available on our website.

Your prescribing provider may also call Cornerstone Health Solutions at 844-319-7588 or fax your prescription to 781-805-8221.
Once you've enrolled, you can refill prescriptions by mail, phone or online.

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

Can the formulary change?

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

Appealing a decision

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

WellSense HEALTH PLAN

Notice of Availability

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

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

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

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

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

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

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

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

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

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

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

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

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

Importante! Questo riguarda i benefici del tuoi piano sanitario WellSense. Possiamo tradurlo gratuitamente per te. Chiama il numero **855-833-8120 (TTY: 711)** per assistenza nella traduzione. (ITA)

મહત્ત્તવપૂર્ણ! આ તમારા WellSense આરોગ્ય પ્લાનના લાભ વવશે છે. અમે તમારા માટે તેન ું વનિઃશ લ્ક ભાષાુંતરર્ કરી શકીએ છીએ. ભાષાુંતરર્ને લગતી મદદ માટે કૃપા કરીને અમને **855-833-8120 (TTY: 711)** પર કૉલ કરો. (GUJ)

Important! Cela concerne vos prestations WellSense Health Plan. Nous pouvons traduire ce contenu gratuitement pour vous. Veuillez appeler le **855-833-8120 (TTY: 711)** pour obtenir de l'aide concernant la traduction. (FRC)

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

Notice About Nondiscrimination and Accessibility

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

- free aids and services to people with disabilities to communicate effectively with us, such as TTY, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).

- free language services to people whose primary language is not English, such as qualified interpreters and information written in other language.

Please contact WellSense at 855-833-8120 if you need any of the services listed above and we will provide them in a timely manner. You can also find this information at the bottom of wellsense.org in the Nondiscrimination section.

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

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

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

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

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

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

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List of Abbreviations

MB: Medical Benefit. These drugs are covered through the medical benefit. Prior authorization may apply. Refer to the WellSense website.

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		
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	MB	
amphotericin b liposome intravenous suspension for reconstitution 50 mg	MB	
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	MB	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	MB	
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	2	
griseofulvin microsize oral suspension 125 mg/5 ml	2	
griseofulvin microsize oral tablet 500 mg	2	
griseofulvin ultramicrosize oral tablet 125 mg, 165 mg, 250 mg	2	
itraconazole oral capsule 100 mg	2	PA; QL (4.2 per 1 day)
itraconazole oral solution 10 mg/ml	2	PA; QL (40 per 1 day)
ketoconazole oral tablet 200 mg	1	
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	3	PA; QL (20 per 1 day)
posaconazole oral tablet,delayed release (dr/ec) 100 mg	2	PA; QL (3.1 per 1 day)
terbinafine hcl oral tablet 250 mg	1	
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	3	
voriconazole oral tablet 200 mg, 50 mg	3	
ANTIVIRALS		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
abacavir oral solution 20 mg/ml	1	
abacavir oral tablet 300 mg	1	
abacavir-lamivudine oral tablet 600-300 mg	2	
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir oral tablet 10 mg	1	
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	MB	DS; QL (0.11 per 1 day)
APTIVUS ORAL CAPSULE 250 MG	3	
atazanavir oral capsule 150 mg	1	
atazanavir oral capsule 200 mg, 300 mg	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	
darunavir oral tablet 600 mg, 800 mg	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)
EDURANT ORAL TABLET 25 MG	3	
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	
efavirenz oral tablet 600 mg	1	
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	2	

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

Drug Name	Drug Tier	Requirements / Limits
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	2	
emtricitabine oral capsule 200 mg	2	
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	2	QL (1 per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	2	ACA; QL (1 per 1 day)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	2	
EMTRIVA ORAL SOLUTION 10 MG/ML	3	
entecavir oral tablet 0.5 mg, 1 mg	1	
etravirine oral tablet 100 mg, 200 mg	2	
EVOTAZ ORAL TABLET 300-150 MG	3	
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
fosamprenavir oral tablet 700 mg	2	
foscarnet intravenous solution 24 mg/ml	MB	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	MB	
ganciclovir sodium intravenous recon soln 500 mg	MB	
ganciclovir sodium intravenous solution 50 mg/ml	MB	
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)
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	PA; SP; DS

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.
Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	2	
maraviroc oral tablet 150 mg, 300 mg	2	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	3	PA; SP; DS
MAVYRET ORAL TABLET 100-40 MG	3	PA; SP; DS
nevirapine oral suspension 50 mg/5 ml	1	
nevirapine oral tablet 200 mg	1	
nevirapine oral tablet extended release 24 hr 400 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG	3	QL (1 per 1 day)
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	
oseltamivir oral suspension for reconstitution 6 mg/ml	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	
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	
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	MB	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	
ribavirin oral capsule 200 mg	3	SP; DS
ribavirin oral tablet 200 mg	3	SP; DS
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	3	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	PA; SP; DS

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

Drug Name	Drug Tier	Requirements / Limits
STRIBILD ORAL TABLET 150-150-200-300 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG	3	QL (1 per 1 day)
tenofovir disoproxil fumarate oral tablet 300 mg	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)
valacyclovir oral tablet 1 gram, 500 mg	1	
valganciclovir oral recon soln 50 mg/ml	1	
valganciclovir oral tablet 450 mg	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
YEZTUGO ORAL TABLET 300 MG	MB	SP; DS
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	MB	SP; DS
zidovudine oral capsule 100 mg	1	
zidovudine oral syrup 10 mg/ml	1	
zidovudine oral tablet 300 mg	1	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	MB	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	2	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	MB	

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	2	
cefazolin in sterile water intravenous syringe 2 gram/20 ml	MB	
cefazolin injection recon soln 1 gram, 100 gram, 3 gram, 300 gram, 500 mg	MB	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	MB	
cefazolin intravenous recon soln 10 gram	2	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefixime oral capsule 400 mg	2	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	2	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	2	
cefpodoxime oral tablet 100 mg, 200 mg	2	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftaroline fosamil intravenous recon soln 400 mg, 600 mg	MB	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	2	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	MB	
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	MB	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	MB	

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	PA; QL (10 per 1 day)
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	2	
erythromycin ethylsuccinate oral tablet 400 mg	3	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	2	
erythromycin oral tablet 250 mg, 500 mg	2	
fidaxomicin oral tablet 200 mg	1	PA; QL (2 per 1 day)
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	3	
atovaquone oral suspension 750 mg/5 ml	2	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	2	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
COARTEM ORAL TABLET 20-120 MG	3	
cycloserine oral capsule 250 mg	2	
dalbavancin intravenous solution 500 mg	MB	
DALVANCE INTRAVENOUS SOLUTION 500 MG	MB	
dapsone oral tablet 100 mg, 25 mg	2	
EMVERM ORAL TABLET,CHEWABLE 100 MG	3	PA

Drug Name	Drug Tier	Requirements / Limits
ethambutol oral tablet 100 mg, 400 mg	1	
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 80 mg/100 ml, 80 mg/50 ml	MB	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	MB	
gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml	MB	
hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
isoniazid injection solution 100 mg/ml	MB	
isoniazid oral solution 50 mg/5 ml	3	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	2	
KIMYRSA INTRAVENOUS RECON SOLN 1,200 MG	MB	
KRINTAFEL ORAL TABLET 150 MG	3	
LAMPIT ORAL TABLET 120 MG, 30 MG	3	
linezolid oral suspension for reconstitution 100 mg/5 ml	3	
linezolid oral tablet 600 mg	3	
mefloquine oral tablet 250 mg	1	
meropenem intravenous recon soln 1 gram, 2 gram, 500 mg	MB	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	MB	
metronidazole oral tablet 250 mg, 500 mg	1	
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	2	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	MB	
polymyxin b sulfate injection recon soln 500,000 unit	MB	
praziquantel oral tablet 600 mg	2	
PRETOMANID ORAL TABLET 200 MG	3	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
PRIFTIN ORAL TABLET 150 MG	3	
primaquine oral tablet 26.3 mg (15 mg base)	2	
pyrazinamide oral tablet 500 mg	2	
quinine sulfate oral capsule 324 mg	1	
rifabutin oral capsule 150 mg	2	
rifampin oral capsule 150 mg, 300 mg	1	
rifapentine oral tablet 150 mg	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)
tinidazole oral tablet 250 mg, 500 mg	1	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	3	SP; DS
tobramycin inhalation solution for nebulization 300 mg/4 ml	3	SP; DS
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	MB	
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)
ZEMDRI INTRAVENOUS SOLUTION 50 MG/ML	MB	
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
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	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	2	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
ampicillin sodium injection recon soln 2 gram	MB	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
dicloxacillin oral capsule 250 mg, 500 mg	1	
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	MB	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	MB	
penicillin g sodium injection recon soln 5 million unit	MB	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	MB	
piperacillin-tazobactam intravenous recon soln 3.375 gram, 40.5 gram	MB	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 4.5 GRAM/100 ML	MB	
QUINOLONES		

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Drug Name	Drug Tier	Requirements / Limits
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	2	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	2	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	MB	
ofloxacin oral tablet 400 mg	1	
SULFA'S & RELATED AGENTS		
sulfadiazine oral tablet 500 mg	3	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	2	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 75 mg	2	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	2	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	2	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	2	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	MB	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	2	
tetracycline oral capsule 250 mg, 500 mg	3	
URINARY TRACT AGENTS		
CONTEPO INTRAVENOUS RECON SOLN 6 GRAM	MB	

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Drug Name	Drug Tier	Requirements / Limits
methenamine hippurate oral tablet 1 gram	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	MB	
vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 2 gram/500 ml	MB	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML	MB	
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	MB	
vancomycin oral capsule 125 mg, 250 mg	2	QL (4 per 1 day)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	MB	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
AUKELSO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.25 per 1 day)
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.25 per 1 day)
BOMYNTRA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS
BOMYNTRA SUBCUTANEOUS SYRINGE 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS
dexrazoxane hcl intravenous recon soln 250 mg, 500 mg	MB	SP; DS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	MB	SP; DS

Drug Name	Drug Tier	Requirements / Limits
ETHYOL INTRAVENOUS RECON SOLN 500 MG	MB	SP; DS
JUBEREQ SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.25 per 1 day)
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	MB	SP; DS
leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	MB	
leucovorin calcium injection solution 10 mg/ml	MB	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
levoleucovorin calcium intravenous solution 10 mg/ml	MB	
mesna intravenous solution 100 mg/ml	MB	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML	MB	
OSENVELT SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS
VYKOURA INJECTION SOLUTION 10 MG/ML	MB	
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	PA; SP; DS; QL (0.25 per 1 day)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.025 per 1 day)
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	MB	SP; DS; QL (0.25 per 1 day)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 510X10EXP6 CELL	MB	DS
abiraterone oral tablet 250 mg, 500 mg	3	PA; SP; OC; DS
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	MB	SP; DS
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	MB	SP; DS
adrucil intravenous solution 2.5 gram/50 ml	MB	SP; DS
ALECENSA ORAL CAPSULE 150 MG	3	PA; SP; OC; DS; QL (8 per 1 day)
ALKERAN (AS HCL) INTRAVENOUS RECON SOLN 50 MG	MB	SP; DS
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)
anastrozole oral tablet 1 mg	1	OC
ARRANON INTRAVENOUS SOLUTION 5 MG/ML	MB	SP; DS
arsenic trioxide intravenous solution 1 mg/ml	MB	SP; DS
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)
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	MB	PA; SP; DS
AVGEMSI INTRAVENOUS SOLUTION 1 GRAM/26.3 ML (38 MG/ML), 2 GRAM/52.6 ML (38 MG/ML)	MB	SP; DS
AVOPEF INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; SP; OC; DS; QL (14 per 14 days)
azacitidine injection recon soln 100 mg	MB	SP; DS
azathioprine oral tablet 100 mg, 50 mg	1	
azathioprine sodium injection recon soln 100 mg	MB	
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)

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

Drug Name	Drug Tier	Requirements / Limits
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS
BEIZRAY INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	MB	SP; DS
BEIZRAY-ALBUMIN INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	MB	SP; DS
bendamustine intravenous recon soln 100 mg, 25 mg	MB	SP; DS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; DS
bexarotene oral capsule 75 mg	3	SP; OC; DS
bexarotene topical gel 1 %	3	PA; SP; DS
bicalutamide oral tablet 50 mg	3	SP; OC; DS
BICNU INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
bleomycin injection recon soln 15 unit, 30 unit	MB	SP; DS
BLINCYTO INTRAVENOUS KIT 35 MCG	MB	SP; DS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	MB	SP; DS
bortezomib injection recon soln 3.5 mg	MB	SP; DS
BORTEZOMIB INTRAVENOUS SOLUTION 2.5 MG/ML	MB	SP; DS
BORUZU INJECTION SOLUTION 2.5 MG/ML	MB	SP; 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)
bosutinib oral tablet 100 mg	1	PA; SP; OC; DS; QL (3 per 1 day)
bosutinib oral tablet 400 mg, 500 mg	1	PA; SP; OC; DS; QL (1 per 1 day)
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; SP; OC; DS; QL (6 per 1 day)
BUSULFEX INTRAVENOUS SOLUTION 60 MG/10 ML	MB	SP; DS
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 (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 300 MG/15 ML, 40 MG/2 ML	MB	SP; DS
capecitabine oral tablet 150 mg, 500 mg	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)
carboplatin intravenous solution 10 mg/ml	MB	SP; DS
carmustine intravenous recon soln 100 mg	MB	SP; DS
cisplatin intravenous solution 1 mg/ml	MB	SP; DS
cladribine intravenous solution 10 mg/10 ml	MB	SP; DS
CLIGAVYX INTRAMUSCULAR SYRINGE 250 MG/5 ML	MB	SP; DS
clofarabine intravenous solution 1 mg/ml	MB	SP; DS

