

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

1: NH State Preferred Drugs

2: NH State Non-Preferred Drugs

3: Well Sense Covered Drugs

ACA: Affordable Care Act

OTC: Over the Counter. An OTC drug is a drug that can be purchased at the store without a prescription. If your doctor gives you a prescription for this drug, we will cover it as a plan benefit.

PA: Prior Authorization. This drug must be approved before we will cover it. Your physician must request a coverage review from us on your behalf. If approval is not granted, we may not cover the drug.

QL: Quantity Limit. This is the maximum amount of a drug that we will cover for each prescription fill. Any amount greater than this requires prior approval.

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

ST: Step Therapy. We require that you try another drug to treat your medical condition before this one will be covered. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche 10 mg</i>	3	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	3	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	3	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	3	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	3	
<i>griseofulvin microsize oral tablet 500 mg</i>	3	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	
<i>itraconazole oral capsule 100 mg</i>	1	PA; QL
<i>itraconazole oral solution 10 mg/ml</i>	1	PA
<i>ketoconazole oral tablet 200 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin oral suspension 100,000 unit/ml</i>	3	
<i>nystatin oral tablet 500,000 unit</i>	3	
SPORANOX ORAL CAPSULE 100 MG	2	PA; QL
SPORANOX ORAL SOLUTION 10 MG/ML	2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL
VIVJOA ORAL CAPSULE 150 MG	3	PA; QL
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	3	
<i>adefovir oral tablet 10 mg</i>	3	
<i>amantadine hcl oral capsule 100 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	3	PA; SP; QL
APTIVUS ORAL CAPSULE 250 MG	1	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	1	PA; QL
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	
<i>cidofovir intravenous solution 75 mg/ml</i>	3	
CIMDUO ORAL TABLET 300-300 MG	1	
COMPLERA ORAL TABLET 200-25-300 MG	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
DELSTRIGO ORAL TABLET 100-300-300 MG	1	

Drug Name	Drug Tier	Requirements / Limits
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	1	
EDURANT ORAL TABLET 25 MG	1	
<i>efavirenz oral tablet 600 mg</i>	3	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	QL
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	QL
<i>emtricitabine oral capsule 200 mg</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	QL
EMTRIVA ORAL CAPSULE 200 MG	1	PA; QL
EMTRIVA ORAL SOLUTION 10 MG/ML	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	2	PA; SP; QL
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	2	PA; SP; QL
EPIVIR ORAL SOLUTION 10 MG/ML	1	PA
EPIVIR ORAL TABLET 150 MG, 300 MG	1	PA
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
FLUMADINE ORAL TABLET 100 MG	2	PA
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	3	SP
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	3	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	

Drug Name	Drug Tier	Requirements / Limits
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; SP; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	2	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	1	PA
INTELENCE ORAL TABLET 25 MG	1	
ISENTRESS HD ORAL TABLET 600 MG	1	
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	
ISENTRESS ORAL TABLET 400 MG	1	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	1	
JULUCA ORAL TABLET 50-25 MG	1	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	1	PA
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	1	PA
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	QL
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	ST; SP; QL
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	1	ST; SP; QL
MAVYRET ORAL TABLET 100-40 MG	1	ST; SP; QL
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
NORVIR ORAL POWDER IN PACKET 100 MG	1	
NORVIR ORAL TABLET 100 MG	1	PA

Drug Name	Drug Tier	Requirements / Limits
ODEFSEY ORAL TABLET 200-25-25 MG	1	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	QL
PIFELTRO ORAL TABLET 100 MG	1	
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	
PREZISTA ORAL SUSPENSION 100 MG/ML	1	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	1	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	ST; QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	
RETROVIR ORAL CAPSULE 100 MG	1	PA

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Drug Name	Drug Tier	Requirements / Limits
RETROVIR ORAL SYRUP 10 MG/ML	1	PA
REYATAZ ORAL CAPSULE 200 MG, 300 MG	1	PA
REYATAZ ORAL POWDER IN PACKET 50 MG	1	
<i>ribavirin oral capsule 200 mg</i>	1	PA; SP
<i>ribavirin oral tablet 200 mg</i>	1	PA; SP
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	PA; QL
SELZENTRY ORAL SOLUTION 20 MG/ML	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG	2	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	ST; SP; QL
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	2	PA; SP; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
<i>stavudine oral capsule 30 mg</i>	3	
STRIBILD ORAL TABLET 150-150-200-300 MG	1	
SUNLENCA ORAL TABLET 300 MG	1	SP
SYMFI LO ORAL TABLET 400-300-300 MG	1	PA; QL
SYMFI ORAL TABLET 600-300-300 MG	1	PA; QL
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	3	PA; SP
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	2	PA; QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	2	PA
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 50 MG	1	

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Drug Name	Drug Tier	Requirements / Limits
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	QL
TRIUMEQ ORAL TABLET 600-50-300 MG	1	
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	1	PA
TRUVADA ORAL TABLET 200-300 MG	1	PA; QL
TYBOST ORAL TABLET 150 MG	1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	3	
<i>valganciclovir oral tablet 450 mg</i>	3	
VALTREX ORAL TABLET 1 GRAM, 500 MG	2	PA
VEMLIDY ORAL TABLET 25 MG	3	QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	

Drug Name	Drug Tier	Requirements / Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	
VIREAD ORAL TABLET 300 MG	1	PA
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; SP; QL
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	2	ST
ZEPATIER ORAL TABLET 50-100 MG	2	PA; SP; QL
ZIAGEN ORAL SOLUTION 20 MG/ML	1	PA
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	3	PA
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	3	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	
<i>cefadroxil oral tablet 1 gram</i>	3	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefotaxime injection recon soln 1 gram</i>	3	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	3	
<i>cefoxitin intravenous recon soln 1 gram, 10 gram</i>	3	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	3	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 2 gram/50 ml</i>	3	
<i>ceftriaxone injection recon soln 10 gram, 250 mg, 500 mg</i>	3	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	3	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	3	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>cephalexin oral tablet 250 mg, 500 mg</i>	3	
<i>tazicef injection recon soln 6 gram</i>	3	
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	3	
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	QL
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	QL
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	3	PA; QL
<i>e.e.s. 400 oral tablet 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	1	PA
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	1	PA
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	2	PA
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	ST
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	PA
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	ST
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	PA
ZITHROMAX ORAL PACKET 1 GRAM	2	PA
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	2	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	2	PA; QL
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	2	PA; QL
ZITHROMAX Z-PAK ORAL TABLET 250 MG	2	PA; QL
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	3	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	3	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	ST; SP
<i>atovaquone oral suspension 750 mg/5 ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	3	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	3	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	3	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	1	PA; SP; QL
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	ST; SP
<i>chloroquine phosphate oral tablet 500 mg</i>	3	QL
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	3	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	3	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	3	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	3	
CYCLOSERINE ORAL CAPSULE 250 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
<i>daptomycin intravenous recon soln 500 mg</i>	3	
<i>ertapenem injection recon soln 1 gram</i>	3	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 60 mg/50 ml</i>	3	
<i>gentamicin injection solution 40 mg/ml</i>	3	
<i>hydroxychloroquine oral tablet 200 mg</i>	3	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	3	
IMPAVIDO ORAL CAPSULE 50 MG	3	PA
<i>isoniazid oral solution 50 mg/5 ml</i>	3	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	3	
<i>ivermectin oral tablet 3 mg</i>	3	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	1	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	3	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	3	PA
<i>linezolid oral tablet 600 mg</i>	3	PA
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	3	PA
<i>mefloquine oral tablet 250 mg</i>	3	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	3	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	3	
<i>neomycin oral tablet 500 mg</i>	3	
<i>paromomycin oral capsule 250 mg</i>	3	SP
<i>praziquantel oral tablet 600 mg</i>	3	
PRETOMANID ORAL TABLET 200 MG	3	PA
PRIFTIN ORAL TABLET 150 MG	3	
<i>pyrazinamide oral tablet 500 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>pyrimethamine oral tablet 25 mg</i>	3	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	3	
<i>rifabutin oral capsule 150 mg</i>	3	
<i>rifampin intravenous recon soln 600 mg</i>	3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	3	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA
SIVEXTRO INTRAVENOUS RECON SOLN 200 MG	3	PA
SIVEXTRO ORAL TABLET 200 MG	3	PA
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	3	PA; QL
<i>tigecycline intravenous recon soln 50 mg</i>	3	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	3	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	SP; QL
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	3	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	1	SP
XIFAXAN ORAL TABLET 200 MG, 550 MG	3	PA; QL
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	3	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	3	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	3	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	3	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	3	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	3	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	3	
<i>ampicillin oral capsule 500 mg</i>	3	
<i>ampicillin sodium injection recon soln 10 gram, 250 mg, 500 mg</i>	3	
<i>ampicillin sodium intravenous recon soln 1 gram</i>	3	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	3	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	3	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	3	
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	2	ST

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	1	PA
CIPRO ORAL TABLET 250 MG, 500 MG	2	PA; QL
<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	QL
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	3	ST
<i>levofloxacin intravenous solution 25 mg/ml</i>	3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	QL
<i>moxifloxacin oral tablet 400 mg</i>	1	QL
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	3	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	QL
SULFA'S / RELATED AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>sulfadiazine oral tablet 500 mg</i>	3	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	3	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	3	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	3	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	3	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	3	
<i>doxy-100 intravenous recon soln 100 mg</i>	3	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	3	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	3	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	3	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	3	
<i>morgidox oral capsule 100 mg</i>	3	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	3	
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet 1 gram</i>	3	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	3	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	3	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	3	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	3	
<i>trimethoprim oral tablet 100 mg</i>	3	
VANCOMYCIN		

Drug Name	Drug Tier	Requirements / Limits
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	3	
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg</i>	3	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	3	
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	3	
MESNEX ORAL TABLET 400 MG	3	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	3	PA; SP; QL
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	3	PA; SP
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	3	PA; SP
ALECENSA ORAL CAPSULE 150 MG	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	3	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	3	PA; SP
<i>anastrozole oral tablet 1 mg</i>	3	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	3	PA; SP; QL
<i>azathioprine oral tablet 50 mg</i>	3	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	3	PA; SP; QL
<i>bexarotene oral capsule 75 mg</i>	3	SP
<i>bicalutamide oral tablet 50 mg</i>	3	SP
BLENREP INTRAVENOUS RECON SOLN 100 MG	3	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	3	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	3	PA; SP
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; SP
BRUKINSA ORAL CAPSULE 80 MG	3	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
CAMCEVI (6 MONTH) SUBCUTANEOUS SYRINGE 42 MG	1	PA; SP
<i>capecitabine oral tablet 150 mg, 500 mg</i>	3	SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	3	PA; SP
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
COTELLIC ORAL TABLET 20 MG	3	PA; SP
<i>cyclophosphamide oral capsule 50 mg</i>	3	SP
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	3	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	3	
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	3	
DAURISMO ORAL TABLET 100 MG, 25 MG	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	1	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	1	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	1	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	1	PA; SP
ERLEADA ORAL TABLET 60 MG	3	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	3	PA; SP
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	3	PA; SP; QL
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	3	PA; SP
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	3	QL
<i>exemestane oral tablet 25 mg</i>	3	SP
EXKIVITY ORAL CAPSULE 40 MG	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	3	PA
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	1	PA; SP
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	3	PA; SP
GAVRETO ORAL CAPSULE 100 MG	3	PA; SP
<i>gengraf oral capsule 100 mg, 25 mg</i>	3	
<i>gengraf oral solution 100 mg/ml</i>	3	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	3	PA; SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	PA; SP
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	3	SP
HYDROXYUREA (BULK) POWDER 100 %	3	SP
<i>hydroxyurea oral capsule 500 mg</i>	3	SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	3	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	PA; SP

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	3	PA; SP
IDHIFA ORAL TABLET 100 MG, 50 MG	3	PA; SP
<i>imatinib oral tablet 100 mg, 400 mg</i>	3	PA; SP; QL
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	3	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	3	PA; SP
INQOVI ORAL TABLET 35-100 MG	3	PA; SP
IRESSA ORAL TABLET 250 MG	3	PA; SP; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	3	PA; SP
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	3	PA; SP
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	3	PA; SP
KRAZATI ORAL TABLET 200 MG	3	PA; SP; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	3	PA; SP; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	3	PA; SP
<i>letrozole oral tablet 2.5 mg</i>	3	
LEUKERAN ORAL TABLET 2 MG	3	SP
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	1	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	3	PA; SP
LUMAKRAS ORAL TABLET 120 MG	3	PA; SP; QL
LUMAKRAS ORAL TABLET 320 MG	3	PA; SP
LUPKYNIS ORAL CAPSULE 7.9 MG	3	PA; SP; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	PA; SP; QL
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA; SP; QL
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; SP; QL
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA; SP; QL
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; SP; QL
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 7.5 MG (PED)	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 15 MG	1	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; SP; QL
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; SP
LYTGOBI ORAL TABLET 4 MG	3	PA; QL
MATULANE ORAL CAPSULE 50 MG	3	SP
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	3	
<i>megestrol oral tablet 20 mg, 40 mg</i>	3	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	3	PA; SP
MEKTOVI ORAL TABLET 15 MG	3	PA; SP
<i>melphalan oral tablet 2 mg</i>	3	SP
<i>mercaptopurine oral tablet 50 mg</i>	3	SP
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	3	SP

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Drug Name	Drug Tier	Requirements / Limits
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	3	
<i>methotrexate sodium injection solution 25 mg/ml</i>	3	
<i>methotrexate sodium oral tablet 2.5 mg</i>	3	
MONJUVI INTRAVENOUS RECON SOLN 200 MG	3	PA; SP
<i>mycophenolate mofetil oral capsule 250 mg</i>	3	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	3	
<i>mycophenolate mofetil oral tablet 500 mg</i>	3	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	3	
MYLERAN ORAL TABLET 2 MG	3	SP
NERLYNX ORAL TABLET 40 MG	3	PA; SP
<i>nilutamide oral tablet 150 mg</i>	3	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	3	PA; SP
ODOMZO ORAL CAPSULE 200 MG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ONUREG ORAL TABLET 200 MG, 300 MG	3	PA; SP
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	3	PA; SP
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	3	PA; SP; QL
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; SP; QL
QINLOCK ORAL TABLET 50 MG	3	PA; SP; QL
RETEVMO ORAL CAPSULE 40 MG, 80 MG	3	PA; SP; QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	3	PA; SP; QL
REZLIDHIA ORAL CAPSULE 150 MG	3	PA; SP; QL
RIABNI INTRAVENOUS SOLUTION 10 MG/ML	3	PA; ST; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	3	PA; SP; QL
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	3	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	3	PA; ST; SP
RYDAPT ORAL CAPSULE 25 MG	3	PA; SP
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	3	PA; SP
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	3	PA; SP; QL
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	3	PA; SP
<i>sirolimus oral solution 1 mg/ml</i>	3	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
<i>sorafenib oral tablet 200 mg</i>	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	3	PA; SP; QL
STIVARGA ORAL TABLET 40 MG	3	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg</i>	3	PA; SP
<i>sunitinib malate oral capsule 37.5 mg</i>	3	PA; SP; QL
SUPPRELIN LA IMPLANT KIT 50 MG (65 MCG/DAY)	2	PA; SP; QL
TABRECTA ORAL TABLET 150 MG, 200 MG	3	PA; SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	3	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; SP
TAGRISSE ORAL TABLET 40 MG, 80 MG	3	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	3	PA; SP
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	3	
TASIGNA ORAL CAPSULE 150 MG, 200 MG	3	PA; SP; QL
TASIGNA ORAL CAPSULE 50 MG	3	PA; SP
TAZVERIK ORAL TABLET 200 MG	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML, 90 MG/ML	3	PA; SP; QL
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	3	PA; SP
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	3	PA; SP; QL
TIBSOVO ORAL TABLET 250 MG	3	PA; SP
<i>toremifene oral tablet 60 mg</i>	3	SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	3	SP
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	PA; SP
TRUXIMA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; ST; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	3	PA; SP; QL
UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	3	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	3	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; SP
VONJO ORAL CAPSULE 100 MG	3	PA; SP; QL
VOTRIENT ORAL TABLET 200 MG	3	PA; SP; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	3	PA; SP
XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG	3	PA; SP
XATMEP ORAL SOLUTION 2.5 MG/ML	3	PA; SP