Drug Name	Drug Tier	Requirements / Limits
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
cyclophosphamide intravenous recon soln 1 gram, 2 gram	MB	SP; DS
cyclophosphamide oral capsule 25 mg	3	SP; OC; DS
cyclophosphamide oral capsule 50 mg	2	SP; OC; DS
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	2	
cyclosporine modified oral solution 100 mg/ml	2	
cyclosporine oral capsule 100 mg, 25 mg	2	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
cytarabine (pf) injection solution 2 gram/20 ml (100 mg/ml), 20 mg/ml	MB	SP; DS
cytarabine injection solution 20 mg/ml	MB	SP; DS
dacarbazine intravenous recon soln 100 mg, 200 mg	MB	SP; DS

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

Drug Name	Drug Tier	Requirements / Limits
dactinomycin intravenous recon soln 0.5 mg	MB	SP; DS
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	MB	SP; DS
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	MB	SP; DS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS
dasatinib oral tablet 100 mg, 140 mg, 80 mg	3	PA; SP; OC; DS; QL (1 per 1 day)
dasatinib oral tablet 20 mg, 50 mg, 70 mg	3	PA; SP; OC; DS; QL (2 per 1 day)
daunorubicin intravenous solution 5 mg/ml	MB	SP; DS
decitabine intravenous recon soln 50 mg	MB	SP; DS
DECNUPAZ INTRAVENOUS RECON SOLN 2 MG	MB	SP; DS

Drug Name	Drug Tier	Requirements / Limits
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)	MB	SP; DS
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16 ML (10 MG/ML), 20 MG/2 ML (10 MG/ML), 80 MG/8 ML (10 MG/ML)	MB	SP; DS
DOXIL INTRAVENOUS SUSPENSION 2 MG/ML	MB	SP; DS
doxorubicin intravenous recon soln 50 mg	MB	SP; DS
doxorubicin intravenous solution 10 mg/5 ml	MB	SP; DS
doxorubicin, peg-liposomal intravenous suspension 2 mg/ml	MB	SP; DS
ELAHERE INTRAVENOUS SOLUTION 5 MG/ML	MB	SP; DS
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	MB	SP; DS

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

Drug Name	Drug Tier	Requirements / Limits
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	MB	DS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	MB	SP; DS
ENHERTU INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
epirubicin intravenous solution 200 mg/100 ml	MB	SP; DS
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	MB	SP; DS
eribulin intravenous solution 1 mg/2 ml (0.5 mg/ml)	MB	SP; DS
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)
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
etoposide intravenous solution 20 mg/ml	MB	SP; DS
etoposide oral capsule 50 mg	3	SP; OC; DS
EVDI INTRAVENOUS SOLUTION 1 MG/20 ML (0.05 MG/ML)	MB	DS
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA; SP; OC; DS; QL (1 per 1 day)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	3	PA; SP; OC; DS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	QL (1 per 1 day)
exemestane oral tablet 25 mg	3	SP; OC; DS; QL (2 per 1 day)
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	MB	SP; DS
FAVLYXA INTRAVENOUS SOLUTION 2.5 GRAM/100 ML, 250 MG/10 ML	MB	SP; DS
floxuridine injection recon soln 0.5 gram	MB	SP; DS
fludarabine intravenous recon soln 50 mg	MB	SP; DS
fludarabine intravenous solution 50 mg/2 ml	MB	SP; DS

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

Drug Name	Drug Tier	Requirements / Limits
fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml	MB	SP; DS
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	MB	SP; DS
FRUZAQLA ORAL CAPSULE 1 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
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)
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	MB	SP; DS
gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg	MB	SP; DS
gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)	MB	SP; DS
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
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	MB	SP; DS
HEPZATO (50 MM CATHETER) INTRA-ARTERIAL RECON SOLN 50 MG	MB	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
hydroxyurea oral capsule 500 mg	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

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

Drug Name	Drug Tier	Requirements / Limits
IDAMYCIN PFS INTRAVENOUS SOLUTION 1 MG/ML	MB	SP; DS
idarubicin intravenous solution 1 mg/ml	MB	SP; DS
IFEX INTRAVENOUS RECON SOLN 1 GRAM, 3 GRAM	MB	SP; DS
ifosfamide intravenous recon soln 1 gram, 3 gram	MB	SP; DS
ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml	MB	SP; DS
imatinib oral tablet 100 mg	3	PA; SP; OC; DS; QL (3 per 1 day)
imatinib oral tablet 400 mg	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)
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	MB	SP; DS
IMJUDO INTRAVENOUS SOLUTION 20 MG/ML	MB	SP; DS
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	MB	DS
INLYTA ORAL TABLET 1 MG, 5 MG	3	PA; SP; OC; DS
INQOVI ORAL TABLET 35-100 MG	3	PA; SP; OC; DS
irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml	MB	SP; DS
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	MB	SP; DS
IVRA INTRAVENOUS SOLUTION 90 MG/ML	MB	SP; DS
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	MB	SP; DS

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Drug Name	Drug Tier	Requirements / Limits
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)
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	MB	DS
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	3	SP; DS
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5 ML (DILUTE10MG/ML)	MB	SP; DS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	MB	SP; DS
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; SP; DS
kemoplat intravenous solution 1 mg/ml	MB	SP; DS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; DS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	MB	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)
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL	MB	DS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	MB	SP; DS
KYXATA INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	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)

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Drug Name	Drug Tier	Requirements / Limits
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)
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)
letrozole oral tablet 2.5 mg	1	OC
LEUKERAN ORAL TABLET 2 MG	3	SP; OC; DS
leuprolide subcutaneous kit 1 mg/0.2 ml	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
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML	MB	SP; DS
LUNSUMIO VELO SUBCUTANEOUS SOLUTION 45 MG/ML, 5 MG/0.5 ML	MB	SP; 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
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
LYMPHIR INTRAVENOUS RECON SOLN 300 MCG	MB	DS
LYNOZYFIC INTRAVENOUS SOLUTION 2 MG/ML, 20 MG/ML	MB	DS

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Drug Name	Drug Tier	Requirements / Limits
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
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	2	
megestrol oral tablet 20 mg, 40 mg	1	OC
MEKINIST ORAL TABLET 0.5 MG, 2 MG	3	PA; SP; OC; DS
melphalan hcl intravenous recon soln 50 mg	MB	SP; DS
mercaptopurine oral tablet 50 mg	3	SP; OC; DS
methotrexate 1 gm vial suv, p/f 1 gram	MB	SP; DS
methotrexate sodium (pf) injection recon soln 1 gram	3	SP; DS
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	OC
mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg	MB	SP; DS
mitoxantrone intravenous concentrate 2 mg/ml	MB	SP; DS
MONJUVI INTRAVENOUS RECON SOLN 200 MG	MB	DS
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	2	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	2	
MYLERAN ORAL TABLET 2 MG	3	SP; OC; DS
nelarabine intravenous solution 5 mg/ml	MB	SP; DS
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	3	PA; SP; OC; DS

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Drug Name	Drug Tier	Requirements / Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
NIPENT INTRAVENOUS RECON SOLN 10 MG	MB	SP; DS
NUBEQA ORAL TABLET 300 MG	3	PA; SP; OC; DS; QL (4 per 1 day)
octreotide acet 100 mcg/ml vl inner, p/f, sdv	MB	SP; DS
octreotide acet 50 mcg/ml vial inner, p/f, sdv	MB	SP; DS
octreotide acetate injection solution 1,000 mcg/ml, 200 mcg/ml, 500 mcg/ml	MB	SP; DS
octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml	3	SP; DS
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	MB	SP; DS
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 20 mg, 30 mg	MB	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)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	MB	SP; DS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	MB	SP; DS
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)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	MB	SP; DS
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 300 MG-5,000 UNIT/2.5 ML, 600 MG-10,000 UNIT/5 ML	MB	SP; DS
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20 ML	MB	SP; DS

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Drug Name	Drug Tier	Requirements / Limits
ORGOVYX ORAL TABLET 120 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
oxaliplatin intravenous recon soln 100 mg, 50 mg	MB	SP; DS
oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)	MB	SP; DS
paclitaxel intravenous concentrate 6 mg/ml	MB	SP; DS
paclitaxel protein-bound intravenous suspension for reconstitution 100 mg	MB	SP; DS
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	MB	SP; DS
pazopanib oral tablet 200 mg	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)
pemetrexed disodium intravenous recon soln 1,000 mg, 100 mg, 500 mg, 750 mg	MB	SP; DS
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; DS
PEMRYDI RTU INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	MB	SP; DS
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	MB	SP; DS
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	MB	SP; DS
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)
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	3	SP; OC; DS
pralatrexate intravenous solution 20 mg/ml (1 ml), 40 mg/2 ml (20 mg/ml)	MB	SP; DS
QINLOCK ORAL TABLET 50 MG	3	PA; OC; DS; QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
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)
REVTORPYK INTRAVENOUS RECON SOLN 180 MG	MB	SP; DS
REZLIDHIA ORAL CAPSULE 150 MG	3	PA; SP; OC; DS; QL (1 per 1 day)
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	MB	SP; DS
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	MB	SP; DS
romidepsin intravenous recon soln 10 mg/2 ml	MB	SP; DS
romidepsin intravenous solution 5 mg/ml	MB	SP; DS
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)
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
RYBREVANT FASPRO SUBCUTANEOUS SOLUTION 1,600 MG-20,000 UNIT/10 ML, 2,240 MG-28,000 UNIT/14 ML, 2,400 MG-30,000 UNIT/15 ML, 3,520 MG-44,000 UNIT/22 ML	MB	SP; DS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	MB	SP; DS
RYDAPT ORAL CAPSULE 25 MG	3	PA; SP; OC; DS
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	MB	SP; DS; QL (0.08 per 1 day)
SARCLISA ESCENA SUBCUTANEOUS SOLUTION 1,400 MG/10 ML	3	PA; SP; DS

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Drug Name	Drug Tier	Requirements / Limits
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
sirolimus oral solution 1 mg/ml	2	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	2	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	3	SP; OC; DS
sorafenib oral tablet 200 mg	3	PA; SP; OC; DS
STIVARGA ORAL TABLET 40 MG	3	PA; SP; OC; DS
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	PA; SP; OC; DS
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	MB	SP; DS
TABLOID ORAL TABLET 40 MG	3	SP; OC; DS
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; SP; OC; DS
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; SP; OC; DS
TAGRISSO 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)
tamoxifen oral tablet 10 mg, 20 mg	1	OC; ACA
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	MB	SP; DS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	3	PA; SP; OC; DS
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	MB	SP; DS
TEPADINA INJECTION SOLUTION 200 MG, 400 MG	MB	SP; DS

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Drug Name	Drug Tier	Requirements / Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; SP; DS; QL (1 per 1 day)
thiotepa injection recon soln 15 mg	MB	SP; DS
TIBSOVO ORAL TABLET 250 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
topotecan intravenous recon soln 4 mg	MB	SP; DS
topotecan intravenous solution 4 mg/4 ml (1 mg/ml)	MB	SP; DS
toremifene oral tablet 60 mg	3	SP; OC; DS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	3	PA; SP; DS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	MB	SP; DS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	MB	DS
tretinoin (antineoplastic) oral capsule 10 mg	3	SP; OC; DS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	MB	SP; DS
TRUQAP ORAL TABLET 160 MG, 200 MG	3	PA; SP; OC; DS; QL (64 per 21 days)
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; OC; DS; QL (4 per 1 day)
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	MB	DS
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	MB	SP; DS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	3	PA; SP; OC; DS; QL (2 per 1 day)
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	MB	SP; DS
VELCADE INJECTION RECON SOLN 3.5 MG	MB	SP; DS
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	3	PA; SP; OC; DS