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	3	PA; SP
XTANDI ORAL CAPSULE 40 MG	3	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	3	PA; SP; QL
YONSA ORAL TABLET 125 MG	3	PA; SP
ZELBORAF ORAL TABLET 240 MG	3	PA; SP
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	3	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	3	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	3	PA; SP
ZYKADIA ORAL TABLET 150 MG	3	PA; SP

**AUTONOMIC / CNS DRUGS,
NEUROLOGY / PSYCH**

ANTICONVULSANTS

Drug Name	Drug Tier	Requirements / Limits
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	2	PA; QL
BANZEL ORAL SUSPENSION 40 MG/ML	2	PA
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA; QL
BRIVIACT ORAL SOLUTION 10 MG/ML	2	PA; QL
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	2	PA; QL
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	1	PA

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
CELONTIN ORAL CAPSULE 300 MG	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	QL
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	QL
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	2	PA
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	2	PA
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	1	PA
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	2	PA; QL
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	2	PA; QL
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	PA
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	1	PA
DILANTIN ORAL CAPSULE 30 MG	2	ST
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	2	PA
<i>divalproex oral capsule, delayed release 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 1,500 MG	2	ST
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; SP; QL
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML	2	PA

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Drug Name	Drug Tier	Requirements / Limits
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	2	ST
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL TABLET 400 MG, 600 MG	2	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	2	PA; SP; QL
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	3	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	ST; QL
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	ST; QL
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
KEPPRA ORAL SOLUTION 100 MG/ML	2	PA
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	2	PA
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	2	PA
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	2	PA
<i>lacosamide intravenous solution 200 mg/20 ml</i>	3	ST
<i>lacosamide oral solution 10 mg/ml</i>	2	ST
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	QL
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 50 MG	2	PA; QL
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 25 MG	2	PA

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING , DOSE PK 25 MG (21) -50 MG (7)	2	PA
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING , DOSE PK 50 MG (42) -100 MG (14)	2	PA
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING , DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	2	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG	2	PA; QL
LAMICTAL ORAL TABLET 25 MG	2	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	2	PA
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	2	PA

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) - 100 MG (14)	2	PA
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) - 100 MG (7)	2	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	2	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 200 MG, 250 MG, 300 MG	2	PA; QL
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	2	ST; QL
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	2	ST; QL

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
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	2	ST; QL
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg</i>	1	
<i>lamotrigine oral tablet 25 mg</i>	1	QL
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 25 mg, 50 mg</i>	1	QL
<i>lamotrigine oral tablet extended release 24hr 200 mg, 250 mg, 300 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	1	QL
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 25 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	3	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	3	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	3	PA
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	PA; QL
LYRICA ORAL SOLUTION 20 MG/ML	2	PA; QL
<i>methsuximide oral capsule 300 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MYSOLINE ORAL TABLET 250 MG, 50 MG	2	PA
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; QL
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	2	PA
NEURONTIN ORAL SOLUTION 250 MG/5 ML	2	PA
NEURONTIN ORAL TABLET 600 MG, 800 MG	2	PA
ONFI ORAL SUSPENSION 2.5 MG/ML	2	PA; QL
ONFI ORAL TABLET 10 MG, 20 MG	2	PA; QL
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	2	ST
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	3	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	2	PA
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	PA; QL
<i>pregabalin oral solution 20 mg/ml</i>	1	PA; QL
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	3	PA
PRIMIDONE ORAL TABLET 125 MG	1	ST
<i>primidone oral tablet 250 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	PA; QL
<i>roweepra oral tablet 500 mg</i>	1	
<i>roweepra xr oral tablet extended release 24 hr 500 mg, 750 mg</i>	3	QL
<i>rufinamide oral suspension 40 mg/ml</i>	1	QL
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	QL
SABRIL ORAL POWDER IN PACKET 500 MG	1	PA; SP; QL
SABRIL ORAL TABLET 500 MG	1	PA; SP; QL
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	2	ST; QL
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg</i>	1	
<i>subvenite oral tablet 25 mg</i>	1	QL
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	2	ST; QL
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	2	PA
TEGRETOL ORAL TABLET 200 MG	2	PA
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	1	PA
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	1	PA
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	2	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	QL
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	1	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	2	PA
TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	2	PA; QL
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	3	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	PA; QL
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; SP; QL
<i>vigabatrin oral tablet 500 mg</i>	1	PA; SP; QL
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; SP; QL
VIMPAT ORAL SOLUTION 10 MG/ML	2	ST; QL
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	2	PA; QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	2	PA; QL
ZARONTIN ORAL CAPSULE 250 MG	2	PA
ZARONTIN ORAL SOLUTION 250 MG/5 ML	2	PA
ZONISADE ORAL SUSPENSION 100 MG/5 ML	2	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	2	PA; SP
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	3	PA; SP; QL
<i>benztropine injection solution 1 mg/ml</i>	3	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
<i>bromocriptine oral capsule 5 mg</i>	3	
<i>bromocriptine oral tablet 2.5 mg</i>	3	
<i>carbidopa oral tablet 25 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	3	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	3	
<i>entacapone oral tablet 200 mg</i>	3	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	2	PA; SP; QL
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG	2	PA; QL
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	2	ST
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	QL
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	QL
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	QL
<i>selegiline hcl oral tablet 5 mg</i>	3	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	3	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	3	

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; SP; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	1	PA; SP; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	1	PA; SP; QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; SP; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; SP; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; SP; QL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	
FROVA ORAL TABLET 2.5 MG	2	PA; QL
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; QL
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	2	PA; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	2	PA; QL
MAXALT ORAL TABLET 10 MG	2	PA; QL
MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG	2	PA; QL
MIGRANOW KIT, GEL AND TABLET 50 MG-10 %-4 %	3	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	2	PA; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	ST
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	2	PA; QL
RELPAK ORAL TABLET 20 MG, 40 MG	2	PA; QL
REYVOW ORAL TABLET 100 MG, 50 MG	2	PA; QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	3	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	QL
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	2	ST; QL
TREXIMET ORAL TABLET 85-500 MG	3	PA; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML	2	PA; SP; QL
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	2	PA
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	2	ST; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	2	PA; QL
ZOMIG ORAL TABLET 2.5 MG, 5 MG	2	PA; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	2	PA

Drug Name	Drug Tier	Requirements / Limits
AMONDYS-45 INTRAVENOUS SOLUTION 50 MG/ML	3	PA; SP
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	2	PA; SP; QL
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	2	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG	2	PA; SP; QL
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	1	PA; SP; QL
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG, 6 MG	1	SP
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	1	SP
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 95 MG	2	PA; SP; QL
BRIUMVI INTRAVENOUS SOLUTION 25 MG/ML	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	1	PA; SP; QL
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; SP; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46), 240 mg</i>	1	PA; SP; QL
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	3	PA; SP
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	1	PA; QL
EXONDYS-51 INTRAVENOUS SOLUTION 50 MG/ML	3	PA; SP
<i>fingolimod oral capsule 0.5 mg</i>	1	PA; SP; QL
FIRDAPSE ORAL TABLET 10 MG	3	PA; SP; QL
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
GILENYA ORAL CAPSULE 0.25 MG	2	PA; SP
GILENYA ORAL CAPSULE 0.5 MG	2	PA; SP; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	PA; SP; QL
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21)	1	PA; SP; QL
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	PA; SP; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; SP; QL
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML	2	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	2	PA; SP
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	2	PA; SP; QL
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	2	PA; SP; QL
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	1	
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	2	ST
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	2	ST
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	2	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	ST
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	ST
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	2	PA; SP; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	2	PA; SP; QL
PONVORY ORAL TABLET 20 MG	2	PA; SP; QL
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	QL
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	QL
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	3	PA; SP
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	2	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	2	PA; SP; QL
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; SP
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	2	PA; SP; QL
VILTEPSO INTRAVENOUS SOLUTION 50 MG/ML	3	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	2	PA; SP; QL
VYONDYS-53 INTRAVENOUS SOLUTION 50 MG/ML	3	PA; SP
XENAZINE ORAL TABLET 12.5 MG, 25 MG	2	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; SP; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	2	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	2	PA; SP; QL

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	2	PA
<i>atracurium intravenous solution 10 mg/ml</i>	3	
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML), 5 MG/5 ML	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 250 mg</i>	1	
<i>carisoprodol oral tablet 350 mg</i>	1	QL
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	QL
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	3	QL
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	QL
<i>cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml</i>	3	
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	2	PA
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	2	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML)	2	PA
LORZONE ORAL TABLET 375 MG, 750 MG	2	PA
LYVISPAH ORAL GRANULES IN PACKET 10 MG, 20 MG, 5 MG	2	PA
<i>meprobamate oral tablet 200 mg, 400 mg</i>	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	2	PA
NORGESIC ORAL TABLET 25-385-30 MG	2	PA
<i>orphenadrine citrate injection solution 30 mg/ml</i>	3	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	3	
<i>revonto intravenous recon soln 20 mg</i>	3	
<i>rocuronium intravenous solution 10 mg/ml</i>	3	
SOMA ORAL TABLET 250 MG	2	PA
SOMA ORAL TABLET 350 MG	2	PA; QL
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	3	QL
<i>vecuronium bromide intravenous recon soln 10 mg, 20 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	2	PA
ZANAFLEX ORAL TABLET 4 MG	2	PA
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	QL
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	3	QL
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML, 16 MG/0.32 ML, 24 MG/0.48 ML, 32 MG/0.64 ML, 64 MG/0.18 ML, 8 MG/0.16 ML, 96 MG/0.27 ML	1	SP
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	3	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; QL
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	3	QL
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	3	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	3	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	3	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	3	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	1	PA; QL
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	3	QL
<i>endocet oral tablet 5-325 mg, 7.5-325 mg</i>	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	3	PA; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL
<i>hydrocodone bitartrate oral tablet, oral only, ext. rel. 24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	3	QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	3	QL
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
<i>meperidine oral tablet 50 mg</i>	3	QL
<i>methadone intensol oral concentrate 10 mg/ml</i>	3	QL
<i>methadone oral concentrate 10 mg/ml</i>	3	QL
<i>methadone oral tablet 10 mg, 5 mg</i>	3	PA; QL
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	3	QL
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL
<i>morphine oral capsule,extend.relea se pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	3	QL
<i>morphine oral tablet 15 mg, 30 mg</i>	3	QL
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	2	PA; QL
<i>oxycodone oral capsule 5 mg</i>	3	
<i>oxycodone oral concentrate 20 mg/ml</i>	3	QL
<i>oxycodone oral solution 5 mg/5 ml</i>	3	QL
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	3	QL
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	1	PA; QL
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	QL