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Drug Name	Drug Tier	Requirements / Limits
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)
VIDAZA INJECTION RECON SOLN 100 MG	MB	SP; DS
vinblastine intravenous solution 1 mg/ml	MB	SP; DS
vincasar pfs intravenous solution 2 mg/2 ml	MB	SP; DS
vincristine intravenous solution 1 mg/ml	MB	SP; DS
vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml	MB	SP; DS
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
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)
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	MB	SP; DS
YESCARTA INTRAVENOUS SUSPENSION	MB	DS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	MB	DS
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; SP; OC; DS; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	MB	SP; DS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	MB	DS
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)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	ST; QL (2 per 1 day)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	QL (2 per 1 day)
carbamazepine oral tablet,chewable 100 mg	1	
clobazam oral suspension 2.5 mg/ml	2	QL (16 per 1 day)
clobazam oral tablet 10 mg, 20 mg	2	QL (2 per 1 day)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
DIACOMIT ORAL CAPSULE 250 MG	3	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	3	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	3	PA; QL (6 per 1 day)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	2	QL (1 per 30 days)
DILANTIN ORAL CAPSULE 30 MG	3	
divalproex oral capsule, delayed rel sprinkle 125 mg	2	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	3	PA; SP; DS; QL (20 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg	1	ST; QL (2 per 1 day)
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	2	
felbamate oral suspension 600 mg/5 ml	2	QL (30 per 1 day)
felbamate oral tablet 400 mg, 600 mg	1	QL (6 per 1 day)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	3	QL (24 per 1 day)
gabapentin oral capsule 100 mg, 400 mg	1	QL (6 per 1 day)
gabapentin oral capsule 300 mg	1	QL (9 per 1 day)
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	QL (72 per 1 day)
gabapentin oral tablet 600 mg	1	QL (6 per 1 day)
gabapentin oral tablet 800 mg	1	QL (4 per 1 day)
lacosamide oral solution 10 mg/ml	3	QL (40 per 1 day)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	2	QL (2 per 1 day)
lacosamide oral tablet 50 mg	2	QL (4 per 1 day)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 50 mg (42) -100 mg (14)	3	
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	2	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	2	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	2	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	2	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg	1	QL (3 per 1 day)
levetiracetam oral tablet 250 mg, 500 mg	1	QL (6 per 1 day)
levetiracetam oral tablet 750 mg	1	QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	2	
methsuximide oral capsule 300 mg	3	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	QL (2 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg	1	QL (2 per 1 day)
oxcarbazepine oral tablet 600 mg	1	QL (4 per 1 day)
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	1	ST; QL (1 per 1 day)
perampanel oral tablet 2 mg	1	ST; QL (2 per 1 day)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	2	QL (3 per 1 day)
pregabalin oral capsule 225 mg, 300 mg	2	QL (2 per 1 day)
pregabalin oral solution 20 mg/ml	1	PA; QL (30 per 1 day)
primidone oral tablet 250 mg, 50 mg	1	
rufinamide oral suspension 40 mg/ml	3	
rufinamide oral tablet 200 mg, 400 mg	2	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	2	QL (2 per 1 day)
topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg	1	
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)	1	
valproic acid oral capsule 250 mg	1	
vigabatrin oral powder in packet 500 mg	3	PA; SP; DS; QL (6 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
vigabatrin oral tablet 500 mg	3	PA; SP; DS; QL (6 per 1 day)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	QL (6 per 1 day)
ZTALMY ORAL SUSPENSION 50 MG/ML	3	PA; DS
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	MB	SP; DS
apomorphine subcutaneous cartridge 10 mg/ml	3	PA; SP; DS
benztropine injection solution 1 mg/ml	2	
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	2	
bromocriptine oral tablet 2.5 mg	2	
carbidopa oral tablet 25 mg	2	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
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	2	
entacapone oral tablet 200 mg	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)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	QL (3 per 1 day)
pramipexole oral tablet extended release 24 hr 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	2	QL (1 per 1 day)
rasagiline oral tablet 0.5 mg, 1 mg	2	QL (1 per 1 day)
ropinirole oral tablet 0.25 mg, 0.5 mg, 5 mg	1	QL (4 per 1 day)
ropinirole oral tablet 1 mg, 2 mg	1	QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ropinirole oral tablet 3 mg, 4 mg	1	QL (6 per 1 day)
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	2	QL (1 per 1 day)
selegiline hcl oral capsule 5 mg	1	QL (2 per 1 day)
selegiline hcl oral tablet 5 mg	1	QL (2 per 1 day)
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML	2	PA; SP; DS; QL (0.04 per 1 day)
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)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	3	
eletriptan oral tablet 20 mg, 40 mg	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)
ergotamine-caffeine oral tablet 1-100 mg	2	
frovatriptan oral tablet 2.5 mg	2	ST; QL (0.3 per 1 day)
naratriptan oral tablet 1 mg, 2.5 mg	2	QL (0.3 per 1 day)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	2	PA; QL (0.5 per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL (1 per 1 day)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (0.3 per 1 day)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	QL (0.3 per 1 day)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	2	ST; QL (0.2 per 1 day)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	2	ST; QL (0.4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (0.3 per 1 day)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	2	ST; QL (0.1 per 1 day)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	2	ST; QL (0.1 per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG	2	PA; QL (0.34 per 1 day)
zolmitriptan oral tablet 2.5 mg, 5 mg	2	QL (0.2 per 1 day)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	2	QL (0.2 per 1 day)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ANTICHOLIUM INTRAVENOUS SOLUTION 0.4 MG/ML	MB	
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)
dalfampridine oral tablet extended release 12 hr 10 mg	3	PA; SP; DS; QL (2 per 1 day)
dextromethorphan-quinidine oral capsule 20-10 mg	3	PA; QL (2 per 1 day)
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	2	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	
FIRDAPSE ORAL TABLET 10 MG	3	PA; DS; QL (10 per 1 day)
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	2	
galantamine oral solution 4 mg/ml	2	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
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)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	2	

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Drug Name	Drug Tier	Requirements / Limits
memantine oral solution 2 mg/ml	2	
memantine oral tablet 10 mg, 5 mg	2	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	2	
NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	MB	DS
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	2	QL (2 per 1 day)
tetrabenazine oral tablet 12.5 mg, 25 mg	3	SP; DS
ZEPOSIA ORAL CAPSULE 0.92 MG	3	PA; SP; DS; QL (1 per 1 day)
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		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
BLOXIVERZ INTRAVENOUS SYRINGE 5 MG/5 ML (1 MG/ML)	MB	
BRIDION INTRAVENOUS SOLUTION 100 MG/ML	MB	
carisoprodol oral tablet 250 mg, 350 mg	1	QL (84 per 68 days)
chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
CYCLOTENS REFILL COMBO PACK 10 MG	1	
CYCLOTENS STARTER COMBO PACK 10 MG	1	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	2	
meprobamate oral tablet 200 mg, 400 mg	1	
metaxalone oral tablet 800 mg	2	
methocarbamol oral tablet 500 mg, 750 mg	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	MB	

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Drug Name	Drug Tier	Requirements / Limits
neostigmine methylsulfate intravenous syringe 5 mg/5 ml (1 mg/ml)	MB	
orphenadrine citrate oral tablet extended release 100 mg	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	3	
pyridostigmine bromide oral tablet 60 mg	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	2	
pyridostigmine bromide oral tablet extended release 180 mg	2	
SUGAMMADEX IN STERILE WATER INTRAVENOUS SYRINGE 100 MG/2 ML (50 MG/ML), 150 MG/3 ML (50 MG/ML), 200 MG/4 ML (50 MG/ML), 50 MG/5 ML (10 MG/ML)	MB	
sugammadex intravenous solution 100 mg/ml	MB	
sugammadex intravenous syringe 100 mg/ml, 200 mg/2 ml	MB	
tanlor oral tablet 1,000 mg	3	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	2	
tizanidine oral tablet 2 mg, 4 mg	1	
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	QL (99 per 99 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	OP; QL (99 per 99 days)
buprenorphine hcl sublingual tablet 2 mg	2	PA; OP; QL (12 per 1 day)
buprenorphine hcl sublingual tablet 8 mg	2	PA; OP; QL (3 per 1 day)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	2	PA; OP; QL (4 per 21 days)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	2	OP; QL (99 per 99 days)
butalbital-acetaminophen oral tablet 50-325 mg	1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	2	

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Drug Name	Drug Tier	Requirements / Limits
butalbital-acetaminophen-caff oral capsule 50-325-40 mg	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	OP; QL (99 per 99 days)
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	OP; QL (99 per 99 days)
duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml	MB	OP; QL (99 per 99 days)
endocet oral tablet 2.5-325 mg, 5-325 mg	1	OP; QL (99 per 99 days)
fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir 2-0.0625 mcg/ml-%	MB	OP; QL (99 per 99 days)
fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %	MB	OP; QL (99 per 99 days)
fentanyl citrate (pf) injection solution 50 mcg/ml	MB	OP; QL (99 per 99 days)
fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml)	MB	OP; QL (99 per 99 days)
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 1,500 MCG/30 ML (50 MCG/ML)	MB	OP; QL (99 per 99 days)
fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml)	MB	OP; QL (99 per 99 days)
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	MB	OP; QL (99 per 99 days)
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	MB	OP; QL (99 per 99 days)
fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 2,500 mcg/50 ml (50 mcg/ml)	MB	OP; QL (99 per 99 days)
fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml	MB	OP; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML)	MB	OP; QL (99 per 99 days)
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	2	PA; OP; QL (0.34 per 1 day)
hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	3	PA; OP; QL (1 per 1 day)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	OP; QL (99 per 99 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 7.5-300 mg	2	OP; QL (6 per 1 day)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	OP; QL (6 per 1 day)
hydrocodone-acetaminophen oral tablet 5-300 mg	2	OP; QL (8 per 1 day)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	2	OP; QL (99 per 99 days)
HYDROMORPHONE (PF) IN WATER INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	MB	OP; QL (99 per 99 days)
hydromorphone (pf) injection solution 10 mg/ml	MB	OP; QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN 30 MG/30 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	MB	OP; QL (99 per 99 days)
hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)	MB	OP; QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	MB	OP; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml), 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	MB	OP; QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	MB	OP; QL (99 per 99 days)
hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml	MB	OP; QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.5 MG/ML	MB	OP; QL (99 per 99 days)
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SYRINGE 1 MG/5 ML (0.2 MG/ML)	MB	OP; QL (99 per 99 days)
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	MB	OP; QL (99 per 99 days)
hydromorphone oral tablet 2 mg	1	OP; QL (8 per 1 day)
hydromorphone oral tablet 4 mg, 8 mg	1	OP; QL (4 per 1 day)
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	2	PA; OP; QL (1 per 1 day)
hydromorphone rectal suppository 3 mg	3	OP; QL (99 per 99 days)
HYDROMORPHONE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML	MB	OP; QL (99 per 99 days)
hydromorphone(pf)-nacl,iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)	MB	OP; QL (99 per 99 days)
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML), 30 MG/30 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML)	MB	OP; QL (99 per 99 days)
hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)	MB	OP; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION 0.5 MG/ML	MB	OP; QL (99 per 99 days)
hydromorphone(pf)-nacl,iso-osm intravenous solution 1 mg/ml	MB	OP; QL (99 per 99 days)
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	MB	OP; QL (99 per 99 days)
levorphanol tartrate oral tablet 2 mg, 3 mg	3	PA; OP; QL (99 per 99 days)
meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	MB	OP; QL (99 per 99 days)
meperidine oral solution 50 mg/5 ml	2	OP; QL (99 per 99 days)
meperidine oral tablet 50 mg	1	OP; QL (6 per 1 day)
methadone injection solution 10 mg/ml	MB	PA; OP; QL (99 per 99 days)
methadone oral concentrate 10 mg/ml	1	PA; OP; QL (2 per 1 day)
methadone oral solution 10 mg/5 ml	1	PA; OP; QL (10 per 1 day)
methadone oral solution 5 mg/5 ml	1	PA; OP; QL (20 per 1 day)
methadone oral tablet 10 mg	1	PA; OP; QL (2 per 1 day)
methadone oral tablet 5 mg	1	PA; OP; QL (4 per 1 day)
methadone oral tablet,soluble 40 mg	1	PA; OP; QL (99 per 99 days)
methadose oral concentrate 10 mg/ml	1	PA; OP; QL (2 per 1 day)
methadose oral tablet,soluble 40 mg	1	PA; OP; QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	MB	OP; QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR 50 MG/50 ML (1 MG/ML)	MB	OP; QL (99 per 99 days)
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML)	MB	OP; QL (99 per 99 days)
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)	MB	OP; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml)	MB	OP; QL (99 per 99 days)
morphine (pf) injection solution 0.5 mg/ml	MB	OP; QL (99 per 99 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	OP; QL (99 per 99 days)
morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir 50 mg/50 ml (1 mg/ml)	MB	OP; QL (99 per 99 days)
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION 1 MG/ML	MB	OP; QL (99 per 99 days)
MORPHINE INJECTION SYRINGE 2 MG/ML	MB	OP; QL (99 per 99 days)
morphine intravenous syringe 2 mg/ml	MB	OP; QL (99 per 99 days)
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	2	PA; OP; QL (1 per 1 day)
morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)	1	OP; QL (99 per 99 days)
morphine oral tablet 15 mg, 30 mg	1	OP; QL (6 per 1 day)
morphine oral tablet extended release 100 mg, 30 mg, 60 mg	1	PA; OP; QL (2 per 1 day)
morphine oral tablet extended release 15 mg	1	PA; OP; QL (3 per 1 day)
morphine oral tablet extended release 200 mg	1	PA; OP; QL (99 per 99 days)
morphine rectal suppository 20 mg, 30 mg, 5 mg	3	OP; QL (99 per 99 days)
oxycodone oral capsule 5 mg	2	OP; QL (99 per 99 days)
oxycodone oral concentrate 20 mg/ml	2	OP; QL (99 per 99 days)
oxycodone oral solution 5 mg/5 ml	1	OP; QL (99 per 99 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	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)
oxycodone-acetaminophen oral tablet 10-325 mg	1	OP; QL (6 per 1 day)
oxycodone-acetaminophen oral tablet 2.5-300 mg	1	OP; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	1	OP; QL (12 per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	OP; QL (8 per 1 day)
oxymorphone oral tablet 10 mg	1	OP; QL (3 per 1 day)
oxymorphone oral tablet 5 mg	1	OP; QL (6 per 1 day)
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	3	PA; OP; QL (99 per 99 days)
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
aspirin childrens oral tablet,chewable 81 mg	1	ACA; OTC
aspirin oral tablet,chewable 81 mg	1	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg	2	OP; QL (2 per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg	2	OP; QL (12 per 1 day)
buprenorphine-naloxone sublingual film 4-1 mg	2	OP; QL (6 per 1 day)
buprenorphine-naloxone sublingual film 8-2 mg	2	OP; QL (3 per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	PA; OP; QL (12 per 1 day)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	PA; OP; QL (3 per 1 day)
butorphanol injection solution 1 mg/ml, 2 mg/ml	MB	QL (99 per 99 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	2	QL (99 per 99 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	2	QL (2 per 1 day)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	

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Drug Name	Drug Tier	Requirements / Limits
diclofenac sodium topical gel 1 %	1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
diflunisal oral tablet 500 mg	1	
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	2	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 - 3.6 MILLION)	MB	SP; DS
flurbiprofen oral tablet 100 mg	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	2	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	2	
ketorolac oral tablet 10 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
nalbuphine injection solution 10 mg/ml, 20 mg/ml	MB	QL (99 per 99 days)
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naloxone nasal spray,non-aerosol 4 mg/actuation	1	OTC; QL (2 per 30 days)
naltrexone oral tablet 50 mg	1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	2	
oxaprozin oral tablet 600 mg	3	
pentazocine-naloxone oral tablet 50-0.5 mg	1	QL (99 per 99 days)

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
piroxicam oral capsule 10 mg, 20 mg	1	
st joseph aspirin oral tablet,chewable 81 mg	1	ACA; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
sulindac oral tablet 150 mg, 200 mg	1	
SYNVISC INTRA-ARTICULAR SYRINGE 16 MG/2 ML	MB	SP; DS
SYNVISC-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	MB	SP; DS
tapentadol oral tablet 100 mg, 50 mg, 75 mg	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)
tramadol oral tablet 50 mg	1	QL (8 per 1 day)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	2	PA; QL (1 per 1 day)
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	2	QL (1 per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (99 per 99 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	3	SP; DS
XIFYRM INTRAVENOUS SOLUTION 30 MG/ML	MB	DS
PSYCHOTHERAPEUTIC DRUGS		

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
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)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	2	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
aripiprazole oral solution 1 mg/ml	2	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	2	
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	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)
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)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	2	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
armodafinil oral tablet 50 mg	2	PA; QL (2 per 1 day)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	2	PA; QL (2 per 1 day)
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	2	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	ST; QL (1 per 1 day)
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	2	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	2	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	2	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet,disintegrating 100 mg	2	PA; QL (9 per 1 day)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	2	PA; QL (3 per 1 day)
clozapine oral tablet,disintegrating 150 mg	3	PA; QL (6 per 1 day)
clozapine oral tablet,disintegrating 200 mg	2	PA; QL (4 per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST; QL (1 per 1 day)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	2	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	2	ST

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Effective as of 01/01/2027

Drug Name	Drug Tier	Requirements / Limits
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 5 mg	2	ST; QL (2 per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50 25 mg, 30 mg, 35 mg, 40 mg	2	ST; QL (1 per 1 day)
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	ST
dextroamphetamine sulfate oral capsule, extended release 10 mg	2	ST; QL (6 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 15 mg	2	ST; QL (4 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 5 mg	2	ST; QL (3 per 1 day)
dextroamphetamine sulfate oral solution 5 mg/5 ml	1	ST
dextroamphetamine sulfate oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	ST
dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg	2	ST
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	2	ST; QL (2 per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	ST
diazepam injection syringe 5 mg/ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3	ST
ergoloid oral tablet 1 mg	2	
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	QL (1 per 1 day)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	PA; QL (2 per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	PA; QL (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)
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
fluoxetine oral capsule 10 mg	1	QL (30 per 30 days)
fluoxetine oral capsule 20 mg, 40 mg	1	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg	2	PA; QL (1 per 1 day)
fluoxetine oral tablet 20 mg, 60 mg	2	PA
fluphenazine decanoate injection solution 25 mg/ml	MB	
fluphenazine hcl injection solution 2.5 mg/ml	MB	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
flurazepam oral capsule 15 mg, 30 mg	1	QL (1 per 1 day)
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate injection solution 5 mg/ml	MB	

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Drug Name	Drug Tier	Requirements / Limits
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; SP; DS; QL (5 per 1 day)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	2	
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	2	ST; QL (1 per 1 day)
lisdexamfetamine oral tablet,chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	2	ST; QL (1 per 1 day)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	3	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 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)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	2	PA; QL (1 per 1 day)
lurasidone oral tablet 80 mg	2	PA; QL (2 per 1 day)
methamphetamine oral tablet 5 mg	3	ST
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg	2	ST; QL (2 per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg	2	ST; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	2	ST; QL (1 per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	2	ST
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	ST
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	2	ST; QL (2 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	2	ST; QL (1 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	2	ST; QL (2 per 1 day)
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	3	PA; QL (1 per 1 day)
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 100 MG/100 ML (1 MG/ML)	MB	
MIDAZOLAM IN 0.9 % SOD CHLORID INTRAVENOUS SOLUTION 1 MG/ML	MB	
MIDAZOLAM IN NACL, ISO-OSMOTIC INTRAVENOUS SOLUTION 1 MG/ML	MB	
MIDAZOLAM IN NACL,ISO-OSMO(PF) INTRAVENOUS SOLUTION 1 MG/ML	MB	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	1	
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	2	
modafinil oral tablet 100 mg, 200 mg	2	PA; QL (1 per 1 day)
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	2	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
olanzapine intramuscular recon soln 10 mg	3	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	2	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	2	ST
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	2	PA; QL (1 per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	2	PA; QL (2 per 1 day)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	2	
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	2	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
phenelzine oral tablet 15 mg	1	
pimozide oral tablet 1 mg, 2 mg	2	
protriptyline oral tablet 10 mg, 5 mg	1	
QUAZEPAM ORAL TABLET 15 MG	2	QL (1 per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg	2	
quetiapine oral tablet extended release 24 hr 200 mg	2	QL (30 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	3	PA; QL (1 per 1 day)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	3	PA; QL (12 per 1 day)
ramelteon oral tablet 8 mg	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)
risperidone oral solution 1 mg/ml	2	
risperidone oral tablet 0.25 mg, 0.5 mg, 2 mg	1	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
risperidone oral tablet 1 mg, 3 mg	1	
risperidone oral tablet 4 mg	1	QL (4 per 1 day)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 2 mg, 4 mg	2	PA
risperidone oral tablet,disintegrating 1 mg, 3 mg	2	PA; QL (2 per 1 day)
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
sodium oxybate oral solution 500 mg/ml	3	PA; SP; DS; QL (18 per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (1 per 1 day)
tasimelteon oral capsule 20 mg	3	PA; SP; DS; QL (1 per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	QL (1 per 1 day)
temazepam oral capsule 22.5 mg, 7.5 mg	2	QL (1 per 1 day)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	2	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	2	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	QL (1 per 1 day)
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	3	
TRINTELLIX ORAL TABLET 10 MG	3	ST; QL (30 per fill); QL (30 per 30 days)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	3	ST; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg	1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
vilazodone oral tablet 10 mg, 20 mg, 40 mg	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)

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

Drug Name	Drug Tier	Requirements / Limits
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; DS; QL (18 per 1 day)
zaleplon oral capsule 10 mg, 5 mg	1	QL (1 per 1 day)
ziprasidone hcl oral capsule 20 mg, 60 mg	1	QL (2 per 1 day)
ziprasidone hcl oral capsule 40 mg, 80 mg	1	
zolpidem oral tablet 10 mg, 5 mg	1	QL (1 per 1 day)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	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)
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	MB	SP; DS
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	3	PA; SP; DS; QL (60 per 720 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	3	PA; SP; DS; QL (2 per 1 day)
fingolimod oral capsule 0.5 mg	3	PA; SP; DS; QL (1 per 1 day)
glatiramer subcutaneous syringe 20 mg/ml	3	PA; SP; DS; QL (1 per 1 day)
glatiramer subcutaneous syringe 40 mg/ml	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)

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

Drug Name	Drug Tier	Requirements / Limits
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
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)
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	MB	SP; DS; QL (0.12 per 1 day)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920 MG-23,000 UNIT/23 ML	MB	PA; SP; DS
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)
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)

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Drug Name	Drug Tier	Requirements / Limits
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)
teriflunomide oral tablet 14 mg, 7 mg	3	PA; SP; DS; QL (1 per 1 day)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	3	PA; SP; DS; QL (4 per 1 day)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	2	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	2	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	MB	
lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %)	MB	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	3	
NEXTERONE INTRAVENOUS SOLUTION 360 MG/200 ML (1.8 MG/ML)	MB	
pacerone oral tablet 200 mg	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	2	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements / Limits
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	
aliskiren oral tablet 150 mg, 300 mg	2	
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	2	QL (1 per 1 day)
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	QL (1 per 1 day)
amlodipine-valsartan-hcthiazid oral tablet 5-160-12.5 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
azilsartan medoxomil oral tablet 40 mg, 80 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (2 per 1 day)
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide injection solution 0.25 mg/ml	MB	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
candesartan oral tablet 16 mg, 4 mg, 8 mg	1	QL (2 per 1 day)
candesartan oral tablet 32 mg	1	QL (1 per 1 day)
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	

Drug Name	Drug Tier	Requirements / Limits
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	2	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.2 mg/24 hr, 0.3 mg/24 hr	2	
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
EDARBI ORAL TABLET 40 MG, 80 MG	3	ST; QL (1 per 1 day)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	QL (2 per 1 day)
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	QL (1 per 1 day)
eplerenone oral tablet 25 mg, 50 mg	2	ST
ethacrynic acid oral tablet 25 mg	2	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg	1	QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
fosinopril oral tablet 40 mg	1	QL (1 per 1 day)
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	QL (2 per 1 day)
furosemide oral solution 10 mg/ml	1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	3	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	QL (1 per 1 day)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	2	
isradipine oral capsule 2.5 mg, 5 mg	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	QL (2 per 1 day)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	QL (2 per 1 day)
losartan oral tablet 100 mg	1	QL (1 per 1 day)
losartan oral tablet 25 mg, 50 mg	1	QL (2 per 1 day)
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	3	
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	2	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	QL (1 per 1 day)
olmesartan-amlodipin-hcthiazid 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	2	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	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)
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	QL (2 per 1 day)
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	QL (2 per 1 day)
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	QL (2 per 1 day)
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	QL (1 per 1 day)
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	2	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	QL (1 per 1 day)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
triamterene oral capsule 100 mg, 50 mg	2	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	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)
valsartan oral tablet 160 mg, 40 mg, 80 mg	1	QL (2 per 1 day)
valsartan oral tablet 320 mg	1	QL (1 per 1 day)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	QL (1 per 1 day)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
CARDIAC GLYCOSIDES		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	3	
COAGULATION THERAPY		
ALTUVIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	3	SP; DS
aminocaproic acid oral solution 250 mg/ml (25 %)	2	
aminocaproic acid oral tablet 1,000 mg, 500 mg	2	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg, 75 mg	1	
dabigatran etexilate oral capsule 110 mg	3	QL (4 per 1 day)
dabigatran etexilate oral capsule 150 mg, 75 mg	3	QL (2 per 1 day)
DEFITELIO INTRAVENOUS SOLUTION 80 MG/ML	MB	

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Drug Name	Drug Tier	Requirements / Limits
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
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
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	3	PA; SP; DS; QL (3 per 1 day)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	3	PA; SP; DS; QL (3 per 1 day)
eltrombopag olamine oral tablet 50 mg, 75 mg	3	PA; SP; DS; QL (2 per 1 day)
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	1	QL (20 per 30 days)
FESILTY INTRAVENOUS RECON SOLN 1 GRAM	MB	SP; DS
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
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	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	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML	MB	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)	MB	
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	MB	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	MB	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml	MB	
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
KENGREAL INTRAVENOUS RECON SOLN 50 MG	MB	
MULPLETA ORAL TABLET 3 MG	3	PA; SP; DS
pentoxifylline oral tablet extended release 400 mg	1	
phytonadione (vitamin k1) oral tablet 5 mg	2	
prasugrel hcl oral tablet 10 mg, 5 mg	2	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GRAM/50 ML	MB	
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)
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	QL (51 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	2	QL (30 per 1 day)
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	QL (2 per 1 day)
ZONTIVITY ORAL TABLET 2.08 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
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	2	QL (1 per 1 day)
atorvastatin oral tablet 10 mg, 20 mg	1	ACA; QL (1 per 1 day)
atorvastatin oral tablet 40 mg, 80 mg	1	QL (1 per 1 day)
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral tablet 625 mg	2	
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	MB	DS
ezetimibe oral tablet 10 mg	2	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	2	QL (1 per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram, 1 gram	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)