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Drug Name	Drug Tier	Requirements / Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	1	PA; SP; QL
XTAMPZA ER ORAL CAP,SPRINKL,ER1 2HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	1	PA; QL
NON-NARCOTIC ANALGESICS		
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	3	OTC
<i>8hr muscle aches-pain oral tablet extended release 650 mg</i>	3	OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	3	OTC
<i>acetaminophen oral liquid 160 mg/5 ml, 500 mg/15 ml</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml</i>	3	OTC
<i>acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	3	OTC
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	3	OTC
<i>acetaminophen oral tablet extended release 650 mg</i>	3	OTC
<i>acetaminophen oral tablet,chewable 160 mg</i>	3	OTC
<i>acetaminophen oral tablet,disintegrating 80 mg</i>	3	OTC
<i>acetaminophen pm extra str oral tablet 25-500 mg</i>	3	OTC
<i>acetaminophen pm oral tablet 25-500 mg</i>	3	OTC
<i>addaprin oral tablet 200 mg</i>	3	OTC
<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i>	3	OTC; QL
<i>advil junior strength oral tablet,chewable 100 mg</i>	3	OTC
<i>alka-seltzer original oral tablet, effervescent 325-1,916-1,000 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>all day pain relief oral tablet 220 mg</i>	3	OTC
<i>all day relief oral tablet 220 mg</i>	3	OTC
<i>antacid and pain relief oral tablet, effervescent 325-1,916-1,000 mg</i>	3	OTC
<i>aphen oral tablet 325 mg</i>	3	OTC
<i>arthritis pain (diclofenac) topical gel 1 %</i>	3	OTC; QL
<i>arthritis pain relief (acetam) oral tablet extended release 650 mg</i>	3	OTC
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	3	OTC
<i>aspirin childrens oral tablet, chewable 81 mg</i>	3	OTC
<i>aspirin oral tablet 325 mg</i>	3	OTC
<i>aspirin oral tablet, chewable 81 mg</i>	3	OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	3	OTC; QL
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	3	OTC; QL
<i>athenol oral tablet 325 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>bayer aspirin oral tablet 325 mg</i>	3	OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	3	OTC; QL
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	3	OTC; QL
<i>betatemp oral suspension 160 mg/5 ml</i>	3	OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	2	PA; QL
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL
<i>child fever reducer-pain relvr oral suspension 160 mg/5 ml</i>	3	OTC
<i>children's acetaminophen oral liquid 160 mg/5 ml</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>children's acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	3	OTC
<i>children's acetaminophen oral tablet, chewable 160 mg, 80 mg</i>	3	OTC
<i>children's advil oral suspension 100 mg/5 ml</i>	3	OTC
<i>children's aspirin oral tablet, chewable 81 mg</i>	3	OTC
<i>children's easy-melts oral tablet, disintegrating 80 mg</i>	3	OTC
<i>children's ibuprofen oral suspension 100 mg/5 ml</i>	3	OTC
<i>children's mapap oral tablet, chewable 160 mg, 80 mg</i>	3	OTC
<i>children's non-aspirin oral suspension 160 mg/5 ml</i>	3	OTC
<i>children's pain relief oral elixir 160 mg/5 ml</i>	3	OTC
<i>children's pain relief oral suspension 160 mg/5 ml</i>	3	OTC
<i>children's pain relief oral tablet, chewable 160 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>children's pain reliever oral suspension 160 mg/5 ml</i>	3	OTC
<i>children's pain-fever relief oral suspension 160 mg/5 ml</i>	3	OTC
<i>children's pain-fever relief oral tablet, chewable 160 mg</i>	3	OTC
<i>children's profen ib oral suspension 100 mg/5 ml</i>	3	OTC
<i>children's tylenol oral tablet, chewable 160 mg</i>	3	OTC
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	2	ST; QL
CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	2	ST; QL
<i>diclofenac potassium oral tablet 50 mg</i>	3	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	3	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	3	
<i>diclofenac sodium topical gel 1 %</i>	3	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	3	
<i>diflunisal oral tablet 500 mg</i>	3	
<i>eazzze the pain oral tablet 25-500 mg</i>	3	OTC
<i>ec-naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	3	
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	3	OTC; QL
<i>ecotrin oral tablet,delayed release (dr/ec) 325 mg</i>	3	OTC; QL
<i>ed-apap oral liquid 160 mg/5 ml</i>	3	OTC
<i>efferves pain relief antacid oral tablet, effervescent 325-1,916-1,000 mg</i>	3	OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	3	
<i>etodolac oral tablet 400 mg, 500 mg</i>	3	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 - 3.6 MILLION)	3	PA; SP
<i>fenoprofen oral tablet 600 mg</i>	3	
<i>flanax (naproxen) oral tablet 220 mg</i>	3	OTC
<i>flurbiprofen oral tablet 100 mg</i>	3	
<i>headache pm oral tablet 25-500 mg</i>	3	OTC
HYALGAN INTRA-ARTICULAR SOLUTION 10 MG/ML	3	PA; SP
HYALGAN INTRA-ARTICULAR SYRINGE 10 MG/ML	3	PA; SP
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	3	
<i>ibu-200 oral tablet 200 mg</i>	3	OTC
<i>ibuprofen ib oral tablet,chewable 100 mg</i>	3	OTC
<i>ibuprofen jr strength oral tablet,chewable 100 mg</i>	3	OTC
<i>ibuprofen lysine (pf) intravenous solution 20 mg/2 ml</i>	3	
<i>ibuprofen oral capsule 200 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>ibuprofen oral drops,suspension 50 mg/1.25 ml</i>	3	OTC
<i>ibuprofen oral suspension 100 mg/5 ml</i>	3	OTC
<i>ibuprofen oral tablet 200 mg</i>	3	OTC
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	3	
<i>ibuprofen oral tablet,chewable 100 mg</i>	3	OTC
<i>indomethacin oral capsule 25 mg, 50 mg</i>	3	
<i>indomethacin oral capsule, extended release 75 mg</i>	3	
<i>indomethacin sodium intravenous recon soln 1 mg</i>	3	
<i>infant fever reducer-pain relief oral suspension 160 mg/5 ml</i>	3	OTC
<i>infant's acetaminophen oral suspension 160 mg/5 ml</i>	3	OTC
<i>infant's advil oral drops,suspension 50 mg/1.25 ml</i>	3	OTC
<i>infant's ibuprofen oral drops,suspension 50 mg/1.25 ml</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>infant's motrin oral drops,suspension 50 mg/1.25 ml</i>	3	OTC
<i>infants' pain and fever oral suspension 160 mg/5 ml</i>	3	OTC
<i>infants' pain relief oral suspension 160 mg/5 ml</i>	3	OTC
<i>infants profenib oral drops,suspension 50 mg/1.25 ml</i>	3	OTC
<i>i-prin oral tablet 200 mg</i>	3	OTC
<i>ketorolac oral tablet 10 mg</i>	3	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	1	
LIFEMS NALOXONE INJECTION SYRINGE KIT 2 MG/2 ML	1	
<i>little remedies fever and pain oral liquid 160 mg/5 ml</i>	3	OTC
LUCEMYRA ORAL TABLET 0.18 MG	3	PA; QL
<i>mapap (acetaminophen) oral capsule 500 mg</i>	3	OTC
<i>mapap (acetaminophen) oral liquid 500 mg/15 ml</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>masophen oral tablet 325 mg, 500 mg</i>	3	OTC
<i>mediproxen oral tablet 220 mg</i>	3	OTC
<i>medi-seltzer oral tablet, effervescent 324 mg</i>	3	OTC
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	1	QL
<i>motrin ib oral capsule 200 mg</i>	3	OTC
<i>m-pap oral liquid 160 mg/5 ml</i>	3	OTC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	3	
NALMEFENE INJECTION SOLUTION 1 MG/ML	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	1	
<i>naltrexone oral tablet 50 mg</i>	3	
<i>naproxen oral suspension 125 mg/5 ml</i>	3	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	3	
<i>naproxen sodium oral capsule 220 mg</i>	3	OTC
<i>naproxen sodium oral tablet 220 mg</i>	3	OTC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	3	
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	1	QL
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	1	
<i>night time pain medicine oral tablet 25-500 mg</i>	3	OTC
<i>non-aspirin extra strength oral tablet 500 mg</i>	3	OTC
<i>non-aspirin oral suspension 160 mg/5 ml</i>	3	OTC
<i>non-aspirin oral tablet 325 mg</i>	3	OTC
<i>non-aspirin oral tablet,chewable 80 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>non-aspirin pain relief oral tablet 500 mg</i>	3	OTC
<i>non-aspirin pm oral tablet 25-500 mg</i>	3	OTC
<i>nortemp oral suspension 160 mg/5 ml</i>	3	OTC
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	PA; QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	PA; QL
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	1	
<i>oxaprozin oral tablet 600 mg</i>	3	
<i>pain relief (acetaminophen) oral liquid 160 mg/5 ml</i>	3	OTC
<i>pain relief (acetaminophen) oral tablet 325 mg, 500 mg</i>	3	OTC
<i>pain relief (acetaminophen) oral tablet extended release 650 mg</i>	3	OTC
<i>pain relief adult oral liquid 500 mg/15 ml</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>pain relief es (acetaminophen) oral tablet 500 mg</i>	3	OTC
<i>pain relief pm oral tablet 25-500 mg</i>	3	OTC
<i>pain relief pm rapid release oral tablet 25-500 mg</i>	3	OTC
<i>pain reliever (acetaminophen) oral tablet 325 mg, 500 mg</i>	3	OTC
<i>pain reliever es (acetaminophen) oral tablet 500 mg</i>	3	OTC
<i>pain reliever pm extra-strength oral tablet 25-500 mg</i>	3	OTC
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	3	QL
<i>pharbetol oral tablet 325 mg, 500 mg</i>	3	OTC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	
QDOLO ORAL SOLUTION 5 MG/ML	3	QL
<i>salsalate oral tablet 500 mg</i>	3	
<i>shake that ache oral tablet 500 mg</i>	3	OTC
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	3	OTC; QL
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	2	PA; QL
<i>sulindac oral tablet 150 mg, 200 mg</i>	3	
SYNVISCO-ONE INTRA-ARTICULAR SYRINGE 48 MG/6 ML	3	PA; SP
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG	1	QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	1	QL
TRAMADOL ORAL SOLUTION 5 MG/ML	1	QL
TRAMADOL ORAL TABLET 100 MG	1	QL
TRAMADOL ORAL TABLET 25 MG	3	QL
<i>tramadol oral tablet 50 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL
<i>tylophen oral capsule 500 mg</i>	3	OTC
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 375-20 MG, 500-20 MG	2	PA
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	3	SP; QL
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	3	PA; QL
<i>wal-profen oral capsule 200 mg</i>	3	OTC
<i>wal-profen oral tablet 200 mg</i>	3	OTC
<i>wal-proxen oral tablet 220 mg</i>	3	OTC
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	1	

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Drug Name	Drug Tier	Requirements / Limits
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9- 0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	1	QL
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULA R SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	1	
ABILIFY MAINTENA INTRAMUSCULA R SUSPENSION,EXT ENDED REL RECON 300 MG, 400 MG	1	QL
ABILIFY MAINTENA INTRAMUSCULA R SUSPENSION,EXT ENDED REL SYRING 300 MG, 400 MG	1	QL
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	2	ST; QL
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	2	PA
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	3	PA; QL
ADDERALL XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	1	PA; QL
ADZENYS XR- ODT ORAL TABLET,DISINTE G ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	2	PA; QL
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	2	PA; QL
AMBIEN ORAL TABLET 10 MG, 5 MG	2	PA; QL
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>amoxapine oral tablet 50 mg</i>	3	
AMPHETAMINE ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML	3	PA; QL
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA; QL
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	2	ST

Drug Name	Drug Tier	Requirements / Limits
APTENSIO XR ORAL CAP, ER SPRINKLE, BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	PA; QL
<i>aripiprazole oral solution 1 mg/ml</i>	1	PA; QL
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	1	PA; QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	1	QL
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	1	QL
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	3	PA; QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	2	PA
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	2	PA
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	2	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	PA; QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	QL
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
CELEXA ORAL TABLET 10 MG, 20 MG	2	PA; QL
CELEXA ORAL TABLET 40 MG	2	PA
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	3	
CITALOPRAM ORAL CAPSULE 30 MG	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	
<i>citalopram oral tablet 40 mg</i>	1	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	3	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	PA; QL
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>clozapine oral tablet, disintegrating 150 mg, 200 mg</i>	1	PA; QL
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	2	PA
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	1	PA; QL
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	2	PA; QL
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	2	PA; QL
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	2	PA; QL
DAYVIGO ORAL TABLET 10 MG, 5 MG	2	PA; QL
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
DESOXYN ORAL TABLET 5 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	2	PA; QL
<i>dexmedetomidine intravenous solution 100 mcg/ml</i>	3	
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	PA; QL
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	PA; QL
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	1	PA; QL
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	PA; QL
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 37.5 mg, 50 mg</i>	1	PA; QL
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 25 mg</i>	2	PA; QL
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	PA; QL
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA; QL
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
DORAL ORAL TABLET 15 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>doxepin oral concentrate 10 mg/ml</i>	3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	2	ST
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	PA; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	PA
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	2	PA
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	2	PA; QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	2	ST
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	2	PA
EVEKEO ORAL TABLET 10 MG, 5 MG	2	PA; QL
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	PA; QL
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	2	PA

Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
<i>flumazenil intravenous solution 0.1 mg/ml</i>	3	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg, 20 mg, 60 mg</i>	1	PA; QL
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	3	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	3	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA; QL
FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	1	PA; QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	2	ST
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	2	PA
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	PA; QL
HALCION ORAL TABLET 0.25 MG	2	PA; QL
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	3	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	3	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; SP; QL
HETLIOZ ORAL CAPSULE 20 MG	3	PA; SP; QL
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG	2	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	3	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	1	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	1	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	1	QL
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	2	PA
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	PA; QL
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	3	
<i>lithium carbonate oral tablet 300 mg</i>	3	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	3	
<i>lorazepam injection syringe 2 mg/ml</i>	3	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
LOREEV XR ORAL CAPSULE, EXTEN DED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG	2	ST
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	2	PA; QL
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	PA
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20- 10 MG, 5-10 MG	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	1	
<i>methamphetamine oral tablet 5 mg</i>	1	PA
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	1	PA; QL
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA; QL
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA; QL
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	PA; QL
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA; QL
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA; QL
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	PA; QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	1	PA; QL
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	1	PA; QL
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	3	
<i>midazolam oral syrup 2 mg/ml</i>	3	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	QL
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	QL
<i>modafinil oral tablet 100 mg, 200 mg</i>	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA; QL
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>nighttime sleep-aid (doxylamn) oral tablet 25 mg</i>	3	OTC
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	3	
<i>nortriptyline oral solution 10 mg/5 ml</i>	3	
NUPLAZID ORAL CAPSULE 34 MG	3	PA; SP
NUPLAZID ORAL TABLET 10 MG	3	PA; SP
<i>olanzapine intramuscular recon soln 10 mg</i>	1	QL
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	PA; QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	QL
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	PA; QL
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	QL
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	2	PA
PAXIL ORAL SUSPENSION 10 MG/5 ML	2	PA
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	2	PA
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	3	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>phenelzine oral tablet 15 mg</i>	3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	2	PA; QL
<i>procentra oral solution 5 mg/5 ml</i>	2	PA; QL
<i>protriptyline oral tablet 10 mg, 5 mg</i>	3	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	2	PA
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	2	PA; QL
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	PA; QL
QUVIVIQ ORAL TABLET 25 MG, 50 MG	2	PA
<i>ramelteon oral tablet 8 mg</i>	1	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG, 72 MG	1	PA; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	1	PA
REMERON ORAL TABLET 15 MG, 30 MG	2	PA
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	2	PA
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	2	PA; QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	1	QL
RISPERDAL ORAL SOLUTION 1 MG/ML	2	PA
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	PA; QL
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	1	QL
<i>risperidone oral solution 1 mg/ml</i>	1	QL
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 2 mg</i>	1	PA; QL
<i>risperidone oral tablet, disintegrating 1 mg, 3 mg, 4 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
RITALIN LA ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	2	PA; QL
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	2	PA; QL
ROZEREM ORAL TABLET 8 MG	2	PA; QL
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	2	PA; QL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	2	PA
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	2	PA
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	1	
<i>sertraline oral concentrate 20 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
SILENOR ORAL TABLET 3 MG, 6 MG	3	PA; QL
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	3	OTC
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	PA; SP; QL
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	2	PA; SP
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	2	PA; QL
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG	2	PA
<i>tasimelteon oral capsule 20 mg</i>	3	PA; SP; QL
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>thiothixene oral capsule 10 mg, 2 mg, 5 mg</i>	3	
<i>tranylcypromine oral tablet 10 mg</i>	3	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	3	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	2	ST; QL
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	1	
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG	2	PA
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	PA; QL
VERSACLOZ ORAL SUSPENSION 50 MG/ML	2	PA
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA; QL
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; QL
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)-3 MG (6)	1	PA; QL
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1	PA; QL
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	1	PA; QL
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>wal-som (doxylamine) oral tablet 25 mg</i>	3	OTC
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	2	PA
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	2	PA
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	2	PA
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	2	PA
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	2	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	3	PA; SP; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenedi oral tablet 10 mg, 5 mg</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	2	PA; QL
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	2	PA
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA
ZOLPIDEM ORAL CAPSULE 7.5 MG	1	ST
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	PA; QL
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	2	PA; QL
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	2	PA; QL
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	2	PA
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine (diagnostic) intravenous solution 3 mg/ml</i>	3	
<i>adenosine intravenous solution 3 mg/ml</i>	3	
<i>amiodarone intravenous solution 50 mg/ml</i>	3	
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	3	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	2	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	3	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	3	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	3	
<i>ibutilide fumarate intravenous solution 0.1 mg/ml</i>	3	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	3	
MULTAQ ORAL TABLET 400 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	3	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	3	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	3	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	3	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	PA
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	2	PA; QL
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	2	PA
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	2	PA; QL
<i>amiloride oral tablet 5 mg</i>	3	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	3	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	2	PA; QL
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	2	PA; QL
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	2	PA; QL
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	2	PA; QL
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	2	PA
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	2	PA; QL
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	2	PA; QL
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	PA; QL
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	QL
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	QL
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	2	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG	2	PA; ST
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	2	PA
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	3	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	3	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG	3	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	3	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	2	PA
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
CORGARD ORAL TABLET 20 MG, 40 MG	2	PA
CORGARD ORAL TABLET 80 MG	3	PA
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; QL
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	3	
<i>diltiazem hcl oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	2	PA; QL
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	2	PA; QL
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	3	
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST; QL
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	ST; QL
<i>enalapril maleate oral solution 1 mg/ml</i>	1	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	2	PA
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3	
<i>eprosartan oral tablet 600 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	3	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	3	
<i>ethacrynic acid oral tablet 25 mg</i>	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	2	PA
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	2	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide oral solution 10 mg/ml</i>	3	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	3	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	3	QL

Drug Name	Drug Tier	Requirements / Limits
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	1	PA
<i>hydralazine injection solution 20 mg/ml</i>	3	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	3	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	3	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	2	PA; QL
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	3	
INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	2	PA
INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	2	ST
INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG	2	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	QL
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	QL
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	2	ST
KATERZIA ORAL SUSPENSION 1 MG/ML	2	ST
<i>labetalol intravenous solution 5 mg/ml</i>	3	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	QL
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
LOPRESSOR ORAL TABLET 100 MG, 50 MG	2	PA
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	QL
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	2	PA
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA; QL
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	2	PA
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	3	
<i>mannitol 25 % intravenous solution 25 %</i>	3	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	3	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	3	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	2	PA; QL
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	2	PA; QL
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	3	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	QL
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL
<i>nicardipine intravenous solution 25 mg/10 ml</i>	3	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML	2	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML	2	ST
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	2	ST
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	QL
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	2	PA
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
QBRELIS ORAL SOLUTION 1 MG/ML	2	PA; QL
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	QL
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	3	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	2	PA
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	QL
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	QL
TENORETIC 100 ORAL TABLET 100-25 MG	2	PA
TENORETIC 50 ORAL TABLET 50-25 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	3	
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	2	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	2	PA
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	3	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	QL
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	3	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	3	
TRIBENZOR 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	PA
UPTRAVI INTRAVENOUS RECON SOLN 1,800 MCG	2	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; SP
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; SP
VALSARTAN ORAL SOLUTION 4 MG/ML	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	QL
VASERETIC ORAL TABLET 10-25 MG	2	PA
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	PA; QL
<i>verapamil intravenous solution 2.5 mg/ml</i>	3	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	2	PA
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	2	PA; QL
CARDIAC GLYCOSIDES		
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	3	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	3	
COAGULATION THERAPY		
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	3	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	2	PA
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
ASPIRIN- OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 81-40 MG	3	QL
BRILINTA ORAL TABLET 60 MG, 90 MG	1	QL
<i>cilostazol oral tablet 100 mg, 50 mg</i>	3	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DURLAZA ORAL CAPSULE,EXTENDED RELEASE 24HR 162.5 MG	3	
EFFIENT ORAL TABLET 10 MG, 5 MG	2	PA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	QL
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	2	ST
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	2	ST
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	3	
<i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	2	PA

Drug Name	Drug Tier	Requirements / Limits
LOVENOX 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	2	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	3	PA; SP
<i>pentoxifylline oral tablet extended release 400 mg</i>	3	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	3	
PLAVIX ORAL TABLET 75 MG	2	PA
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	1	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	1	SP
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	3	PA; SP
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	2	ST
TAVALISSE ORAL TABLET 100 MG, 150 MG	3	PA; SP
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	3	PA
<i>vitamin k injection solution 1 mg/0.5 ml</i>	3	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	1	QL
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	QL
XARELTO ORAL TABLET 2.5 MG	1	
ZONTIVITY ORAL TABLET 2.08 MG	3	ST

LIPID/CHOLESTEROL LOWERING AGENTS

Drug Name	Drug Tier	Requirements / Limits
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	2	ST
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	2	ST
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	2	PA
<i>cholestyramine (with sugar) oral powder 4 gram</i>	3	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	3	
<i>cholestyramine light oral powder 4 gram</i>	3	
<i>cholestyramine light oral powder in packet 4 gram</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam oral tablet 625 mg</i>	3	PA
<i>colestipol oral granules 5 gram</i>	3	
<i>colestipol oral packet 5 gram</i>	3	
<i>colestipol oral tablet 1 gram</i>	3	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	2	PA
<i>endur-acin oral tablet extended release 250 mg, 500 mg</i>	3	OTC
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	3	PA; SP
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	2	ST
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	QL
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg</i>	1	
<i>fenofibrate oral tablet 54 mg</i>	1	QL
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	QL
FENOGLIDE ORAL TABLET 120 MG, 40 MG	2	PA
FIBRICOR ORAL TABLET 105 MG	3	
FIBRICOR ORAL TABLET 35 MG	3	QL
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>icosapent ethyl oral capsule 0.5 gram</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	1	QL
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	3	PA; SP; QL
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	2	PA
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	2	PA
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	2	ST
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	ST; QL
LOPID ORAL TABLET 600 MG	2	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	
LOVAZA ORAL CAPSULE 1 GRAM	2	PA
<i>maxepa oral capsule 500 mg</i>	3	OTC
<i>niacin (inositol niacinate) oral capsule 500 mg</i>	3	OTC
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	3	OTC
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>niacin oral tablet extended release 250 mg, 500 mg</i>	3	OTC
NIACOR ORAL TABLET 500 MG	3	ST
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	QL
<i>omega-3 fatty acids oral capsule 1,000 mg</i>	3	OTC
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	3	PA; SP
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>prevalite oral powder 4 gram</i>	3	
<i>prevalite oral powder in packet 4 gram</i>	3	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; SP
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; SP
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	
<i>slo-niacin oral tablet extended release 500 mg</i>	3	OTC
<i>super omega-3 oral capsule 1,000 mg</i>	3	OTC
TRICOR ORAL TABLET 145 MG, 48 MG	2	PA
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	2	PA
VASCEPA ORAL CAPSULE 0.5 GRAM	2	PA
VASCEPA ORAL CAPSULE 1 GRAM	2	PA; QL
VYTORIN 10-10 ORAL TABLET 10-10 MG	2	PA
VYTORIN 10-20 ORAL TABLET 10-20 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
VYTORIN 10-40 ORAL TABLET 10-40 MG	2	PA
VYTORIN 10-80 ORAL TABLET 10-80 MG	2	PA
ZETIA ORAL TABLET 10 MG	2	PA
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	2	ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET 1,000 MG, 500 MG	2	PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	3	
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	3	
<i>phenylephrine hcl injection solution 10 mg/ml</i>	3	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	PA; QL
VYNDAMAX ORAL CAPSULE 61 MG	3	PA; SP; QL
VYNDAQEL ORAL CAPSULE 20 MG	3	PA; SP; QL
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	3	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	3	
<i>nitro-bid transdermal ointment 2 %</i>	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.8 MG/HR	3	

Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	3	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr</i>	3	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	3	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	SP
<i>anti-dandruff topical shampoo 1 %</i>	3	OTC
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	1	
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
<i>calsodore topical kit 0.005 %</i>	3	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	2	PA; ST; SP; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA; SP; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML (150 MG/ML)	2	PA; SP; QL
<i>dandruff shampoo (selenium) topical shampoo 1 %</i>	3	OTC
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	ST

Drug Name	Drug Tier	Requirements / Limits
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
<i>selenium sulfide topical lotion 2.5 %</i>	3	
<i>selenium sulfide topical shampoo 2.3 %</i>	3	
<i>selsun blue topical shampoo 1 %</i>	3	OTC
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL
SORILUX TOPICAL FOAM 0.005 %	2	ST
SOTYKTU ORAL TABLET 6 MG	2	PA; SP
SPEVIGO INTRAVENOUS SOLUTION 60 MG/ML	2	PA; SP
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	2	PA; ST; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	3	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	2	PA
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; SP; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; SP; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	1	PA; SP; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; SP; QL
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	PA
VTAMA TOPICAL CREAM 1 %	2	PA; QL
ZORYVE TOPICAL CREAM 0.3 %	2	PA; QL
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	3	
KERATOLYTICS		
<i>salicylic acid topical cream 6 %</i>	3	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	3	
<i>salicylic acid topical foam 6 %</i>	3	
<i>salicylic acid topical gel 6 %</i>	3	
<i>salicylic acid topical liquid 26 %</i>	3	
<i>salicylic acid topical lotion 6 %</i>	3	
<i>salicylic acid topical shampoo 6 %</i>	3	
MISCELLANEOUS DERMATOLOGICALS		
<i>a and d (lan, pet) topical ointment</i>	3	OTC
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>advanced healing (petrolatum) topical ointment 41 %</i>	3	OTC
<i>ameriphor topical ointment</i>	3	OTC
<i>ammonium lactate topical cream 12 %</i>	3	OTC
<i>ammonium lactate topical lotion 12 %</i>	3	OTC
<i>anti-dandruff with menthol topical shampoo 1 %</i>	3	OTC
<i>antiseptic skin clnsr(chlorhe) topical liquid 4 %</i>	3	OTC
<i>aquaphilic topical ointment</i>	3	OTC
<i>arthritis pain relief(capsaic) topical cream 0.1 %</i>	3	OTC
<i>baby skin protectant (pet) topical ointment 41 %</i>	3	OTC
<i>benzoin topical tincture</i>	3	OTC
<i>betasept surgical scrub topical liquid 4 %</i>	3	OTC
<i>calamine-zinc oxide topical lotion 8-8 %</i>	3	OTC
<i>camphor topical spirit</i>	3	OTC
<i>capsaicin topical adhesive patch,medicated 0.025 %</i>	3	OTC
<i>capsaicin topical cream 0.025 %, 0.1 %</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>capsicum topical adhesive patch,medicated 0.025 %</i>	3	OTC
<i>capzasin-hp topical cream 0.1 %</i>	3	OTC
<i>chlorhexidine gluconate topical liquid 2 %, 4 %</i>	3	OTC
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	2	PA; SP
<i>dandruff shampoo (selen-aloe) topical shampoo 1 %</i>	3	OTC
<i>daylogic advanced healing topical ointment 41 %</i>	3	OTC
<i>dermaphor topical ointment</i>	3	OTC
<i>diaper rash topical ointment 40 %</i>	3	OTC
<i>diclofenac sodium topical gel 3 %</i>	3	PA
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	3	
DRYSOL TOPICAL SOLUTION 20 %	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	1	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	1	PA; SP; QL
<i>dyna-hex topical liquid 4 %</i>	3	OTC
ELIDEL TOPICAL CREAM 1 %	1	PA; QL
EPICERAM TOPICAL EMULSION, EXTENDED RELEASE	3	
EUCRISA TOPICAL OINTMENT 2 %	1	PA; QL
<i>fluorouracil topical cream 5 %</i>	3	SP
<i>fluorouracil topical solution 2 %, 5 %</i>	3	SP
<i>hand wash topical liquid 2 %</i>	3	OTC
<i>hemorrhoidal hygiene topical pads, medicated 50 %</i>	3	OTC
<i>hemorrhoidal medicated topical pads, medicated</i>	3	OTC
<i>hibiclens topical liquid 4 %</i>	3	OTC
<i>hydrolatum topical ointment</i>	3	OTC
<i>imiquimod topical cream in packet 5 %</i>	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>medicated pads topical pads, medicated 50 %</i>	3	OTC
<i>medicated wipes topical pads, medicated 50 %</i>	3	OTC
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	3	
<i>natural oatmeal bath treatment topical packet</i>	3	OTC
OPZELURA TOPICAL CREAM 1.5 %	2	PA; SP; QL
<i>petrolatum topical ointment</i>	3	OTC
<i>petroleum jelly topical gel</i>	3	OTC
<i>petroleum jelly, white topical gel</i>	3	OTC
<i>pimecrolimus topical cream 1 %</i>	1	PA; QL
<i>podofilox topical solution 0.5 %</i>	3	
<i>pre-moistened hemorrhoidal topical pads, medicated</i>	3	OTC
<i>pre-moistened medicated wipes topical pad</i>	3	OTC
<i>preparation h (witch hazel) topical pads, medicated 50 %</i>	3	OTC
<i>protective ointment topical ointment</i>	3	OTC
<i>scar gel topical gel</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>secura protective topical ointment</i>	3	OTC
<i>silver nitrate topical solution 10 %, 25 %, 50 %</i>	3	
<i>skin protectant a-d (pet, lan) topical ointment</i>	3	OTC
<i>skin treatment topical lotion 12 %</i>	3	OTC
<i>sween cream topical cream</i>	3	OTC
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; QL
VALCHLOR TOPICAL GEL 0.016 %	3	PA; SP
<i>vaseline topical gel</i>	3	OTC
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	3	
<i>vitamin a and d diaper rash topical ointment</i>	3	OTC
<i>vitamin a and d topical ointment</i>	3	OTC
<i>vits a and d-white pet-lanolin topical ointment</i>	3	OTC
<i>walgreens dry skin treatment topical ointment 41 %</i>	3	OTC
<i>white petrolatum topical gel</i>	3	OTC
<i>white petrolatum topical ointment</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>white petroleum jelly topical gel</i>	3	OTC
<i>zinc oxide topical ointment , 20 %, 25 %, 40 %</i>	3	OTC
<i>zostrix topical cream 0.033 %</i>	3	OTC
<i>zostrix-hp topical cream 0.1 %</i>	3	OTC
THERAPY FOR ACNE		
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	2	PA
<i>acne cleansing bar topical bar 10 %</i>	3	OTC
<i>acne control cleanser topical cleanser 10 %</i>	3	OTC
<i>acne foaming wash topical cleanser 10 %</i>	3	OTC
<i>acne medication topical gel 10 %, 2.5 %</i>	3	OTC
<i>acne treatment (benzoyl perox) topical gel 10 %</i>	3	OTC
<i>acne-clear topical gel 10 %</i>	3	OTC
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.1 %</i>	3	OTC
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	

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 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
ADAPALENE TOPICAL LOTION 0.1 %	1	
<i>adapalene topical solution 0.1 %</i>	3	
<i>adapalene topical swab 0.1 %</i>	3	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	1	
<i>advanced exfoliating cleanser topical cleanser 5 %</i>	3	OTC
ALTRENO TOPICAL LOTION 0.05 %	2	ST
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	3	
ARAZLO TOPICAL LOTION 0.045 %	2	ST
ATRALIN TOPICAL GEL 0.05 %	2	PA
<i>avar topical cleanser 10-5 % (w/w)</i>	3	
<i>avita topical cream 0.025 %</i>	2	PA
AVITA TOPICAL GEL 0.025 %	2	PA
<i>azelaic acid topical gel 15 %</i>	3	
<i>benzepro topical foam 5.3 %, 9.8 %</i>	3	OTC
<i>benzepro topical towelette 6 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>benzoyl peroxide topical cleanser 10 %, 5 %, 6 %</i>	3	OTC
<i>benzoyl peroxide topical cleanser 7 %</i>	3	
<i>benzoyl peroxide topical foam 9.8 %</i>	3	
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	3	OTC
<i>bp 10-1 topical cleanser 10-1 %</i>	3	
<i>bp topical gel 10 %, 5 %</i>	3	OTC
<i>bp wash topical cleanser 10 %, 5 %</i>	3	OTC
<i>bpo topical gel 4 %</i>	3	OTC
<i>bpo topical gel 8 %</i>	3	
<i>bpo topical towelette 6 %</i>	3	OTC
<i>brimonidine topical gel with pump 0.33 %</i>	3	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
<i>clearasil daily clear(benzoyl) topical cream 10 %</i>	3	OTC
<i>clindacin etz topical swab 1 %</i>	3	
<i>clindacin p topical swab 1 %</i>	3	
<i>clindamycin phosphate topical gel 1 %</i>	3	

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 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical gel, once daily 1 %</i>	3	
<i>clindamycin phosphate topical lotion 1 %</i>	3	
<i>clindamycin phosphate topical solution 1 %</i>	3	
<i>clindamycin phosphate topical swab 1 %</i>	3	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) - 3.75 %, 1.2-2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>creamy acne face topical cleanser 4 %</i>	3	OTC
<i>dapsone topical gel 5 %</i>	3	ST
<i>dapsone topical gel with pump 7.5 %</i>	3	ST
<i>daylogic acne foaming wash topical cleanser 10 %</i>	3	OTC
DIFFERIN TOPICAL CREAM 0.1 %	3	PA