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Drug Name	Drug Tier	Requirements / Limits
lovastatin oral tablet 10 mg, 20 mg	1	ACA; QL (1 per 1 day)
lovastatin oral tablet 40 mg	1	ACA; QL (2 per 1 day)
niacin oral tablet extended release 24 hr 1,000 mg	3	
niacin oral tablet extended release 24 hr 500 mg, 750 mg	2	
omega-3 acid ethyl esters oral capsule 1 gram	2	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	3	ST; ACA; QL (1 per 1 day)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA; QL (1 per 1 day)
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)
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA; QL (1 per 1 day)
rosuvastatin oral tablet 20 mg, 40 mg	1	QL (1 per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; QL (1 per 1 day)
simvastatin oral tablet 80 mg	1	QL (1 per 1 day)

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 PELLET 15-16 MG, 6-6 MG	2	QL (2 per 1 day)
GIAPREZA INTRAVENOUS SOLUTION 0.5 MG/ML, 2.5 MG/ML	MB	
ivabradine oral tablet 5 mg, 7.5 mg	2	PA; QL (2 per 1 day)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; QL (1 per 1 day)
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	

Drug Name	Drug Tier	Requirements / Limits
nitro-bid transdermal ointment 2 %	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	3	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal ointment 2 %	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	3	SP; DS
calcipotriene scalp solution 0.005 %	3	
calcipotriene topical cream 0.005 %	3	
calcipotriene topical ointment 0.005 %	3	
calcitriol topical ointment 3 mcg/gram	3	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; SP; DS; QL (100 per 63 days)
selenium sulfide topical lotion 2.5 %	1	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	3	PA; SP; DS; QL (420 per 21 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; SP; DS; QL (300 per 21 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP; DS; QL (300 per 21 days)
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)

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; SP; DS; QL (4 per 720 days)
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)
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		
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
MISCELLANEOUS DERMATOLOGICALS		

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Drug Name	Drug Tier	Requirements / Limits
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)
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
diclofenac sodium topical gel 3 %	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)
fluorouracil topical cream 5 %	3	SP; DS
fluorouracil topical solution 2 %, 5 %	3	SP; DS
HYFTOR TOPICAL GEL 0.2 %	3	PA; DS
imiquimod topical cream in packet 3.75 %, 5 %	2	
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	
OPZELURA TOPICAL CREAM 1.5 %	3	PA; SP; DS; QL (4.3 per 1 day)
PANRETIN TOPICAL GEL 0.1 %	3	
pimecrolimus topical cream 1 %	2	PA; QL (1 per 1 day)
podofilox topical gel 0.5 %	3	PA
podofilox topical solution 0.5 %	1	
tacrolimus topical ointment 0.03 %, 0.1 %	2	PA; QL (1 per 1 day)
THERAPY FOR ACNE		
adapalene topical cream 0.1 %	2	PA
adapalene topical gel 0.3 %	2	PA
adapalene topical gel with pump 0.3 %	2	PA
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	3	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
azelaic acid topical gel 15 %	2	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
clindamycin phosphate topical gel 1 %	2	
clindamycin phosphate topical gel, once daily 1 %	2	
clindamycin phosphate topical lotion 1 %	2	
clindamycin phosphate topical solution 1 %	1	
clindamycin phosphate topical swab 1 %	3	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	3	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	3	
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
ivermectin topical cream 1 %	2	
metronidazole topical cream 0.75 %	2	
metronidazole topical gel 0.75 %, 1 %	2	
metronidazole topical gel with pump 1 %	2	
metronidazole topical lotion 0.75 %	2	
tazarotene topical cream 0.1 %	3	PA
tazarotene topical gel 0.05 %, 0.1 %	3	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	2	ST
tretinoin topical gel 0.01 %, 0.025 %	1	ST
tretinoin topical gel 0.05 %	3	ST
TOPICAL ANESTHETICS		
bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml)	MB	
bupivacaine hcl injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)	MB	
bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000	MB	

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Drug Name	Drug Tier	Requirements / Limits
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION 1.3 % (13.3 MG/ML)	MB	
lidocaine (pf) injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)	MB	
lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)	MB	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine topical adhesive patch,medicated 5 %	3	QL (3 per 1 day)
lidocaine topical ointment 5 %	2	QL (50 per 23 days)
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000	MB	
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	MB	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	
lidocaine-prilocaine topical kit 2.5-2.5 %	1	
XARACOLL IMPLANT IMPLANT 100 MG	MB	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	MB	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	
mupirocin calcium topical cream 2 %	2	
mupirocin topical ointment 2 %	1	
TOPICAL ANTIFUNGALS		
ciclopirox topical cream 0.77 %	1	
ciclopirox topical gel 0.77 %	1	
ciclopirox topical shampoo 1 %	2	
ciclopirox topical solution 8 %	1	
ciclopirox topical suspension 0.77 %	1	
ciclopirox-ure-camph-menth-euc topical solution 8 %	1	
clotrimazole-betamethasone topical cream 1-0.05 %	1	

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Drug Name	Drug Tier	Requirements / Limits
clotrimazole-betamethasone topical lotion 1-0.05 %	2	
econazole nitrate topical cream 1 %	1	
ERTACZO TOPICAL CREAM 2 %	3	
ketoconazole topical cream 2 %	1	
ketoconazole topical shampoo 2 %	1	
naftifine topical cream 1 %, 2 %	2	
nystatin topical cream 100,000 unit/gram	1	
nystatin topical ointment 100,000 unit/gram	1	
nystatin topical powder 100,000 unit/gram	1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	2	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	
nystop topical powder 100,000 unit/gram	1	
oxiconazole topical cream 1 %	2	
SULCONAZOLE TOPICAL SOLUTION 1 %	1	
tavaborole topical solution with applicator 5 %	3	
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	3	QL (1 per 23 days)
penciclovir topical cream 1 %	3	
TOPICAL CORTICOSTEROIDS		
alclometasone topical cream 0.05 %	2	
alclometasone topical ointment 0.05 %	2	
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	2	PA
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical foam 0.12 %	2	PA
betamethasone valerate topical lotion 0.1 %	2	

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Drug Name	Drug Tier	Requirements / Limits
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	2	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	2	
clobetasol scalp solution 0.05 %	2	PA
clobetasol topical cream 0.05 %	2	PA
clobetasol topical foam 0.05 %	2	PA
clobetasol topical gel 0.05 %	2	PA
clobetasol topical lotion 0.05 %	2	PA
clobetasol topical ointment 0.05 %	2	PA
clobetasol topical shampoo 0.05 %	2	PA
clobetasol topical spray,non-aerosol 0.05 %	2	PA
clobetasol-emollient topical cream 0.05 %	2	PA
clobetasol-emollient topical foam 0.05 %	2	PA
desonide topical cream 0.05 %	2	ST
desonide topical gel 0.05 %	2	
desonide topical lotion 0.05 %	2	ST
desonide topical ointment 0.05 %	2	
desoximetasone topical cream 0.05 %, 0.25 %	2	PA
desoximetasone topical gel 0.05 %	2	PA
desoximetasone topical ointment 0.05 %, 0.25 %	2	PA
desoximetasone topical spray,non-aerosol 0.25 %	2	PA
fluocinolone and shower cap scalp oil 0.01 %	2	PA
fluocinolone topical cream 0.01 %, 0.025 %	1	
fluocinolone topical oil 0.01 %	2	ST
fluocinolone topical ointment 0.025 %	2	
fluocinolone topical solution 0.01 %	2	ST
fluocinonide topical cream 0.05 %	1	
fluocinonide topical cream 0.1 %	2	PA
fluocinonide topical gel 0.05 %	2	PA

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Drug Name	Drug Tier	Requirements / Limits
fluocinonide topical ointment 0.05 %	2	PA
fluocinonide topical solution 0.05 %	2	PA
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical ointment 0.005 %	1	
halobetasol propionate topical cream 0.05 %	2	
halobetasol propionate topical ointment 0.05 %	2	PA
hydrocortisone topical cream 2.5 %	2	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	2	PA
hydrocortisone valerate topical ointment 0.2 %	2	PA
mometasone topical cream 0.1 %	1	
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %	1	PA
triamcinolone acetonide topical lotion 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
TOPICAL SCABICIDES / PEDICULICIDES		
crotan topical lotion 10 %	3	
malathion topical lotion 0.5 %	2	
permethrin topical cream 5 %	1	
pruradik topical lotion 10 %	1	
spinosad topical suspension 0.9 %	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANTIDOTES		
methylene blue (antidote) intravenous solution 5 mg/ml	MB	
MISCELLANEOUS AGENTS		

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Drug Name	Drug Tier	Requirements / Limits
acamprosate oral tablet,delayed release (dr/ec) 333 mg	2	
acetic acid irrigation solution 0.25 %	1	
AMMONUL INTRAVENOUS SOLUTION 10-10 %	MB	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	MB	
anagrelide oral capsule 0.5 mg, 1 mg	1	
ARALAST NP INTRAVENOUS RECON SOLN 500 MG	MB	SP; DS
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML	MB	
cevimeline oral capsule 30 mg	2	
CHEMET ORAL CAPSULE 100 MG	3	
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	PA; SP; DS
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	3	PA; SP; DS
deferiprone oral tablet 1,000 mg, 500 mg	3	PA; SP; DS
disulfiram oral tablet 250 mg, 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	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
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	MB	SP; DS
GLASSIA INTRAVENOUS SOLUTION 20 MG/ML (2 %)	MB	SP; DS
HYLENEX INJECTION SOLUTION 150 UNIT/ML	MB	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; DS
LAMZEDE INTRAVENOUS RECON SOLN 10 MG	MB	DS
levocarnitine (with sugar) oral solution 100 mg/ml	1	

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Drug Name	Drug Tier	Requirements / Limits
levocarnitine intravenous solution 200 mg/ml	MB	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	2	
LOARGYS INJECTION SOLUTION 5 MG/ML	MB	DS
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	3	SP; DS
PASATRU INTRAVENOUS SOLUTION 60 MG/ML	MB	DS
PEDMARK INTRAVENOUS SOLUTION 12.5 GRAM/100ML (125 MG/ML)	MB	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	MB	SP; DS
riluzole oral tablet 50 mg	3	SP; DS
risedronate oral tablet 30 mg	2	QL (1 per 1 day)
sodium benzoate-sod phenylacet intravenous solution 10-10 %	MB	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium phenylbutyrate oral tablet 500 mg	3	DS
TAVNEOS ORAL CAPSULE 10 MG	3	PA; DS; QL (6 per 1 day)
tiopronin oral tablet 100 mg	3	PA; SP; DS
trientine oral capsule 250 mg	3	SP; DS
water for irrigation, sterile irrigation solution	1	
YARTEMLEA INTRAVENOUS SOLUTION 370 MG/2 ML (185 MG/ML)	MB	SP; DS
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	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

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Drug Name	Drug Tier	Requirements / Limits
nicorette buccal gum 4 mg	2	ACA; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	ACA; OTC
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	ACA; OTC
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1	ACA; OTC
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	ACA; OTC
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	ACA; OTC
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1	ACA; OTC
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	2	ACA
quit 2 buccal gum 2 mg	1	OTC
quit 2 buccal lozenge 2 mg	1	OTC
quit 4 buccal gum 4 mg	1	OTC
quit 4 buccal lozenge 4 mg	1	OTC
stop smoking aid buccal lozenge 2 mg, 4 mg	1	ACA; OTC
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA; QL (2 per 1 day)
varenicline tartrate oral tablets,dose pack 0.5 mg (11)- 1 mg (42)	1	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
triamcinolone acetonide dental paste 0.1 %	3	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	

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Drug Name	Drug Tier	Requirements / Limits
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	2	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	2	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
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)
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone oral tablet 0.1 mg	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets,dose pack 4 mg	1	
prednisolone oral solution 15 mg/5 ml	1	
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)	1	

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Drug Name	Drug Tier	Requirements / Limits
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 250 MG/2 ML, 500 MG/4 ML	MB	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC) 4 MG	3	PA; DS
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK GUIDE GLUCOSE METER	MB	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	MB	OTC
ADVANCED ALL-IN-ONE METER KIT	MB	OTC
ADVANCED GLUCOSE METER	MB	OTC
ADVOCATE REDI-CODE PLUS	MB	OTC
AGAMATRIX JAZZ WIRELESS 2 MNTR KIT	MB	OTC
AGAMATRIX PRESTO SYSTEM	MB	OTC
ASSURE PLATINUM GLUCOSE METER	MB	OTC
ASSURE PRISM MULTI METER	MB	OTC
ASSURE TITANIUM GLUCOSE SYSTEM	MB	
BIONIME RIGHTEST GM300 SYSTEM KIT	MB	OTC
BIOTEL CARE BGM-4 METER	MB	OTC
BLOOD-GLUCOSE METER	MB	OTC
BLULINK DIABETIC TEST BUNDLE KIT	MB	OTC
BLULINK GLUCOSE MONITOR SYSTEM	MB	OTC
CARESENS N	MB	OTC
CARESENS N FELIZ GLUCOSE METER	MB	OTC
CARESENS N VOICE	MB	OTC
CARESENS S FIT BT GLUCOSE MTR	MB	OTC