Drug Name	Drug Tier	Requirements / Limits
DIFFERIN TOPICAL GEL 0.1 %	3	PA; OTC
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	PA
DIFFERIN TOPICAL LOTION 0.1 %	3	PA
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	3	ST
<i>ery pads topical swab 2 %</i>	3	
<i>erythromycin with ethanol topical gel 2 %</i>	3	
<i>erythromycin with ethanol topical solution 2 %</i>	3	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	3	
FABIOR TOPICAL FOAM 0.1 %	2	ST
<i>foaming acne face wash topical cleanser 10 %</i>	3	OTC
<i>ivermectin topical cream 1 %</i>	3	ST
<i>metronidazole topical cream 0.75 %</i>	3	
<i>metronidazole topical gel 0.75 %, 1 %</i>	3	
<i>metronidazole topical lotion 0.75 %</i>	3	

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
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	3	PA
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	2	ST
<i>panoxyl topical cleanser 10 %, 4 %</i>	3	OTC
<i>persa-gel topical gel 10 %</i>	3	OTC
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	2	PA
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	2	PA
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	1	PA
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	1	PA
RHOFADE TOPICAL CREAM 1 %	3	PA
<i>rosadan topical cream 0.75 %</i>	3	
<i>rosadan topical gel 0.75 %</i>	3	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %, 9- 4.5 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>targeted acne spot treatment topical cream 2.5 %</i>	3	OTC
<i>tazarotene topical cream 0.1 %</i>	1	PA
TAZAROTENE TOPICAL FOAM 0.1 %	1	
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microspheres topical gel with pump 0.08 %</i>	2	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	
WINLEVI TOPICAL CREAM 1 %	3	PA; QL
ZIANA TOPICAL GEL 1.2-0.025 %	2	PA
ZILXI TOPICAL FOAM 1.5 %	3	PA; QL

TOPICAL ANESTHETICS

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 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
<i>anecream topical cream 4 %</i>	3	OTC
<i>anecream5 topical cream 5 %</i>	3	OTC
<i>lidocaine hcl mucous membrane solution 2 %</i>	3	
<i>lidocaine hcl topical cream 3 %</i>	3	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	QL
<i>lidocaine topical cream 5 %</i>	3	OTC
<i>lidocaine topical ointment 5 %</i>	3	
<i>lidocaine viscous mucous membrane solution 2 %</i>	3	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	3	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	3	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	3	ST
<i>antibiotic (bacitracin zinc) topical ointment 500 unit/gram</i>	3	OTC
<i>antibiotic (neomy-bacit-polym) topical ointment 3.5mg-400 unit- 5,000 unit/gram</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>antibiotic plus (pramoxine) topical cream 3.5-10,000-10 mg-unit-mg/gram</i>	3	OTC
<i>antibiotic-pain relief (bacit) topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	3	OTC
<i>antiseptic topical solution 10 %</i>	3	OTC
<i>bacitracin topical ointment 500 unit/gram</i>	3	OTC
<i>bacitracin topical packet 500 unit/gram</i>	3	OTC
<i>bacitracin zinc topical ointment 500 unit/gram</i>	3	OTC
<i>bacitracin zinc topical ointment in packet 500 unit/gram</i>	3	OTC
<i>bacitraycin plus topical ointment 500 unit/gram</i>	3	OTC
CENTANY AT TOPICAL OINTMENT KIT 2 %	2	ST
CENTANY TOPICAL OINTMENT 2 %	2	ST
<i>first aid antibiotic-pain rlf topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	3	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
<i>first aid antiseptic(povidone) topical solution 10 %</i>	3	OTC
<i>gentamicin topical cream 0.1 %</i>	3	
<i>gentamicin topical ointment 0.1 %</i>	3	
<i>mafenide acetate topical packet 50 gram</i>	3	
<i>multi antibiotic plus topical cream 3.5-10,000-10 mg-unit-mg/gram</i>	3	OTC
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
<i>neosporin (neo-bac-polym) topical ointment in packet 3.5-400-5,000 mg-unit-unit</i>	3	OTC
<i>neosporin plus painrelief(bac) topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	3	OTC
<i>povidone-iodine topical liquid in packet 10 %</i>	3	OTC
<i>povidone-iodine topical solution 10 %, 7.5 %</i>	3	OTC
<i>povidone-iodine topical spray,non-aerosol 10 %</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	3	
<i>triple antibiotic plus topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	3	OTC
<i>triple antibiotic topical ointment 3.5mg-400 unit-5,000 unit/gram</i>	3	OTC
<i>triple antibiotic topical ointment in packet 3.5-400-5,000 mg-unit-unit</i>	3	OTC
<i>triple antibiotic-pain relief topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	3	OTC
TOPICAL ANTIFUNGALS		
<i>antifungal (clotrimazole) topical cream 1 %</i>	3	OTC
<i>antifungal (miconazole) topical cream 2 %</i>	3	OTC
<i>antifungal (miconazole) topical powder 2 %</i>	3	OTC
<i>antifungal (terbinafine) topical cream 1 %</i>	1	OTC
<i>antifungal (tolnaftate) topical aerosol,spray 1 %</i>	3	OTC
<i>antifungal (tolnaftate) topical cream 1 %</i>	3	OTC

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 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
<i>antifungal spray topical aerosol powder 1 %</i>	3	OTC
<i>athlete's foot (clotrimazole) topical cream 1 %</i>	3	OTC
<i>athlete's foot (terbinafine) topical cream 1 %</i>	1	OTC
<i>athlete's foot (tolnaftate) topical aerosol powder 1 %</i>	3	OTC
<i>athlete's foot (tolnaftate) topical aerosol, spray 1 %</i>	3	OTC
<i>athlete's foot (tolnaftate) topical cream 1 %</i>	3	OTC
<i>athlete's foot topical aerosol powder 2 %</i>	3	OTC
<i>athlete's foot topical powder 2 %</i>	3	OTC
<i>athletic foot cream topical cream 1 %</i>	3	OTC
<i>azolen topical tincture 2 %</i>	3	OTC
<i>baza antifungal topical cream 2 %</i>	3	OTC
<i>blis-to-sol (tolnaftate) topical solution 1 %</i>	3	OTC
<i>ciclodan topical solution 8 %</i>	1	PA
<i>ciclopirox topical cream 0.77 %</i>	3	
<i>ciclopirox topical gel 0.77 %</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical shampoo 1 %</i>	3	
<i>ciclopirox topical solution 8 %</i>	1	PA
<i>ciclopirox topical suspension 0.77 %</i>	3	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	3	PA
<i>clotrimazole af topical cream 1 %</i>	3	OTC
<i>clotrimazole topical cream 1 %</i>	3	OTC
<i>clotrimazole topical solution 1 %</i>	3	OTC
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	3	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	3	
<i>critic-aid clear af(miconazol) topical ointment 2 %</i>	3	OTC
<i>desenex topical powder 2 %</i>	3	OTC
<i>econazole topical cream 1 %</i>	3	
<i>foot and sneaker topical aerosol powder 1 %</i>	3	OTC
<i>formula 3 topical solution 1 %</i>	3	OTC
<i>fungoid tincture topical tincture 2 %</i>	3	OTC

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
<i>inzo antifungal topical cream 2 %</i>	3	OTC
<i>itch relief (clotrimazole) topical cream 1 %</i>	3	OTC
<i>jock itch (clotrimazole) topical cream 1 %</i>	3	OTC
<i>jock itch (terbinafine) topical cream 1 %</i>	1	OTC
<i>jock itch topical aerosol powder 1 %</i>	3	OTC
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	2	ST
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	3	PA
<i>ketoconazole topical cream 2 %</i>	3	
<i>ketoconazole topical shampoo 2 %</i>	3	
<i>lamisil af topical aerosol powder 1 %</i>	3	OTC
<i>lotrimin af powder topical aerosol powder 2 %</i>	3	OTC
<i>lotrimin ultra topical cream 1 %</i>	3	OTC
LULICONAZOLE TOPICAL CREAM 1 %	1	
LUZU TOPICAL CREAM 1 %	2	ST
<i>micatin topical cream 2 %</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>miconazole nitrate topical aerosol powder 2 %</i>	3	OTC
<i>miconazole nitrate topical cream 2 %</i>	3	OTC
<i>miconazorb af topical powder 2 %</i>	3	OTC
<i>micro-guard topical powder 2 %</i>	3	OTC
<i>mycozyl ap topical powder 2 %</i>	3	OTC
<i>nyamyc topical powder 100,000 unit/gram</i>	3	
<i>nystatin topical cream 100,000 unit/gram</i>	3	
<i>nystatin topical ointment 100,000 unit/gram</i>	3	
<i>nystatin topical powder 100,000 unit/gram</i>	3	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	3	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	3	
<i>nystop topical powder 100,000 unit/gram</i>	3	
<i>odor control foot-sneaker topical aerosol powder 1 %</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>oxiconazole topical cream 1 %</i>	1	
OXISTAT TOPICAL CREAM 1 %	2	PA
OXISTAT TOPICAL LOTION 1 %	2	ST
<i>remedy antifungal topical cream 2 %</i>	3	OTC
<i>remedy antifungal topical powder 2 %</i>	3	OTC
<i>remedy phytoplex antifungal topical powder 2 %</i>	3	OTC
<i>ringworm topical cream 1 %</i>	3	OTC
<i>tavaborole topical solution with applicator 5 %</i>	1	
<i>terbinafine hcl topical cream 1 %</i>	1	OTC
<i>tinactin topical aerosol powder 1 %</i>	3	OTC
<i>tolnaftate topical aerosol powder 1 %</i>	3	OTC
<i>tolnaftate topical cream 1 %</i>	3	OTC
<i>tolnaftate topical powder 1 %</i>	3	OTC
<i>tolnaftate topical solution 1 %</i>	3	OTC
<i>triple paste af topical ointment 2 %</i>	3	OTC
<i>zeasorb af topical powder 2 %</i>	3	OTC
TOPICAL ANTIVIRALS		

Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir topical cream 5 %</i>	1	PA; QL
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	1	
<i>penciclovir topical cream 1 %</i>	1	
XERESE TOPICAL CREAM 5-1 %	2	ST
ZOVIRAX TOPICAL CREAM 5 %	1	PA; QL
ZOVIRAX TOPICAL OINTMENT 5 %	1	PA
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>anti-itch (hc) topical cream 1 %</i>	1	OTC
<i>anti-itch (hc) topical ointment 1 %</i>	1	OTC
<i>anti-itch(hydrocortisone)-aloe topical cream 1 %</i>	1	OTC
<i>apexicon e topical cream 0.05 %</i>	2	ST
<i>aquaphor itch relief topical ointment 1 %</i>	1	OTC

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
BESER KIT TOPICAL KIT, LOTION AND CREAM, EMOLLIENT 0.05 %	2	ST
<i>beser topical lotion 0.05 %</i>	1	
<i>beta-hc topical lotion 1 %</i>	3	OTC
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
BRYHALI TOPICAL LOTION 0.01 %	2	ST
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
<i>clobetasol scalp solution 0.05 %</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical foam 0.05 %</i>	1	
<i>clobetasol topical gel 0.05 %</i>	1	
<i>clobetasol topical lotion 0.05 %</i>	1	
<i>clobetasol topical ointment 0.05 %</i>	1	
<i>clobetasol topical shampoo 0.05 %</i>	1	
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	1	
<i>clobetasol-emollient topical cream 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i>	1	
CLOBEX TOPICAL SHAMPOO 0.05 %	3	PA
CLOBEX TOPICAL SPRAY, NON-AEROSOL 0.05 %	3	PA
<i>clocortolone pivalate topical cream 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clodan topical shampoo 0.05 %</i>	1	
<i>cortisone (hydrocortisone) topical cream 1 %</i>	1	OTC
<i>cortisone cooling topical gel 1 %</i>	3	OTC
<i>cortisone with aloe topical cream 1 %</i>	1	OTC
<i>cortizone-10 feminine itch topical cream 1 %</i>	1	OTC
<i>cortizone-10 topical cream 1 %</i>	1	OTC
<i>cortizone-10 topical gel 1 %</i>	3	OTC
<i>cortizone-10 topical ointment 1 %</i>	1	OTC
<i>cortizone-10 with aloe topical cream 1 %</i>	1	OTC
<i>dermarest eczema (hydrocort) topical lotion 1 %</i>	3	OTC
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 %	2	PA
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 %	2	PA
DERMAWERX SDS TOPICAL KIT 0.1-5 %	3	
<i>desonide topical cream 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desonide topical lotion 0.05 %</i>	1	
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical gel 0.05 %</i>	1	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	1	
<i>diflorasone topical cream 0.05 %</i>	1	
<i>diflorasone topical ointment 0.05 %</i>	1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	2	PA
DUOBRII TOPICAL LOTION 0.01-0.045 %	2	ST
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide topical gel 0.05 %</i>	1	
<i>fluocinonide topical ointment 0.05 %</i>	1	
<i>fluocinonide topical solution 0.05 %</i>	1	
<i>fluocinonide-e topical cream 0.05 %</i>	1	
<i>flurandrenolide topical cream 0.05 %</i>	1	
<i>flurandrenolide topical lotion 0.05 %</i>	1	
<i>flurandrenolide topical ointment 0.05 %</i>	1	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical foam 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HALOG TOPICAL CREAM 0.1 %	2	PA
HALOG TOPICAL OINTMENT 0.1 %	2	ST
HALOG TOPICAL SOLUTION 0.1 %	2	ST
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	1	OTC
<i>hydrocortisone acetate topical ointment 1 %</i>	1	OTC
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	
<i>hydrocortisone plus topical cream 1 %</i>	1	OTC
<i>hydrocortisone topical cream 0.5 %, 1 %</i>	1	OTC
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical cream in packet 1 %</i>	1	OTC
<i>hydrocortisone topical lotion 1 %</i>	3	OTC
<i>hydrocortisone topical lotion 2.5 %</i>	1	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical ointment 0.5 %</i>	3	OTC
<i>hydrocortisone topical ointment 1 %</i>	1	OTC
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>hydrocortisone-aloe vera topical cream 0.5 %</i>	3	OTC
<i>hydrocortisone-aloe vera topical cream 1 %</i>	1	OTC
<i>hydrocream topical cream 1 %</i>	1	OTC
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	2	PA
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	2	PA
LOCOID TOPICAL LOTION 0.1 %	2	PA
LUXIQ TOPICAL FOAM 0.12 %	2	PA
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mometasone topical solution 0.1 %</i>	1	
<i>monistat care (hydrocortisone) topical cream 1 %</i>	1	OTC
<i>noble formula hc topical cream 1 %</i>	1	OTC
NUTRIARX TOPICAL KIT 0.1-5 %	3	
OLUX TOPICAL FOAM 0.05 %	2	PA
OLUX-E TOPICAL FOAM 0.05 %	3	PA
PANDEL TOPICAL CREAM 0.1 %	2	ST
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
PROCTOCORT TOPICAL CREAM 1 %	3	PA
<i>scalacort topical lotion 2 %</i>	3	
<i>scalp relief (hydrocortisone) topical solution 1 %</i>	3	ST; OTC
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	
SURE RESULT TAC PAK TOPICAL KIT 0.1-5 %	3	