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

Drug Name	Drug Tier	Requirements / Limits
CARESENS S FIT GLUCOSE METER	MB	OTC
CARETOUCH GLUCOSE MONITORING KIT	MB	OTC
CLEVER CHEK BLOOD GLUCOSE	MB	OTC
CLEVER CHOICE GLUCOSE MONITOR	MB	OTC
CLEVER CHOICE MICRO	MB	OTC
CLEVER CHOICE PRO	MB	OTC
CLEVER CHOICE TALK GLUCOSE SYS	MB	OTC
CONTOUR NEXT EZ METER	MB	OTC
CONTOUR NEXT GEN METER KIT	MB	OTC
CONTOUR NEXT METER	MB	OTC
CONTOUR NEXT ONE METER	MB	OTC
CONTOUR PLUS BLUE METER	MB	OTC
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)
DIATRUE PLUS BLOOD GLUCOSE MET	MB	OTC
EASY STEP BLOOD GLUCOSE METER	MB	OTC
EASY TOUCH BLULINK GLUC SYST	MB	OTC
EASY TOUCH GLUCOSE MONITOR	MB	OTC
EASY TOUCH HEALTHPRO SYSTEM KIT	MB	OTC; QL (1 per 274 days)
EASY TRAK II BLOOD GLUCOSE MTR	MB	OTC
EASYMAX NG KIT	MB	OTC
EASYMAX T1 KIT	MB	OTC
EASYMAX V SPEAKING GLUCOSE SYS	MB	OTC
ELEMENT COMPACT GLUCOSE METER	MB	OTC
ELEMENT COMPACT V GLUCOSE MTR	MB	OTC
ELEMENT PLUS BLOOD GLUCOSE KIT KIT	MB	OTC

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

Drug Name	Drug Tier	Requirements / Limits
EMBRACE BLOOD GLUCOSE SYSTEM	MB	OTC
EMBRACE PRO GLUCOSE METER	MB	OTC
EMBRACE TALK BLOOD GLUCOSE SYS KIT	MB	OTC
EMBRACE WAVE PLUS GLUCOSE MTR	MB	OTC
EVENCARE G2	MB	OTC
EVENCARE G3 GLUCOSE METER KIT	MB	OTC
EVENCARE MINI MONITOR SYSTEM	MB	OTC
EVOLUTION BLOOD GLUCOSE METER KIT	MB	OTC
EZ SMART PLUS SYSTEM KIT	MB	OTC
EZ SMART SYSTEM KIT	MB	OTC
FONDCIRCLE BLOOD GLUCOSE MONTR KIT	MB	OTC
FORA G20 KIT	MB	OTC
FORA G30A	MB	OTC
FORA GD50 BLOOD GLUCOSE SYSTEM	MB	OTC
FORA PREMIUM V10 GLUCOSE METER	MB	OTC
FORA TEST N'GO VOICE METER	MB	OTC
FORA TN'G VOICE METER	MB	OTC
FORA V12 BLOOD GLUCOSE SYSTEM	MB	OTC
FORACARE GD20 GLUCOSE METER	MB	OTC
FORACARE GD40B GLUCOSE METER	MB	OTC
FREESTYLE FREEDOM KIT	MB	OTC; QL (1 per 274 days)
FREESTYLE FREEDOM LITE KIT	MB	OTC; QL (1 per 274 days)
FREESTYLE INSULINX	MB	OTC
FREESTYLE INSULINX STRIP	1	OTC; QL (200 per 23 days)
FREESTYLE INSULINX TEST STRIPS STRIP	1	OTC; QL (200 per 23 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; QL (1 per 274 days)
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)

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Drug Name	Drug Tier	Requirements / Limits
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 METER KIT	MB	OTC; QL (1 per 274 days)
FREESTYLE LITE STRIPS STRIP	1	OTC; QL (200 per 23 days)
FREESTYLE PRECISION NEO METER	MB	OTC; QL (1 per 274 days)
FREESTYLE PRECISION NEO STRIPS STRIP	1	OTC; QL (6.67 per 1 day)
FREESTYLE TEST STRIP	1	OTC; QL (200 per 23 days)
GE100 BLOOD GLUCOSE SYSTEM KIT	MB	OTC
GE333 BLOOD GLUCOSE SYSTEM	MB	OTC
GLUCO NAVII GLUCOSE MONITOR KIT	MB	OTC
GLUCOCARD 01 METER KIT	MB	OTC
GLUCOCARD EXPRESSION	MB	OTC
GLUCOCARD SHINE CONNEX METER	MB	OTC
GLUCOCARD SHINE EXPRESS METER	MB	OTC
GLUCOCARD SHINE METER	MB	OTC
GLUCOCARD SHINE XL METER	MB	OTC
GLUCOCARD VITAL KIT	MB	OTC
GLUCOCOM BLOOD GLUCOSE KIT	MB	OTC
GM100 KIT	MB	OTC
HEALTHPRO GLUCOSE MONITOR	MB	OTC
IHEALTH GLUCO PLUS METER KIT	MB	OTC
INFINITY STARTER KIT KIT	MB	OTC
MICRODOT BLOOD GLUCOSE SYSTEM	MB	OTC
MYGLUCOHEALTH KIT	MB	OTC
ON CALL EXPRESS METER KIT	MB	OTC
ONETOUCH ULTRA2 METER	MB	OTC
ONETOUCH VERIO FLEX METER	MB	OTC
ONETOUCH VERIO REFLECT METER	MB	OTC
PHARMACIST CHOICE GLUCOSE SYS	MB	OTC
PIP BLOOD GLUCOSE MONITOR	MB	OTC

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

Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA MONITOR	MB	OTC
PRECISION XTRA TEST STRIP	1	OTC; QL (6.67 per 1 day)
PREMIER BLU GLUCOSE METER	MB	OTC
PREMIER CLASSIC GLUCOSE METER	MB	OTC
PREMIER COMPACT GLUCOSE METER KIT	MB	OTC
PREMIER VOICE GLUCOSE METER	MB	OTC
PREMIUM BLOOD GLUCOSE MONITOR	MB	OTC
PREMIUM V10	MB	OTC
PRO VOICE V9 GLUCOSE MONITOR	MB	OTC
PRODIGY AUTOCODE METER KIT	MB	OTC
PRODIGY AUTOCODE MONITOR SYST	MB	OTC
PRODIGY POCKET METER KIT	MB	OTC
PRODIGY VOICE GLUCOSE METER KIT	MB	OTC
QUINTET BLOOD GLUCOSE METER	MB	OTC
REFUAH PLUS GLUCOSE MONITOR KIT	MB	OTC
RELION ALL-IN-ONE METER KIT	MB	OTC
RELION CONFIRM KIT	MB	OTC
RELION MICRO GLUCOSE MONITOR KIT	MB	OTC
RELION PRIME METER	MB	OTC
REVEAL BLOOD GLUCOSE METER KIT	MB	OTC
RIGHTEST GM550 SYSTEM KIT	MB	OTC
RIGHTEST GT333 GLUCOSE METER	MB	OTC
SMART BLUETOOTH GLUCOSE MONITR KIT	MB	OTC
SMART SENSE MONITORING SYSTEM	MB	OTC
SMARTEST EJECT KIT	MB	OTC
SMARTEST PERSONA STARTER KIT	MB	OTC
SMARTEST PRONTO STARTER KIT	MB	OTC
SMARTEST PROTEGE KIT	MB	OTC
SOLUS V2 AUDIBLE METER	MB	OTC

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Drug Name	Drug Tier	Requirements / Limits
SOLUS V2 AUDIBLE METER KIT	MB	OTC
SURE-TEST EASYPLUS MINI METER	MB	OTC
TEST N'GO BLOOD GLUCOSE SYSTEM	MB	OTC
TRUE METRIX AIR GLUCOSE METER	MB	OTC
TRUE METRIX GLUCOSE METER	MB	OTC
TRUE METRIX GO GLUCOSE METER	MB	OTC
TRUENESS BLOOD GLUCOSE MONITOR	MB	OTC
TRUERESULT BLOOD GLUCOSE SYSTM KIT	MB	OTC
TRUETRACK BLOOD GLUCOSE SYSTEM KIT	MB	OTC
TRUETRACK SMART SYSTEM KIT	MB	OTC
ULTIMA MONITOR	MB	OTC
ULTRATRAK GLUCOSE METER	MB	OTC
ULTRATRAK ULTIMATE	MB	OTC
VIVAGUARD INO GLUCOSE METER	MB	OTC
VIVAGUARD INO SMART GLUC METER	MB	OTC

Drug Name	Drug Tier	Requirements / Limits
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	MB	
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	
diazoxide oral suspension 50 mg/ml	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
glucagon emergency kit (human) injection recon soln 1 mg	2	

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Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD MICROTAINER LANCET 30 GAUGE	1	OTC
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	3	ST
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	MB	SP; DS
AVLAYAH INTRAVENOUS RECON SOLN 150 MG	MB	DS
cabergoline oral tablet 0.5 mg	1	
calcitonin (salmon) injection solution 200 unit/ml	2	
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
cetrorelix subcutaneous kit 0.25 mg	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
cinacalcet oral tablet 30 mg, 60 mg	3	SP; DS; QL (2 per 1 day)
cinacalcet oral tablet 90 mg	3	SP; DS; QL (4 per 1 day)
clomiphene citrate oral tablet 50 mg	1	
danazol oral capsule 100 mg, 200 mg, 50 mg	2	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	MB	SP; DS
ELELYSO INTRAVENOUS RECON SOLN 200 UNIT	MB	SP; DS
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)

Drug Name	Drug Tier	Requirements / Limits
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	3	PA; DS; QL (2 per 1 day)
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	MB	SP; DS
LUMVOA INTRAVENOUS SOLUTION 50 MG/ML	MB	SP; DS
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	3	PA; SP; DS
METHITEST ORAL TABLET 10 MG	3	PA
mifepristone oral tablet 300 mg	3	PA; SP; DS
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	3	PA; SP; DS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	MB	SP; DS
NEXVIAZYME INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
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
pamidronate intravenous solution 60 mg/10 ml (6 mg/ml)	MB	SP; DS
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	2	
POMBILITI INTRAVENOUS RECON SOLN 105 MG	MB	SP; DS
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	3	PA; QL (2 per 1 day)
sapropterin oral powder in packet 100 mg, 500 mg	3	PA; SP; DS
sapropterin oral tablet,soluble 100 mg	3	PA; SP; DS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; SP; DS
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	MB	SP; DS; QL (8 per 720 days)

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Drug Name	Drug Tier	Requirements / Limits
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	
testosterone enanthate intramuscular oil 200 mg/ml	1	
testosterone transdermal gel 50 mg/5 gram (1 %)	2	
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 %)	2	
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)	2	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	2	
tolvaptan (polycys kidney dis) oral tablet 15 mg	3	PA; SP; DS; QL (2 per 1 day)
tolvaptan (polycys kidney dis) oral tablet 30 mg	3	PA; SP; DS; QL (1 per 1 day)
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	3	PA; SP; DS; QL (2 per 1 day)
tolvaptan oral tablet 15 mg	3	PA; SP; DS; QL (1 per 1 day)
tolvaptan oral tablet 30 mg	3	PA; SP; DS; QL (2 per 1 day)
VAPRISOL IN 5 % DEXTROSE INTRAVENOUS SOLUTION 20 MG/100 ML	MB	
vasopressin intravenous solution 20 unit/ml	MB	
zoledronic acid intravenous solution 4 mg/5 ml	MB	SP; DS
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK 4 MG/100 ML	MB	SP; DS
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
CYCLOSET ORAL TABLET 0.8 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
GLIPIZIDE ORAL TABLET 15 MG	2	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL (1 per 1 day)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	2	ST; QL (0.3 per 1 day)
metformin oral tablet 1,000 mg	1	QL (2.5 per 1 day)
metformin oral tablet 500 mg	1	QL (5 per 1 day)
metformin oral tablet 625 mg	1	
metformin oral tablet 850 mg	1	QL (3 per 1 day)
metformin oral tablet extended release 24 hr 500 mg	1	QL (4 per 1 day)
metformin oral tablet extended release 24 hr 750 mg	1	QL (3 per 1 day)
miglitol oral tablet 100 mg, 25 mg, 50 mg	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)
nateglinide oral tablet 120 mg, 60 mg	2	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	ST; QL (1 per 1 day)
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)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	1	ST; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg	1	ST
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	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)
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, 1.5 MG/0.5 ML, 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	
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	1	
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	1	
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	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	

Drug Name	Drug Tier	Requirements / Limits
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	
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	
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	1	

Drug Name	Drug Tier	Requirements / Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
atropine intravenous solution 0.4 mg/ml, 1 mg/ml	MB	
atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)	MB	
ATROPINE INTRAVENOUS SYRINGE 0.4 MG/ML	MB	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
glycopyrrolate intravenous syringe 1 mg/5 ml (0.2 mg/ml)	MB	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	