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Drug Name	Drug Tier	Requirements / Limits
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	2	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	2	ST
SYNALAR TOPICAL CREAM 0.025 %	2	PA
SYNALAR TOPICAL OINTMENT 0.025 %	2	PA
SYNALAR TOPICAL SOLUTION 0.01 %	2	PA
SYNALAR TS TOPICAL KIT 0.01 %	2	ST
TEMOVATE TOPICAL OINTMENT 0.05 %	2	PA
TEXACORT TOPICAL SOLUTION 2.5 %	2	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	2	PA
TOPICORT TOPICAL GEL 0.05 %	2	PA
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	2	PA

Drug Name	Drug Tier	Requirements / Limits
TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 %	2	PA
<i>tovet emollient topical foam 0.05 %</i>	1	
TOVET KIT TOPICAL COMBO PACK 0.05 %	2	ST
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>trianex topical ointment 0.05 %</i>	3	ST
ULTRAVATE TOPICAL LOTION 0.05 %	2	ST
<i>vanicream hc topical cream 1 %</i>	1	OTC
VANOS TOPICAL CREAM 0.1 %	2	PA
VERDESO TOPICAL FOAM 0.05 %	3	ST
TOPICAL ENZYMES		

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Drug Name	Drug Tier	Requirements / Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>complete lice treatment topical kit 4-0.33-0.5 %</i>	3	OTC
<i>crotan topical lotion 10 %</i>	2	ST
EURAX TOPICAL CREAM 10 %	2	ST
EURAX TOPICAL LOTION 10 %	2	ST
<i>lice bedding spray aerosol,spray 0.5 %</i>	3	OTC
<i>lice killing (permethrin) topical liquid 1 %</i>	1	OTC
<i>lice killing topical shampoo 0.33-4 %</i>	3	OTC
<i>lice pyrinyl shampoo topical shampoo 0.33-4 %</i>	3	OTC
<i>lice solution topical kit 4-0.33-0.5 %</i>	3	OTC
<i>lice treatment (permethrin) topical liquid 1 %</i>	1	OTC
<i>lice treatment topical liquid 1 %</i>	1	OTC
<i>lice treatment topical shampoo 0.33-4 %</i>	3	OTC
<i>malathion topical lotion 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NATROBA TOPICAL SUSPENSION 0.9 %	1	PA
OVIDE TOPICAL LOTION 0.5 %	2	PA
<i>permethrin topical cream 5 %</i>	1	
<i>rid complete lice elim kit topical kit 4-0.33-0.5 %</i>	3	OTC
<i>rid lice killing topical shampoo 0.33-4 %</i>	3	OTC
SKLICE TOPICAL LOTION 0.5 %	2	PA
<i>spinosad topical suspension 0.9 %</i>	1	
<i>stop lice aerosol,spray 0.5 %</i>	3	OTC
ULESFIA TOPICAL LOTION 5 %	3	ST
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
ALLI ORAL CAPSULE 60 MG	3	PA; OTC; QL
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	3	PA; QL
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; SP; QL
ORLISTAT ORAL CAPSULE 120 MG	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	3	PA
<i>phentermine oral tablet 37.5 mg</i>	3	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	3	PA; QL
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	1	PA; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; QL
XENICAL ORAL CAPSULE 120 MG	2	PA; QL
ANTIDOTES		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	3	
ENZYMES		
<i>co q-10 oral capsule 10 mg, 100 mg, 200 mg, 30 mg, 50 mg</i>	3	OTC
<i>coenzyme q10 oral capsule 10 mg, 100 mg, 200 mg, 30 mg, 50 mg, 60 mg</i>	3	OTC
<i>coq-10 oral capsule 100 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>h2q oral capsule 100 mg</i>	3	OTC
<i>q-sorb co q-10 oral capsule 100 mg, 200 mg</i>	3	OTC
IRRIGATING SOLUTIONS		
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	3	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	3	
<i>acetic acid irrigation solution 0.25 %</i>	3	
<i>ammonia aromatic inhalation solution 15 % (w/v)</i>	3	OTC
AURYXIA ORAL TABLET 210 MG IRON	2	ST
<i>bd posiflush normal saline 0.9 injection syringe</i>	3	
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	3	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	3	
<i>cevimeline oral capsule 30 mg</i>	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	3	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	3	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	3	PA; SP
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	3	SP
<i>dex4 glucose bits oral tablet, chewable 1 gram</i>	3	OTC
DEX4 GLUCOSE ORAL GEL IN PACKET 15 GRAM/33 GRAM	3	OTC
DEX4 GLUCOSE ORAL LIQUID 15 GRAM/59 ML	3	OTC
<i>dex4 glucose oral tablet, chewable 4 gram</i>	3	OTC
<i>dex4 glucose pouch pack oral tablet, chewable 4 gram</i>	3	OTC
<i>dex4 glucose quick dissolve oral tablet, chewable 4 gram</i>	3	OTC
DEXTROSE ORAL LIQUID 15 GRAM/59 ML, 15 GRAM/60 ML	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>disulfiram oral tablet 250 mg, 500 mg</i>	3	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	3	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	3	PA; SP
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG	3	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	3	PA; SP
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	2	ST
FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG	2	PA
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	3	PA; SP
<i>gluco burst oral gel 40 %</i>	3	OTC
GLUCO SHOT ORAL LIQUID 15 GRAM/59 ML	3	OTC
<i>glucose bits oral tablet, chewable 1 gram</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>glucose gel oral gel 40 %</i>	3	OTC
<i>glucose oral tablet, chewable 4 gram</i>	3	OTC
<i>hydrogen peroxide solution 3 %</i>	3	OTC
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	3	PA; SP
<i>isopropyl alcohol solution 91 %, 99 %</i>	3	OTC
ISOPROPYL ALCOHOL TOPICAL SPRAY, NON-AEROSOL 70 %, 91 %	3	OTC
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	3	
<i>levocarnitine oral tablet 330 mg</i>	3	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	
<i>meladox oral tablet extended release 3 mg</i>	3	OTC
MELATONIN ORAL LIQUID 1 MG/ML	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>melatonin oral liquid 5 mg/15 ml</i>	3	OTC
<i>melatonin oral tablet 1 mg, 10 mg, 3 mg, 5 mg</i>	3	OTC
<i>melatonin oral tablet extended release 3 mg</i>	3	OTC
MELATONIN ORAL TABLET, IR AND ER, BIPHASIC 5 MG	3	OTC
<i>melatonin oral tablet, disintegrating 3 mg</i>	3	OTC
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>mineral oil oil</i>	3	OTC
<i>monoject 0.9% sodium chloride injection syringe</i>	3	
<i>monoject prefill advanced ns injection syringe</i>	3	
<i>normal saline flush injection syringe</i>	3	
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	2	PA; SP
OXBRYTA ORAL TABLET 500 MG	3	PA; SP; QL
OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG	3	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	3	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+-)/20 ML	3	PA; SP
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	2	PA
REVELA ORAL TABLET 800 MG	1	PA
<i>riluzole oral tablet 50 mg</i>	3	PA; SP
<i>risedronate oral tablet 30 mg</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	3	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	3	

Drug Name	Drug Tier	Requirements / Limits
SODIUM CHLORIDE 0.9 % (FLUSH) INJECTION SYRINGE, WITH SWAB CAP	3	
<i>sodium chloride 0.9 % injection solution</i>	3	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	
<i>sodium chloride 0.9 % intravenous piggyback</i>	3	
<i>sodium chloride injection syringe 0.9 %</i>	3	
<i>sodium chloride irrigation solution 0.9 %</i>	3	
<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	3	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	SP
<i>sodium polystyrene sulfonate oral powder</i>	1	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	3	
<i>sterile saline irrigation solution 0.9 %</i>	3	OTC
SWABFLUSH INJECTION SYRINGE, WITH SWAB CAP	3	
TAVNEOS ORAL CAPSULE 10 MG	3	PA; SP; QL
<i>trientine oral capsule 250 mg</i>	3	SP
TRUEPLUS GLUCOSE ORAL GEL IN PACKET 15 GRAM/32 ML	3	OTC
TRUEPLUS GLUCOSE ORAL LIQUID 15 GRAM/60 ML	3	OTC
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	3	PA; SP
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	ST
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	2	ST
<i>water for injection, sterile injection solution</i>	3	
<i>water for injection, sterile injection syringe</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>water for injection, sterile intravenous parenteral solution</i>	3	
<i>water for irrigation, sterile irrigation solution</i>	3	
XPHOZAH ORAL TABLET 20 MG, 30 MG	3	PA
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; SP
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	3	SP
MISCELLANEOUS DEVICES		
<i>dermafix topical ointment</i>	3	OTC
<i>dy-o-derm solution</i>	3	OTC
INSTACLEAN SOLUTION	3	OTC
<i>isopropyl alcohol solution 70 %</i>	3	OTC
NEUTRACEUTICALS		
<i>colon herbal cleanser oral capsule</i>	3	OTC
<i>melatonin-pyridoxine hcl (b6) oral tablet 3-10 mg</i>	3	OTC
<i>red wine extract oral capsule 200-60 mg</i>	3	OTC
<i>resver-red-bfl-grpsd-pol-c-pom oral capsule 200-60 mg</i>	3	OTC
SMOKING DETERRENTS		

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Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	1	QL
CHANTIX ORAL TABLET 1 MG	1	QL
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42)	1	QL
<i>nicorette buccal gum 4 mg</i>	1	OTC; QL
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	OTC; QL
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
NICOTROL INHALATION CARTRIDGE 10 MG	1	ST
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ST
<i>quit 2 buccal gum 2 mg</i>	1	OTC; QL
<i>quit 2 buccal lozenge 2 mg</i>	1	OTC
<i>quit 4 buccal gum 4 mg</i>	1	OTC; QL
<i>quit 4 buccal lozenge 4 mg</i>	1	OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	OTC
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	QL
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>altamist nasal aerosol, spray 0.65 %</i>	3	OTC
<i>ayr saline nasal aerosol, spray 0.65 %</i>	3	OTC
<i>ayr saline nasal drops 0.65 %</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	
<i>baby ayr saline nasal drops 0.65 %</i>	3	OTC
<i>children's saline nasal spray nasal aerosol,spray 0.65 %</i>	3	OTC
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	3	
CLINPRO 5000 DENTAL PASTE 1.1 %	3	
<i>deep sea nasal nasal aerosol,spray 0.65 %</i>	3	OTC
<i>denta 5000 plus dental cream 1.1 %</i>	3	
<i>dentagel dental gel 1.1 %</i>	3	QL
<i>fluoride (sodium) dental solution 0.2 %</i>	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>little remedies nasal aerosol,spray 0.65 %</i>	3	OTC
<i>little remedies saline nasal aerosol,spray 0.65 %</i>	3	OTC
<i>nasal moisturizing nasal aerosol,spray 0.65 %</i>	3	OTC
<i>nasal spray (sodium chloride) nasal aerosol,spray 0.65 %</i>	3	OTC
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	
<i>oralone dental paste 0.1 %</i>	3	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	3	
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	2	PA
<i>perio med dental solution 0.63 %</i>	3	OTC
<i>periogard mucous membrane mouthwash 0.12 %</i>	3	
<i>saline mist nasal aerosol,spray 0.65 %</i>	3	OTC
<i>saline nasal mist nasal aerosol,spray 0.65 %</i>	3	OTC
<i>saline nasal nasal aerosol,spray 0.65 %</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>saline nose nasal aerosol,spray 0.65 %</i>	3	OTC
<i>sf 5000 plus dental cream 1.1 %</i>	3	
<i>sf dental gel 1.1 %</i>	3	QL
<i>triamcinolone acetonide dental paste 0.1 %</i>	3	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	3	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>ear drops (carbamide peroxide) otic (ear) drops 6.5 %</i>	3	OTC
<i>ear wax removal drops otic (ear) drops 6.5 %</i>	3	OTC
<i>ear wax removal kit otic (ear) drops 6.5 %</i>	3	OTC
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	3	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	3	
<i>murine ear wax removal system otic (ear) drops 6.5 %</i>	3	OTC
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		

Drug Name	Drug Tier	Requirements / Limits
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	2	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	3	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	3	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	3	ST
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	3	PA; SP
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	3	PA; SP
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML	3	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	3	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	3	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	3	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	3	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	3	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	3	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML	3	PA; SP
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG	3	PA; SP
<i>fludrocortisone oral tablet 0.1 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	3	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
MEDROL ORAL TABLET 2 MG	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	3	
<i>methylprednisolone oral tablets, dose pack 4 mg</i>	3	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	3	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg</i>	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	3	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	
<i>prednisone oral solution 5 mg/5 ml</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	3	
<i>prednisone oral tablets, dose pack 5 mg</i>	3	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 100 MG/2 ML	3	
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN 500 MG/4 ML	3	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	3	
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	3	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	3	
<i>propylthiouracil oral tablet 50 mg</i>	3	
DIABETES THERAPY		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC

Drug Name	Drug Tier	Requirements / Limits
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
2-IN-1 LANCET DEVICE 30 GAUGE	3	OTC; QL
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACCU-CHEK FASTCLIX LANCET DRUM	3	OTC; QL
ACCU-CHEK FASTCLIX LANCING DEV KIT	3	OTC
ACCU-CHEK MULTICLIX LANCET KIT	3	OTC
ACCU-CHEK SAFE-T-PRO 23 GAUGE	3	OTC; QL
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	3	OTC; QL
ACCU-CHEK SOFT DEV LANCETS KIT	3	OTC
ACCU-CHEK SOFTCLIX LANCETS	3	OTC; QL
<i>acti-lance lancets 17 gauge, 28 gauge</i>	3	OTC; QL

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
ACTI-LANCE LANCETS 23 GAUGE	3	OTC; QL
ACTOPLUS MET ORAL TABLET 15-850 MG	2	PA
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	ST
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	ST
ADVANCED LANCING DEVICE KIT	3	OTC
ADVANCED TRAVEL LANCETS 28 GAUGE	3	OTC; QL
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	3	OTC; QL
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 33 GAUGE X 5/32"	3	OTC

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	
AEROCHAMBER MINI SPACER	3	QL
AEROCHAMBER MV SPACER	3	QL
AEROCHAMBER PLUS FLOW-VU SPACER	3	QL
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	3	QL
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	3	QL
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	3	QL
AEROCHAMBER PLUS Z STAT LG MSK SPACER	3	QL
AEROCHAMBER PLUS Z STAT MD MSK SPACER	3	QL
AEROCHAMBER PLUS Z STAT SM MSK SPACER	3	QL
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	3	QL

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
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	2	ST
AIRZONE PEAK FLOW METER DEVICE	3	OTC; QL
ALCOH-GLOVE TOWELETTE 70 %	3	OTC
<i>alcohol pads topical pads, medicated</i>	3	OTC
<i>alcohol prep pads topical pads, medicated</i>	3	OTC
<i>alcohol swabs topical pads, medicated</i>	3	OTC
<i>alcohol wipes topical pads, medicated</i>	3	OTC
ALCOH-WIPE TOWELETTE 70 %	3	OTC
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	1	QL
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	1	