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Drug Name	Drug Tier	Requirements / Limits
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
methscopolamine oral tablet 2.5 mg, 5 mg	2	
MOTOFEN ORAL TABLET 1-0.025 MG	3	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	3	PA; SP; DS
opium tincture oral tincture 10 mg/ml (morphine)	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	PA; QL (0.11 per 1 day)
alosetron oral tablet 0.5 mg, 1 mg	2	QL (2 per 1 day)
APONVIE INTRAVENOUS EMULSION 32 MG/4.4 ML (7.2 MG/ML)	MB	SP; DS
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL (0.15 per 1 day)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	2	QL (0.15 per 1 day)
AVSOLA INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
balsalazide oral capsule 750 mg	1	
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4 ML (2.5 MG/ML)	MB	
betaine oral powder 1 gram/scoop	3	DS
bisacodyl oral tablet,delayed release (dr/ec) 5 mg	1	ACA; OTC
budesonide oral capsule,delayed,extend.release 3 mg	2	
budesonide oral tablet,delayed and ext.release 9 mg	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)

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Drug Name	Drug Tier	Requirements / Limits
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)
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	MB	SP; DS
citroma oral solution	1	ACA; OTC
clearlax oral powder 17 gram/dose	1	ACA; OTC
constulose oral solution 10 gram/15 ml	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	
cromolyn oral concentrate 100 mg/5 ml	1	
DIPENTUM ORAL CAPSULE 250 MG	3	
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	2	PA; QL (4 per 1 day)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	2	
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	1	ACA; OTC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	3	SP; DS; QL (0.43 per 1 day)
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	MB	SP; DS; QL (1 per 42 days)
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	3	PA; SP; DS; QL (2 per 28 days)
enulose oral solution 10 gram/15 ml	1	
FOCINVEZ INTRAVENOUS SOLUTION 150 MG/50 ML (3 MG/ML)	MB	SP; DS
fosaprepitant intravenous recon soln 150 mg	MB	SP; DS
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	3	PA; SP; DS; QL (30 per 21 days)
gavilax oral powder 17 gram/dose	1	ACA; OTC
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
gavilyte-n oral recon soln 420 gram	1	ACA
generlac oral solution 10 gram/15 ml	1	
gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	1	ACA; OTC
gentlelax oral powder 17 gram/dose	1	ACA; OTC
granisetron hcl oral tablet 1 mg	2	QL (0.86 per 1 day)
hydrocortisone acetate topical cream with perineal applicator 2.5 %	1	
hydrocortisone topical cream with perineal applicator 2.5 %	2	
hydrocortisone-pramoxine rectal cream 1-1 %	1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
lactulose oral solution 10 gram/15 ml	1	
laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg	1	ACA; OTC
laxative peg 3350 oral powder 17 gram/dose	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)
lubiprostone oral capsule 24 mcg, 8 mcg	2	QL (2 per 1 day)
magnesium citrate oral solution	1	ACA; OTC
meclizine oral tablet 50 mg	1	
mesalamine oral capsule (with del rel tablets) 400 mg	2	
mesalamine oral capsule, extended release 250 mg, 500 mg	3	
mesalamine oral capsule,extended release 24hr 0.375 gram	2	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	2	
mesalamine rectal enema 4 gram/60 ml	2	

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Drug Name	Drug Tier	Requirements / Limits
mesalamine rectal suppository 1,000 mg	2	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	1	ACA; OTC
milk of magnesia oral suspension 400 mg/5 ml	1	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	3	
ondansetron hcl (pf) injection solution 4 mg/2 ml	2	
ondansetron hcl oral solution 4 mg/5 ml	1	QL (3.34 per 1 day)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (0.3 per 1 day)
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	QL (0.3 per 1 day)
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	1	ACA; OTC
palonosetron intravenous solution 0.25 mg/5 ml	MB	SP; DS
palonosetron intravenous syringe 0.25 mg/5 ml	MB	
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	1	ACA
peg-electrolyte soln oral recon soln 420 gram	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	1	ACA; OTC
polyethylene glycol 3350 oral powder 17 gram/dose	1	ACA; OTC
powderlax oral powder 17 gram/dose	1	ACA; OTC
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
purelax oral powder 17 gram/dose	1	ACA; OTC
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	MB	

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Drug Name	Drug Tier	Requirements / Limits
REMICADE INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	MB	SP; DS
scopolamine base transdermal patch 3 day 1 mg over 3 days	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)
smoothlax oral powder 17 gram/dose	1	ACA; OTC
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	ACA
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	3	
trimethobenzamide oral capsule 300 mg	1	
TRULANCE ORAL TABLET 3 MG	3	QL (1 per 1 day)
ursodiol oral capsule 300 mg, 400 mg	2	
ursodiol oral tablet 250 mg, 500 mg	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)
women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	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		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	2	
cimetidine hcl oral solution 300 mg/5 ml	2	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	2	
dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg	3	ST; QL (1 per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	2	ST; QL (1 per 1 day)
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	2	
famotidine oral tablet 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	2	QL (1 per 1 day)
misoprostol oral tablet 100 mcg, 200 mcg	1	
nizatidine oral capsule 150 mg, 300 mg	2	
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	QL (1 per 1 day)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg	1	QL (1 per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	2	ST; QL (1 per 1 day)
sucralfate oral tablet 1 gram	1	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	3	PA

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Effective as of 01/01/2027

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)
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	MB	DS; QL (4 per 21 days)
NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML	3	SP; DS; QL (2 per 21 days)
plerixafor subcutaneous solution 24 mg/1.2 ml (20 mg/ml)	1	PA; SP; DS
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	MB	SP; DS
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	MB	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)
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

Drug Name	Drug Tier	Requirements / Limits
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
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	MB	SP; DS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	SP; DS; QL (2 per 21 days)
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
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 2026-2027(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	2	

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Drug Name	Drug Tier	Requirements / Limits
COMIRNATY 2026-27 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	3	PA; SP; DS
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
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	MB	SP; DS
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	PA; ACA
DENGVAXIA (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
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	

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Drug Name	Drug Tier	Requirements / Limits
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
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
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

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Drug Name	Drug Tier	Requirements / Limits
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
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	PA; ACA
HEPAGAM B INJECTION SOLUTION GREATR THAN 312 UNIT/ML (5 ML)	MB	SP; DS
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
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

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Drug Name	Drug Tier	Requirements / Limits
IPOL 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
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	
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

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Drug Name	Drug Tier	Requirements / Limits
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
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)
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	

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Drug Name	Drug Tier	Requirements / Limits
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
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
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

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Drug Name	Drug Tier	Requirements / Limits
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		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	2	
febuxostat oral tablet 40 mg, 80 mg	2	ST
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
OSTEOPOROSIS THERAPY		
alendronate oral tablet 10 mg	1	QL (1 per 1 day)
alendronate oral tablet 35 mg, 70 mg	1	QL (0.15 per 1 day)
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS
BOSAYA SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)
CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	MB	SP; DS; QL (0.09 per 1 day)
ibandronate oral tablet 150 mg	2	QL (0.04 per 1 day)
JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS
OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)
OSVYRTI SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS; QL (2 per 274 days)
raloxifene oral tablet 60 mg	1	
risedronate oral tablet 150 mg	2	QL (0.04 per 1 day)

Drug Name	Drug Tier	Requirements / Limits
risedronate oral tablet 35 mg	2	QL (0.15 per 1 day)
risedronate oral tablet 5 mg	2	QL (1 per 1 day)
risedronate oral tablet,delayed release (dr/ec) 35 mg	2	QL (0.15 per 1 day)
STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML	MB	SP; DS
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	1	PA; SP; DS; QL (0.09 per 1 day)
OTHER RHEUMATOLOGICALS		
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	MB	SP; DS
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)
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	MB	SP; DS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	MB	SP; DS
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)
leflunomide oral tablet 10 mg, 20 mg	2	
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	PA; QL (2 per 1 day)
milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	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)
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
penicillamine oral tablet 250 mg	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)
tofacitinib oral solution 1 mg/ml	3	PA; SP; DS; QL (10 per 1 day)
tofacitinib oral tablet 10 mg, 5 mg	3	PA; SP; DS; QL (2 per 1 day)
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	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)
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

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		
camila oral tablet 0.35 mg	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	
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	3	
deblitane oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	2	ACA; QL (99 per 99 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	
ENDOMETRIN VAGINAL INSERT 100 MG	3	PA; SP; DS
errin oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
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	2	
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	1	
estradiol vaginal cream 0.01 % (0.1 mg/gram)	2	
estradiol vaginal tablet 10 mcg	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/ACTUATION	3	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%)	3	
heather oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
incassia oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
jencycla oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
jinteli oral tablet 1-5 mg-mcg	1	
lyleq oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
lyza oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
medroxyprogesterone intramuscular suspension 150 mg/ml	1	ACA; QL (1 per 68 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	1	ACA; QL (1 per 68 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
mimvey oral tablet 1-0.5 mg	1	
nora-be oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
norethindrone (contraceptive) oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	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	
progesterone micronized oral capsule 100 mg, 200 mg	1	
sharobel oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
tulana oral tablet 0.35 mg	1	ACA; QL (99 per 99 days)
yuvafem vaginal tablet 10 mcg	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	
clindamycin phosphate vaginal cream 2 %	1	
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	ACA; QL (99 per 99 days)
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	ACA; QL (99 per 99 days)
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
INTRAROSA VAGINAL INSERT 6.5 MG	3	
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	2	
mifepristone oral tablet 200 mg	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
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	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)
OSPHENA ORAL TABLET 60 MG	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	2	
tranexamic acid oral tablet 650 mg	1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	2	ACA; QL (99 per 99 days)
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	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)
xulane transdermal patch weekly 150-35 mcg/24 hr	1	ACA; QL (99 per 99 days)
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	ACA; QL (99 per 99 days)
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	1	ACA; QL (99 per 99 days)
after pill oral tablet 1.5 mg	1	ACA; OTC; QL (99 per 99 days)
AFTERA ORAL TABLET 1.5 MG	2	ACA; OTC; QL (99 per 99 days)