Drug Name	Drug Tier	Requirements / Limits
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	1	QL
ALTERNATE SITE LANCET 26 GAUGE	3	OTC; QL
ANTI-EMBOLISM STOCKINGS	3	OTC
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	ST
ARGYLE TRACHEOSTOM TUBE HOLDER	3	OTC
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	3	OTC
ASSURE LANCE 25 GAUGE, 28 GAUGE	3	OTC; QL
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	3	OTC; QL
ASTHMA CHECK METER DEVICE	3	OTC; QL
AUTODROP	3	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
AUTOLET IMPRESSION LANC DEV KIT	3	OTC
AUTOSQUEEZE	3	OTC
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	1	
BARD CATHETER STRAP	3	OTC
BARD CUNNINGHAM INCONTIN CLAMP	3	OTC
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	2	PA
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	3	OTC
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	3	OTC
BD BULK SYRINGE SLIP TIP SYRINGE 1 ML	3	OTC

Drug Name	Drug Tier	Requirements / Limits
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 25 GAUGE X 1 1/2", 30 X 1/2 "	3	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	3	
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1"	3	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2"	3	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "	3	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	

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Drug Name	Drug Tier	Requirements / Limits
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	3	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	3	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8"	3	
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	3	
BD LUER-LOK BULK SYRINGE SYRINGE 20 ML	3	OTC

Drug Name	Drug Tier	Requirements / Limits
BD LUER-LOK SYRINGE SYRINGE 1 ML, 1 ML 20 GAUGE X 1", 10 ML 20 X 1 1/2", 10 ML 20 X 1", 10 ML 21 GAUGE X 1", 10 ML 21 X 1 1/2", 20 ML, 3 ML, 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2", 3 ML 25 X 5/8", 5 ML, 5 ML 20 X 1 1/2", 5 ML 20 X 1", 5 ML 21 GAUGE X 1 1/2", 5 ML 21 GAUGE X 1", 50 ML	3	OTC
BD LUER-LOK TIP CONTROL SYRING SYRINGE 10 ML	3	OTC
BD MICROTAINER LANCET 1.5 X 2 MM	3	OTC
BD MICROTAINER LANCET 21 GAUGE, 30 GAUGE	3	OTC; QL
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	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
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2"	3	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2"	3	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8"	3	
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2"	3	

Drug Name	Drug Tier	Requirements / Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	3	
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 X 5/8 "	3	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	3	
BD SLIP TIP SYRINGE SYRINGE 10 ML, 3 ML	3	OTC
B-D SLIP TIP SYRINGE SYRINGE 20 ML	3	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
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2"	3	
BD SYRINGE CATH TIP NONSTERILE SYRINGE 50 ML	3	OTC
BD SYRINGE CATHETER TIP SYRINGE 50 ML	3	OTC
BD SYRINGE LUER-LOK NONSTERILE SYRINGE 10 ML, 20 ML, 5 ML, 50 ML	3	OTC
BD SYRINGE LUER-LOK STERILE SYRINGE 10 ML, 50 ML	3	OTC
BD SYRINGE SLIP TIP NONSTERILE SYRINGE 50 ML	3	OTC
BD SYRINGE SYRINGE 1 ML	3	OTC
BD TUBERCULIN SLIP-TIP SYRINGE 1 ML	3	OTC

Drug Name	Drug Tier	Requirements / Limits
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	3	OTC
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	OTC
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	OTC
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	3	
BD VEO INSULIN SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64"	3	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	
BEUTLICH PH TEST ROLL	3	OTC
BLOOD PRESSURE CUFF	3	OTC
BLUNT NEEDLE, DISPOSABLE NEEDLE 18 X 1 1/2", 22 X 1 1/2"	3	

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
BREATHERITE MDI SPACER SPACER	3	QL
BREATHERITE SPACER-MASK, NEO. SPACER	3	QL
BREATHERITE SPACER-MASK, ADULT SPACER	3	QL
BREATHERITE SPACER-MASK, CHILD SPACER	3	QL
BREATHERITE SPACER-MASK, INFANT SPACER	3	QL
BREATHERITE SPACER-MASK, S. CHLD SPACER	3	QL
BREATHERITE VALVED MDI CHAMBER SPACER	3	QL
BREATHERITE VALVED MDI SPACER SPACER	3	QL
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	3	OTC; QL
BUTTERFLY TOUCH LANCET 30 GAUGE	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	QL
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	OTC
CAREONE ULTRA THIN LANCET	3	OTC; QL
CAREPOINT LUER SLIP SYRINGE SYRINGE 1 ML	3	OTC
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	3	OTC
CARETOUCH INSULIN SYRINGE SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	3	

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
CARETOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	OTC
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	3	OTC; QL
CHEK-STIX CONTROL STRIP	3	OTC
CHEMSTRIP 10 MD STRIP	3	OTC
CHEMSTRIP 10/SG STRIP	3	OTC
CHEMSTRIP 2 GP STRIP	3	OTC
CHEMSTRIP 50B STRIP	3	OTC
CHEMSTRIP 7 STRIP	3	OTC
CHEMSTRIP 9 STRIP	3	OTC
CLEVER CHEK LANCETS 30 GAUGE	3	OTC; QL
CLEVER CHOICE PEAK FLOW METER DEVICE	3	OTC; QL
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
COAGUCHEK LANCETS	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
COLOR LANCETS 21 GAUGE	3	OTC; QL
COMBISTIX REAGENT STRIP	3	OTC
COMFORT EZ INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	3	OTC; QL

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
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	3	OTC
COMPACT SPACE CHAMBER SPACER	3	QL
COMPACT SPACE CHAMBER-LRG MASK SPACER	3	QL
COMPACT SPACE CHAMBER-MED MASK SPACER	3	QL
COMPACT SPACE CHAMBER-SM MASK SPACER	3	QL
CONTOUR NEXT LINK 2.4 KIT	3	OTC
CONTOUR NEXT LINK KIT	3	OTC
COOL MIST HUMIDIFIER	3	OTC
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	3	OTC
CURITY TRIANGULAR BANDAGE	3	OTC

Drug Name	Drug Tier	Requirements / Limits
CUT N CRUSH	3	OTC
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 5-1,000 MG	1	QL
DAVOL IRRIGATION SYRINGE SYRINGE	3	OTC
DAVOL PISTON IRRIGATION SYRINGE	3	OTC
DEXCOM G6 RECEIVER	3	PA
DEXCOM G6 SENSOR DEVICE	3	PA
DEXCOM G6 TRANSMITTER DEVICE	3	PA
<i>diazoxide oral suspension 50 mg/ml</i>	1	
DISPOSABLE PAPER MOUTHPIECE	3	OTC
DM2 COMBO PACK, TABLET AND STRIP 500 MG	3	
DOVER TWO-SIDED ADHESIVE STRAP	3	OTC
DRAIN-TUBE ATTACHMENT DEVICE	3	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
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	3	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	
DROPLET LANCETS 30 GAUGE	3	OTC; QL
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	3	OTC

Drug Name	Drug Tier	Requirements / Limits
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	OTC
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	2	PA
EASIVENT HOLDING CHAMBER SPACER	3	QL
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
EASY COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	3	
EASY COMFORT LANCETS 30 GAUGE	3	OTC; QL
EASY COMFORT PEN NEEDLES NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	
EASY GLIDE LUER LOCK SYRINGE SYRINGE 1 ML	3	OTC

Drug Name	Drug Tier	Requirements / Limits
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	3	OTC
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	3	OTC
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	3	

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Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH FLIPLOCK NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 23 GAUGE X 5/8", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1", 26 GAUGE X 1/2", 27 GAUGE X 1", 27 GAUGE X 1/2", 28 GAUGE X 1/2", 29 GAUGE X 1/2", 30 GAUGE X 5/16", 30 X 1/2 ", 31 GAUGE X 5/16"	3	

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH HYPODERMIC NEEDLE NEEDLE 16 GAUGE X 1 1/2", 18 GAUGE X 1 1/2", 18 GAUGE X 1 1/4", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1 1/4", 23 GAUGE X 1", 23 GAUGE X 3/4", 24 GAUGE X 1 1/4", 24 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1 1/2", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1", 30 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/16"	3	

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
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	3	
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	3	OTC; QL
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	3	

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH LUER LOCK SYRINGE SYRINGE 1 ML, 10 ML, 3 ML, 5 ML	3	OTC
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	OTC
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	3	OTC
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	3	OTC; QL
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 30 GAUGE X 3/16"	3	OTC
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16"	3	

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
EASY TOUCH SHEATHLOCK SYRINGE SYRINGE 10 ML, 3 ML	3	OTC
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	3	OTC; QL
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	
EASY TOUCH UNI-SLIP SYRINGE 10 ML, 3 ML, 5 ML	3	OTC
EASY TWIST AND CAP LANCETS 28 GAUGE	3	OTC; QL
EASYPPOINT NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1"	3	
ECLIPSE NEEDLE NEEDLE 23 GAUGE X 1", 25 GAUGE X 5/8"	3	
ELASTIC FOAM STRAPS	3	OTC

Drug Name	Drug Tier	Requirements / Limits
EMBRACE LANCETS 30 GAUGE	3	OTC; QL
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	3	
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	
EXEL SYRINGE SYRINGE 10 ML, 30 ML, 50 ML	3	OTC
<i>e-z ject lancets , 26 gauge, 30 gauge, 32 gauge, 33 gauge</i>	3	OTC; QL

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

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Drug Name	Drug Tier	Requirements / Limits
<i>e-z ject thin lancets 28 gauge</i>	3	OTC; QL
EZ SMART LANCETS 28 GAUGE	3	OTC; QL
FACE SPLASH SHIELD, FULL	3	OTC
FACE SPLASH SHIELD, SHORT	3	OTC
FARXIGA ORAL TABLET 10 MG, 5 MG	1	
FC2 FEMALE CONDOM	3	OTC
FEEDING TUBE ATTACHMENT DEVICE	3	OTC
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	ST
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	ST
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	2	PA
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	ST
FILTER NEEDLES NEEDLE 18 GAUGE X 1 1/2"	3	

Drug Name	Drug Tier	Requirements / Limits
FINGERSTIX LANCETS	3	OTC; QL
FLOW-EZE VENTED NEEDLE NEEDLE	3	
FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC
FORA V10-V12-D10-D20 STRP-LNCT COMBO PACK 30 GAUGE	3	OTC
FORACARE LANCETS 30 GAUGE	3	OTC; QL
FREESTYLE FLASH SYSTEM KIT	3	OTC; QL
FREESTYLE FREEDOM KIT	3	OTC; QL
FREESTYLE FREEDOM LITE KIT	3	OTC; QL
FREESTYLE INSULINX	3	OTC
FREESTYLE INSULINX STRIP	3	OTC; QL
FREESTYLE INSULINX TEST STRIPS STRIP	3	OTC; QL
FREESTYLE LANCETS 28 GAUGE	3	OTC; QL
FREESTYLE LIBRE 14 DAY READER	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	PA; QL
FREESTYLE LIBRE 2 READER	3	PA; QL
FREESTYLE LIBRE 2 SENSOR KIT	3	PA; QL
FREESTYLE LIBRE 3 READER	3	PA; QL
FREESTYLE LIBRE 3 SENSOR DEVICE	3	PA; QL
FREESTYLE LITE METER KIT	3	OTC; QL
FREESTYLE LITE STRIPS STRIP	3	OTC; QL
FREESTYLE PRECISION NEO METER	3	OTC; QL
FREESTYLE PRECISION NEO STRIPS STRIP	3	OTC; QL
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	
FREESTYLE SIDEKICK II KIT	3	OTC
FREESTYLE SYSTEM KIT KIT	3	OTC; QL
FREESTYLE TEST STRIP	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE UNISTIK 2	3	OTC; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	3	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	ST
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	1	
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	3	OTC; QL

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
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	2	PA
GLUMETZA ORAL TABLET, ER GAST.RETENTION 24 HR 1,000 MG, 500 MG	2	PA; QL
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	2	PA
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	
GOJJI LANCET-GLUCOSE TEST STRP COMBO PACK 30 GAUGE	3	OTC
GOJJI LANCETS 30 GAUGE	3	OTC; QL
GOJJI MULTI-FUNCTIONAL METER DEVICE	3	OTC
GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC

Drug Name	Drug Tier	Requirements / Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	PA
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	PA
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	PA
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	PA
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	2	PA
HEALTHWISE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	

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Drug Name	Drug Tier	Requirements / Limits
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
HEALTHY ACCENTS UNIFINE PENTIP NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	3	OTC
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	3	OTC; QL
HEMA- COMBISTIX STRIP	3	OTC
HORIZONTAL DRAIN-TUBE ATT DEV	3	OTC
<i>huber safety needles (disp.) needle 22 x 3/4 "</i>	3	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U- 100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	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 TEMPO PEN(U- 100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	1	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	

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Drug Name	Drug Tier	Requirements / Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
HUMIDIFIERS	3	OTC
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)	2	ST
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	
HURRICAINA LIQUID DISPENSER	3	OTC

Drug Name	Drug Tier	Requirements / Limits
HURRICAINA SPRAY EXTENSION	3	OTC
HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"	3	
HYPOLANCE AST LANCING KIT	3	OTC
IN-CHECK NASAL WITH MASK DEVICE	3	OTC; QL
IN-CHECK ORAL FLOW METER DEVICE	3	OTC; QL
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	3	OTC
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
INCONTROL SUPER THIN LANCETS 30 GAUGE	3	OTC; QL
INCONTROL ULTRA THIN LANCETS 28 GAUGE	3	OTC; QL
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	3	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
INPEFA ORAL TABLET 200 MG, 400 MG	2	PA
INSTA-GLUCOSE (WITH DEXTRIN) ORAL GEL 24 GRAM/31 GRAM	3	OTC
INSULIN ASP PRT- INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
INSULIN ASP PRT- INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML), 200 UNIT/ML (3 ML)	1	

Drug Name	Drug Tier	Requirements / Limits
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	1	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN LISPRO PROTAMIN- LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	

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Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
INSULIN SYR/NDL U100 HALF MARK SYRINGE 0.3 ML 31 GAUGE X 1/4"	3	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	3	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	

Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 7/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29, 1/2 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 15/64"	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 3/8"</i>	3	
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
INTEGRA PRECISIONGLIDE NEEDLE NEEDLE 25 GAUGE X 5/8"	3	
INVACARE LANCETS 30 GAUGE	3	OTC; QL
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	1	QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	PA
INVOKANA ORAL TABLET 100 MG, 300 MG	1	
IV PREP WIPES TOPICAL PADS, MEDICATED	3	OTC
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	

Drug Name	Drug Tier	Requirements / Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	1	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	1	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	ST
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	1	
KETONE CARE STRIP	3	OTC
KETONE URINE TEST STRIP	3	OTC
KETOSTIX STRIP	3	OTC
LABSTIX REAGENT STRIP	3	OTC
LANCETS , 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	3	OTC; QL
LANCETS, SUPER THIN	3	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
LANCETS, THIN , 28 GAUGE	3	OTC; QL
LANCETS, ULTRA THIN	3	OTC; QL
LANCING DEVICE WITH LANCETS KIT	3	OTC
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
LANZO LANCING DEVICE KIT	3	OTC
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1"	3	
LUER LOCK SYRINGE SYRINGE 30 ML	3	OTC
LUER SLIP TIP SYRINGE TRAY SYRINGE 1 ML	3	OTC

Drug Name	Drug Tier	Requirements / Limits
LUER-LOK TIP SYRINGE 30 ML	3	OTC
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	ST
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	ST
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	2	ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	ST
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	3	