Drug Name	Drug Tier	Requirements / Limits
altavera (28) oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA; QL (99 per 99 days)
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA; QL (99 per 99 days)
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA; QL (99 per 99 days)
amethyst (28) oral tablet 90-20 mcg (28)	1	ACA; QL (99 per 99 days)
apri oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA; QL (99 per 99 days)
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA; QL (99 per 99 days)
aubra eq oral tablet 0.1-20 mg-mcg	1	ACA; QL (99 per 99 days)
aubra oral tablet 0.1-20 mg-mcg	1	ACA; QL (99 per 99 days)
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA; QL (99 per 99 days)
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA; QL (99 per 99 days)
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA; QL (99 per 99 days)
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
aviane oral tablet 0.1-20 mg-mcg	1	ACA; QL (99 per 99 days)
ayuna oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA; QL (99 per 99 days)
balziva (28) oral tablet 0.4-35 mg-mcg	1	ACA; QL (99 per 99 days)
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA; QL (99 per 99 days)
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
briellyn oral tablet 0.4-35 mg-mcg	1	ACA; QL (99 per 99 days)
camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA; QL (99 per 99 days)
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA; QL (99 per 99 days)
charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA; QL (99 per 99 days)
chateal eq (28) oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
cryselle (28) oral tablet 0.3-30 mg-mcg	1	ACA; QL (99 per 99 days)
cyred eq oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
cyred oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA; QL (99 per 99 days)
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA; QL (99 per 99 days)
daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA; QL (99 per 99 days)
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA; QL (99 per 99 days)
dolishale oral tablet 90-20 mcg (28)	1	ACA; QL (99 per 99 days)
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	1	ACA; QL (99 per 99 days)
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	ACA; QL (99 per 99 days)
econtra ez oral tablet 1.5 mg	1	ACA; OTC; QL (99 per 99 days)
econtra one-step oral tablet 1.5 mg	1	ACA; OTC; QL (99 per 99 days)
elinest oral tablet 0.3-30 mg-mcg	1	ACA; QL (99 per 99 days)
ELLA ORAL TABLET 30 MG	3	ACA; QL (99 per 99 days)
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA; QL (99 per 99 days)
enskyce oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
estarylla oral tablet 0.25-0.035 mg	1	ACA; QL (99 per 99 days)
falmina (28) oral tablet 0.1-20 mg-mcg	1	ACA; QL (99 per 99 days)
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA; QL (99 per 99 days)
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA; QL (99 per 99 days)
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
hailey oral tablet 1.5-30 mg-mcg	1	ACA; QL (99 per 99 days)
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA; QL (99 per 99 days)
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA; QL (99 per 99 days)
isibloom oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA; QL (99 per 99 days)
jasmiel (28) oral tablet 3-0.02 mg	1	ACA; QL (99 per 99 days)
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA; QL (99 per 99 days)
juleber oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA; QL (99 per 99 days)
junel 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA; QL (99 per 99 days)
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA; QL (99 per 99 days)
kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA; QL (99 per 99 days)
kalliga oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA; QL (99 per 99 days)
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA; QL (99 per 99 days)
kurvelo (28) oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA; QL (99 per 99 days)
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA; QL (99 per 99 days)
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA; QL (99 per 99 days)
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
lessina oral tablet 0.1-20 mg-mcg	1	ACA; QL (99 per 99 days)
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA; QL (99 per 99 days)
levonorgestrel oral tablet 1.5 mg	1	ACA; OTC; QL (99 per 99 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	ACA; QL (99 per 99 days)
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA; QL (99 per 99 days)
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	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)
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA; QL (99 per 99 days)
loryna (28) oral tablet 3-0.02 mg	1	ACA; QL (99 per 99 days)
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	ACA; QL (99 per 99 days)
lo-zumandimine (28) oral tablet 3-0.02 mg	1	ACA; QL (99 per 99 days)
lutera (28) oral tablet 0.1-20 mg-mcg	1	ACA; QL (99 per 99 days)
marlissa (28) oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA; QL (99 per 99 days)
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA; QL (99 per 99 days)
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA; QL (99 per 99 days)
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
mili oral tablet 0.25-0.035 mg	1	ACA; QL (99 per 99 days)
mono-linyah oral tablet 0.25-0.035 mg	1	ACA; QL (99 per 99 days)
my choice oral tablet 1.5 mg	1	ACA; OTC; QL (99 per 99 days)
my way oral tablet 1.5 mg	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)
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA; QL (99 per 99 days)
new day oral tablet 1.5 mg	1	ACA; OTC; QL (99 per 99 days)
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	ACA; QL (99 per 99 days)
nikki (28) oral tablet 3-0.02 mg	1	ACA; QL (99 per 99 days)
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	ACA; QL (99 per 99 days)
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA; QL (99 per 99 days)
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA; QL (99 per 99 days)
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	1	ACA; QL (99 per 99 days)
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA; QL (99 per 99 days)
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	ACA; QL (99 per 99 days)
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA; QL (99 per 99 days)
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA; QL (99 per 99 days)
nylia 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA; QL (99 per 99 days)
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg	1	ACA; QL (99 per 99 days)
ocella oral tablet 3-0.03 mg	1	ACA; QL (99 per 99 days)
opcicon one-step oral tablet 1.5 mg	1	ACA; OTC; QL (99 per 99 days)
option-2 oral tablet 1.5 mg	1	ACA; OTC; QL (99 per 99 days)
philith oral tablet 0.4-35 mg-mcg	1	ACA; QL (99 per 99 days)
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA; QL (99 per 99 days)
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	ACA; OTC; QL (99 per 99 days)
portia 28 oral tablet 0.15-0.03 mg	1	ACA; QL (99 per 99 days)
reclipsen (28) oral tablet 0.15-0.03 mg	1	QL (99 per 99 days)
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
rosyrah oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA; QL (99 per 99 days)
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA; QL (99 per 99 days)
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA; QL (99 per 99 days)
simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA; QL (99 per 99 days)
SLYND ORAL TABLET 4 MG (28)	2	ACA; QL (99 per 99 days)
sprintec (28) oral tablet 0.25-0.035 mg	1	ACA; QL (99 per 99 days)
syeda oral tablet 3-0.03 mg	1	ACA; QL (99 per 99 days)
TAKE ACTION ORAL TABLET 1.5 MG	2	ACA; OTC; QL (99 per 99 days)
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA; QL (99 per 99 days)
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA; QL (99 per 99 days)
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA; QL (99 per 99 days)
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA; QL (99 per 99 days)
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA; QL (99 per 99 days)
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA; QL (99 per 99 days)
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA; QL (99 per 99 days)
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA; QL (99 per 99 days)
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA; QL (99 per 99 days)
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA; QL (99 per 99 days)
turqoz (28) oral tablet 0.3-30 mg-mcg	1	ACA; QL (99 per 99 days)

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Drug Name	Drug Tier	Requirements / Limits
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	1	QL (99 per 99 days)
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA; QL (99 per 99 days)
vestura (28) oral tablet 3-0.02 mg	1	ACA; QL (99 per 99 days)
vienva oral tablet 0.1-20 mg-mcg	1	ACA; QL (99 per 99 days)
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA; QL (99 per 99 days)
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA; QL (99 per 99 days)
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	ACA; QL (99 per 99 days)
vylibra oral tablet 0.25-0.035 mg	1	ACA; QL (99 per 99 days)
wera (28) oral tablet 0.5-35 mg-mcg	1	ACA; QL (99 per 99 days)
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA; QL (99 per 99 days)
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA; QL (99 per 99 days)
YAZ (28) ORAL TABLET 3-0.02 MG	3	ACA; QL (99 per 99 days)
zarah oral tablet 3-0.03 mg	1	ACA; QL (99 per 99 days)
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	ACA; QL (99 per 99 days)
zumandimine (28) oral tablet 3-0.03 mg	1	ACA; QL (99 per 99 days)
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	3	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	2	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	2	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	3	
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	3	
timolol ophthalmic (eye) drops 0.5 %	2	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %	1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		

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Drug Name	Drug Tier	Requirements / Limits
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	3	
cromolyn ophthalmic (eye) drops 4 %	1	
cyclosporine ophthalmic (eye) dropperette 0.05 %	2	PA; ST; QL (60 per 23 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	3	DS
epinastine ophthalmic (eye) drops 0.05 %	2	
EPIOXA OPHTHALMIC (EYE) KIT 0.239-0.177 %	MB	DS
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07 ML	MB	SP; DS
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	MB	SP; DS
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	MB	SP; DS
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 %	MB	
proparacaine ophthalmic (eye) drops 0.5 %	1	
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05 ML	MB	SP; DS
VABYSMO INTRAVITREAL SYRINGE 6 MG/0.05 ML	MB	SP; DS
XDEMVY 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)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	3	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.09 %	2	
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	

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Drug Name	Drug Tier	Requirements / Limits
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	2	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops 0.01 %	1	ST
bimatoprost ophthalmic (eye) drops 0.03 %	2	ST
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	2	
brinzolamide ophthalmic (eye) drops,suspension 1 %	2	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
latanoprost ophthalmic (eye) drops 0.005 %	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)
tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %	2	ST
travoprost ophthalmic (eye) drops 0.004 %	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	2	

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Drug Name	Drug Tier	Requirements / Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	3	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	2	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	3	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
difluprednate ophthalmic (eye) drops 0.05 %	3	
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG	MB	SP; DS
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	2	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	2	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	3	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops 0.5 %	2	
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	2	
brimonidine ophthalmic (eye) drops 0.2 %	1	

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Drug Name	Drug Tier	Requirements / Limits
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	3	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
BROMPHENIRAMINE IN NACL,ISO-OS INTRAMUSCULAR SOLUTION 10 MG/ML	MB	
carbinoxamine maleate oral liquid 4 mg/5 ml	2	
carbinoxamine maleate oral tablet 4 mg	2	
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	2	
dexchlorpheniramine maleate oral solution 2 mg/5 ml	2	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl injection syringe 50 mg/ml	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	
epinephrine injection solution 1 mg/ml	MB	
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	MB	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
promethazine injection solution 25 mg/ml, 50 mg/ml	1	
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg, 50 mg	1	
COUGH & COLD THERAPY		

Drug Name	Drug Tier	Requirements / Limits
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1	
g tussin ac oral liquid 10-100 mg/5 ml	1	
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1	OP
maxi-tuss ac oral liquid 10-100 mg/5 ml	1	
promethazine-dm oral solution 6.25-15 mg/5 ml	1	
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	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	
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	1	
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
ambrisentan oral tablet 10 mg, 5 mg	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	

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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	
azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray	3	
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	MB	SP; DS; QL (0.34 per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	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	

Drug Name	Drug Tier	Requirements / Limits
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	2	
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 1 mg/2 ml	1	
budesonide inhalation suspension for nebulization 0.5 mg/2 ml	1	QL (120 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	MB	SP; DS; QL (0.67 per 1 day)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	

Drug Name	Drug Tier	Requirements / Limits
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)
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)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION	1	
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	1	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	
icatibant subcutaneous syringe 30 mg/3 ml	3	PA; SP; DS; QL (0.6 per 1 day)
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	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)

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Drug Name	Drug Tier	Requirements / Limits
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	1	
macitentan oral tablet 10 mg	3	PA; SP; DS; QL (1 per 1 day)
mometasone nasal spray,non-aerosol 50 mcg/actuation	2	
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	QL (1 per 1 day)
montelukast oral tablet,chewable 4 mg, 5 mg	1	QL (1 per 1 day)
nintedanib oral capsule 100 mg, 150 mg	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)
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)
pirfenidone oral capsule 267 mg	3	PA; SP; DS; QL (9 per 1 day)
pirfenidone oral tablet 267 mg, 801 mg	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	

Drug Name	Drug Tier	Requirements / Limits
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	SP; DS; QL (5 per 1 day)
roflumilast oral tablet 250 mcg, 500 mcg	2	
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	MB	SP; DS; QL (0.27 per 1 day)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
sildenafil (pulm.hypertension) oral tablet 20 mg	3	PA; SP; DS; QL (3 per 1 day)
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	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)
tadalafil (pulm. hypertension) oral tablet 20 mg	3	PA; SP; DS; QL (2 per 1 day)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	3	PA; SP; DS; QL (0.15 per 1 day)
terbutaline oral tablet 2.5 mg, 5 mg	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)
theophylline oral elixir 80 mg/15 ml	1	

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Drug Name	Drug Tier	Requirements / Limits
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	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)
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	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)
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)
zafirlukast oral tablet 10 mg, 20 mg	1	QL (2 per 1 day)
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	2	
flavoxate oral tablet 100 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
mirabegron oral tablet extended release 24 hr 25 mg, 50 mg	2	
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 2.5 mg, 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
solifenacin oral tablet 10 mg, 5 mg	2	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	2	
tolterodine oral tablet 1 mg, 2 mg	1	
trospium oral capsule,extended release 24hr 60 mg	2	
trospium oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	2	
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	2	QL (1 per 1 day)
tadalafil oral tablet 2.5 mg, 5 mg	3	PA; SP; DS; QL (1 per 1 day)
tamsulosin oral capsule 0.4 mg	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; DS
ELMIRON ORAL CAPSULE 100 MG	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	MB	SP; DS
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	2	
VITAMINS, HEMATINICS & ELECTROLYTES		
BLOOD DERIVATIVES		
alburx (human) 25 % intravenous parenteral solution 25 %	MB	
ELECTROLYTES		

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
calcium acetate(phosphat bind) oral capsule 667 mg	1	
calcium acetate(phosphat bind) oral tablet 667 mg	1	
calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml	MB	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
effer-k oral tablet, effervescent 25 meq	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
klor-con m10 oral tablet,er particles/crystals 10 meq	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	3	
klor-con m20 oral tablet,er particles/crystals 20 meq	1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	2	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	MB	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	2	
potassium chloride oral packet 20 meq	2	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	2	
sevelamer carbonate oral tablet 800 mg	2	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	3	
sodium polystyrene sulfonate oral powder 15 gram	1	

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Drug Name	Drug Tier	Requirements / Limits
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	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	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
electrolyte-148 intravenous parenteral solution	MB	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	MB	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	MB	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	MB	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	MB	
VITAMINS & HEMATINICS		
b complex 1 (with folic acid) oral tablet 0.4 mg	1	ACA; OTC
b complex-vitamin c-folic acid oral tablet 400 mcg	1	ACA; OTC
b-complex with vitamin c oral tablet 400-500 mcg-mg	1	ACA; OTC
classic prenatal oral tablet 28 mg iron-800 mcg	1	ACA; OTC
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
dialyvite 800 oral tablet 0.8 mg	1	ACA; OTC
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
ferric carboxymaltose intravenous solution 100 mg iron/2 ml, 50 mg iron/ml	MB	
flotrex oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA; OTC
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA; OTC

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
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)	1	ACA; OTC
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; OTC
folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg	1	ACA; OTC
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	1	ACA; OTC
full spectrum b-vitamin c oral tablet 0.8 mg	1	ACA; OTC
INJECTAFER INTRAVENOUS SOLUTION 100 MG IRON/2 ML, 50 MG IRON/ML	MB	
iron sucrose intravenous solution 100 mg iron/5 ml, 200 mg iron/10 ml, 50 mg iron/2.5 ml	MB	
kobee oral tablet 0.4 mg	1	ACA; OTC
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)	1	ACA; OTC
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	1	ACA; OTC
multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA; OTC
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA; OTC
prenatal complete oral tablet 14 mg iron- 400 mcg	1	ACA; OTC
prenatal multi-dha (algal oil) oral capsule 27mg iron-800 mcg-250 mg	1	ACA; OTC
prenatal multivitamins oral tablet 28 mg iron-800 mcg	1	OTC
prenatal one daily oral tablet 27 mg iron- 800 mcg	1	ACA; OTC
prenatal oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	1	OTC
prenatal vitamin with minerals oral tablet 28 mg iron-800 mcg	1	ACA; OTC
rena-vite oral tablet 0.8 mg	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	1	ACA; OTC
stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron	1	ACA; OTC
super quints oral tablet 0.4 mg	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	ACA; OTC
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	MB	

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