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Drug Name	Drug Tier	Requirements / Limits
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	3	OTC
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	3	
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	3	OTC
MEDISENSE THIN LANCETS 28 GAUGE	3	OTC; QL
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	3	OTC; QL
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	3	OTC
<i>metformin oral solution 500 mg/5 ml</i>	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
METFORMIN ORAL TABLET 625 MG	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	1	QL
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	1	QL
MICRO THIN LANCETS 33 GAUGE	3	OTC; QL
MICRODOT INSULIN PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	OTC
MICROLET 2 LANCING DEVICE KIT	3	OTC
MICROLET LANCET	3	OTC; QL
MICROLET NEXT LANCING DEVICE KIT	3	OTC
MICROLIFE PEAK FLOW METER DEVICE	3	OTC; QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	3	OTC
MONOJECT 140CC PISTON SYRINGE SYRINGE	3	OTC
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	3	OTC
MONOJECT ALLERGY TRAY TRAY 1 ML 28 X 1/2"	3	OTC
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	3	
MONOJECT BRACKET-SHARPS CONT	3	OTC
MONOJECT DISPOSABLE SYRINGE SYRINGE 20 ML	3	OTC
MONOJECT ECCENTRIC NON-STERILE SYRINGE 35 ML	3	OTC
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 "	3	
MONOJECT FILTER CONNECTOR	3	OTC

Drug Name	Drug Tier	Requirements / Limits
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2"	3	
MONOJECT FINGER GRIP EXTENDERS	3	OTC
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	3	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2"	3	

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Drug Name	Drug Tier	Requirements / Limits
MONOJECT INSULIN SAFETY SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	3	
MONOJECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML , 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	
MONOJECT LUER-LOCK TIP SYRINGE 12 ML	3	OTC
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 "	3	
MONOJECT PHARMACY TRAY LUER SYRINGE 12 ML, 20 ML, 3 ML, 35 ML, 6 ML, 60 ML	3	OTC

Drug Name	Drug Tier	Requirements / Limits
MONOJECT PHARMACY TRAY REG TIP SYRINGE 1 ML	3	
MONOJECT REG TIP NON-STERILE SYRINGE 12 ML, 20 ML, 3 ML, 6 ML	3	OTC
MONOJECT REGULAR LUER SYRINGE 3 ML	3	
MONOJECT REGULAR LUER SYRINGE 35 ML, 6 ML	3	OTC
MONOJECT SAFETY LUER LOCK TIP SYRINGE 3 ML	3	OTC
MONOJECT SAFETY SYRINGES SYRINGE , 12 ML, 12 ML 20 X 1 1/2", 3 ML 20 GAUGE X 1 1/2"	3	OTC
MONOJECT SHARPS WALL CABINET	3	OTC
MONOJECT SYRINGE LUER LOK SYRINGE 35 ML, 60 ML	3	OTC
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE, 3 ML, 6 ML, 6 ML 20 X 1 1/2", 6 ML 21 X 1 1/2", 6 ML 21 X 1"	3	

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
MONOJECT SYRINGE 12 ML 18 GAUGE X 1", 12 ML 20 X 1 1/2", 12 ML 21 GAUGE X 1 1/2", 12 ML 21 GAUGE X 1", 140 ML, 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4"	3	OTC
MONOJECT TB SAFETY SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2"	3	OTC
MONOJECT TB SYRINGE 1 ML 28 GAUGE X 1/2"	3	OTC
MONOJECT TUBERCULIN SYRINGE SYRINGE 1 ML, 1 ML 25 GAUGE X 5/8", 1 ML 26 GAUGE X 3/8", 1 ML 27 X 1/2", 1/2 ML 28 X 1/2"	3	OTC

Drug Name	Drug Tier	Requirements / Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	3	
MONOLET LANCETS 21 GAUGE	3	OTC; QL
MONOLET THIN LANCETS 28 GAUGE	3	OTC; QL
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	PA
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1"	3	
MULTI-LANCET DEVICE 2 KIT	3	OTC
MULTISTIX 10 SG STRIP	3	OTC
MULTISTIX 5 STRIP	3	OTC
MULTISTIX 7 STRIP	3	OTC
MULTISTIX 8 SG STRIP	3	OTC
MULTISTIX 9 SG STRIP	3	OTC
MULTISTIX 9 STRIP	3	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
MULTISTIX STRIP	3	OTC
MYGLUCOHEALTH LANCETS 30 GAUGE	3	OTC; QL
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NEEDLE (DISP) 16 G NEEDLE 16 GAUGE X 1"	3	
NEEDLE (DISP) 18 G NEEDLE 18 GAUGE X 1"	3	
NEEDLE (DISP) 19 G NEEDLE 19 GAUGE X 1 1/2"	3	
NEEDLE (DISP) 23 GAUGE NEEDLE 23 GAUGE X 1"	3	
NEEDLES, HUBER DISPOSABLE NEEDLE 22 X 1 "	3	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	1	QL
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1"	3	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	3	OTC; QL
NOVA SUREFLEX LANCETS	3	OTC; QL
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	3	OTC

Drug Name	Drug Tier	Requirements / Limits
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	3	OTC
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	3	OTC
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	ST
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	ST
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	ST
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	ST
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	ST
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	ST

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
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	PA; QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	PA; QL
ON CALL LANCET 30 GAUGE	3	OTC; QL
ON CALL PLUS LANCET 30 GAUGE	3	OTC; QL
ONETOUCH DELICA PLUS LANC DEV KIT	3	OTC
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	3	OTC; QL
ONGLYZA ORAL TABLET 5 MG	1	
ON-THE-GO LANCETS 30 GAUGE	3	OTC; QL
OPTICHAMBER ADULT MASK-LARGE DEVICE	3	QL
OPTICHAMBER DIAMOND LG MASK SPACER	3	QL
OPTICHAMBER DIAMOND VHC SPACER	3	QL
OPTICHAMBER DIAMOND-MED MSK SPACER	3	QL

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Drug Name	Drug Tier	Requirements / Limits
OPTICHAMBER DIAMOND-SML MASK SPACER	3	QL
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	1	QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	QL
PEAK AIR PEAK FLOW METER DEVICE	3	OTC; QL
PEDIATRIC MOUTHPIECES	3	OTC
PEDIATRIC-SMALL MOUTH ADAPTOR	3	OTC
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	3	

Drug Name	Drug Tier	Requirements / Limits
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/3", 31 GAUGE X 1/4", 31 GAUGE X 1/6", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	OTC
PEN NEEDLE, DIABETIC, SAFETY NEEDLE 31 GAUGE X 3/16"	3	OTC
PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
PERSONAL BEST FULL RANGE DEVICE	3	OTC; QL
PHASEAL PROTECTOR DEVICE 13 MM, 20 MM, 28 MM	3	
PIKO 1 DEVICE	3	OTC; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	
PIP LANCET 28 GAUGE, 30 GAUGE	3	OTC; QL
POCKET PEAK FLOW METER DEVICE	3	OTC; QL
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	3	
PRECISION PCX PLUS TEST STRIP	3	OTC
PRECISION PCX TEST STRIP	3	OTC
PRECISION POINT OF CARE TEST STRIP	3	OTC
PRECISION Q-I-D TEST STRIP	3	OTC
PRECISION XTRA B-KETONE STRIP	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	3	OTC

Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA MONITOR	3	OTC
PRECISION XTRA TEST STRIP	3	OTC
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	3	OTC; QL
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	3	OTC
PRO COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	3	OTC; QL
PRO COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
PROCARE HUMIDIFIER	3	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	3	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	3	OTC; QL
PRODIGY TWIST TOP LANCET 28 GAUGE	3	OTC; QL
PROGLYCEM ORAL SUSPENSION 50 MG/ML	1	PA
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	3	OTC
PURE COMFORT HUMIDIFIER	3	OTC
PURE COMFORT LANCETS 30 GAUGE	3	OTC; QL
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
PURE COMFORT SAFETY LANCETS 30 GAUGE	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
PURECOMFORT PEAK FLOW METER DEVICE	3	OTC; QL
PUSH BUTTON SAFETY LANCETS 28 GAUGE	3	OTC; QL
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	PA
RELIAMED LANCET 28 GAUGE, 30 GAUGE	3	OTC; QL
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	3	OTC; QL
<i>relion glucose oral liquid 15-400 gram-unit/60 ml</i>	3	OTC
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
REPLACEMENT NECKBAND STRAPS	3	OTC
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA
RIGHTEST GL300 LANCETS 30 GAUGE	3	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
RIOMET ER ORAL SUSPENSION, EXTENDED REL RECON 500 MG/5 ML	2	ST
RIOMET ORAL SOLUTION 500 MG/5 ML	2	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2"	3	
SAFESNAP SYRINGE SYRINGE 10 ML, 3 ML, 5 ML	3	OTC
SAFETY LANCETS 21 GAUGE, 28 GAUGE	3	OTC; QL
SAFETY NEEDLES NEEDLE 18 GAUGE X 1 1/2"	3	
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	OTC
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	3	OTC; QL
SAFETY-LET LANCETS 30 GAUGE	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	1	
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg</i>	1	
SEAL TIGHT	3	OTC
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	3	OTC
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	PA
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA
SINGLE-LET	3	OTC; QL
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	3	OTC; QL
SMARTEST LANCET	3	OTC; QL
SOFT TOUCH LANCETS	3	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA; QL
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	3	OTC; QL
SOLUS V2 LANCING DEVICE KIT	3	OTC
SPLASH SHIELD FLEX	3	OTC
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	PA
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	PA
STERILANCE TL 30 GAUGE, 32 GAUGE	3	OTC; QL
SUCTION TUBE ATTACHMENT DEVICE	3	OTC
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	3	OTC; QL
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	3	OTC

Drug Name	Drug Tier	Requirements / Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	3	
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	3	OTC; QL
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	OTC
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	3	OTC
SUREFLEX DEVICE WITH LANCETS KIT	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
SURE-JECT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	
SURE-LANCE , 26 GAUGE, 28 GAUGE	3	OTC; QL
SURE-LANCE ULTRA THIN 30 GAUGE	3	OTC; QL
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	3	OTC
SURE-TOUCH LANCET	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	3	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25- 1,000 MG, 5-1,000 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
SYRINGE (DISPOSABLE) SYRINGE 20 ML, 3 ML, 30 ML, 5 ML, 60 ML	3	OTC
TABLET CUTTER	3	OTC
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	
TECHLITE LANCETS 28 GAUGE, 30 GAUGE	3	OTC; QL
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	OTC
TELCARE LANCETS 30 GAUGE	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	
TERUMO SYRINGE SYRINGE 30 ML	3	OTC
THIN LANCETS 26 GAUGE	3	OTC; QL
<i>thinpro insulin syringe syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"</i>	3	
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 31 X 3/8"	3	
TOPCARE CLICKFINE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	OTC
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	

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Drug Name	Drug Tier	Requirements / Limits
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	3	OTC; QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	PA
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	PA
TRADJENTA ORAL TABLET 5 MG	1	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	PA
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	PA
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	PA

Drug Name	Drug Tier	Requirements / Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	PA
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	3	OTC
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	3	
TRUE COMFORT LANCET 30 GAUGE	3	OTC; QL
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	3	OTC
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	
TRUEPLUS KETONE STRIP	3	OTC
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	3	OTC; QL
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	OTC
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	1	QL

Drug Name	Drug Tier	Requirements / Limits
TUBERCULIN SYRINGE SYRINGE 1 ML	3	OTC
TWIST LANCETS 30 GAUGE, 32 GAUGE	3	OTC; QL
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	3	
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	3	
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	OTC
ULTICARE SAFETY SYRINGE SYRINGE 3 ML	3	OTC
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	

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Drug Name	Drug Tier	Requirements / Limits
ULTIGUARD SAFEPAK-PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	OTC
ULTI-LANCE KIT	3	OTC
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	3	OTC
ULTILET BASIC LANCETS 30 GAUGE	3	OTC; QL
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	3	OTC; QL
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 29	3	
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	3	OTC; QL
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	3	OTC

Drug Name	Drug Tier	Requirements / Limits
ULTILET SAFETY LANCETS 23 GAUGE	3	OTC; QL
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	3	
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29	3	
ULTRA FLO INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2"	3	
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	OTC

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 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
ULTRA THIN II LANCETS 30 GAUGE	3	OTC; QL
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	3	OTC; QL
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	OTC
ULTRA THIN PLUS LANCETS 33 GAUGE	3	OTC; QL
ULTRA TLC LANCETS	3	OTC; QL
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	
ULTRA-CARE LANCETS 30 GAUGE	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	OTC
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	3	OTC; QL
ULTRA-THIN II (SHORT) INS SYR SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	3	OTC
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	3	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	

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 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
ULTRA-THIN II LANCETS 28 GAUGE	3	OTC; QL
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	3	OTC
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	OTC
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	3	OTC
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	OTC
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	3	OTC
UNILET COMFORTOUCH LANCET , 26 GAUGE	3	OTC; QL
UNILET GP LANCET	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
UNILET LANCET 28 GAUGE, 33 GAUGE	3	OTC; QL
UNILET LANCETS 30 GAUGE	3	OTC; QL
UNILET SUPER THIN LANCETS 30 GAUGE	3	OTC; QL
UNISTIK 2 DEVICE KIT	3	OTC
UNISTIK 2 EXTRA LANCET 21 GAUGE	3	OTC; QL
UNISTIK 2 NORMAL LANCET 21 GAUGE	3	OTC; QL
UNISTIK 3 COMFORT LANCET 28 GAUGE	3	OTC; QL
UNISTIK 3 EXTRA LANCET 21 GAUGE	3	OTC; QL
UNISTIK 3 GENTLE 30 GAUGE	3	OTC; QL
UNISTIK 3 NORMAL LANCET 23 GAUGE	3	OTC; QL
UNISTIK COMFORT LANCETS 28 GAUGE	3	OTC; QL
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	3	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
UNISTIK EXTRA LANCETS 21 GAUGE	3	OTC; QL
UNISTIK NORMAL LANCETS 23 GAUGE	3	OTC; QL
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	3	OTC; QL
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	3	OTC; QL
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	3	OTC; QL
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	3	OTC; QL
UNIVERSAL CATHETER ACCESS PORT	3	OTC
URI-DRAIN	3	OTC
URISTIX 4 STRIP	3	OTC
URISTIX REAGENT STRIP	3	OTC
VANISHPOINT INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 3/16"	3	

Drug Name	Drug Tier	Requirements / Limits
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	
VAPORIZERS	3	OTC
VERTICAL DRAIN-TUBE ATT DEVICE	3	OTC
V-GO 20 DEVICE	3	PA; QL
V-GO 30 DEVICE	3	PA; QL
V-GO 40 DEVICE	3	PA; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	1	QL
VIVAGUARD LANCET 30 GAUGE	3	OTC; QL
WEBCOL TOPICAL PADS, MEDICATED	3	OTC
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	QL

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Drug Name	Drug Tier	Requirements / Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA; QL
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4"	3	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	PA
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	PA
MISCELLANEOUS HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	2	PA

Drug Name	Drug Tier	Requirements / Limits
ANDROGEL 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	PA
BRINEURA INTRAVENTRICU LAR KIT 300 MG/10 ML (150MG/5ML X2)	3	PA; SP
<i>cabergoline oral tablet 0.5 mg</i>	3	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	3	
<i>calcitonin (salmon) nasal spray, non- aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	3	
<i>calcitriol oral solution 1 mcg/ml</i>	3	
CERDELGA ORAL CAPSULE 84 MG	3	PA; SP
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	3	PA; SP
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	3	

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin injection solution 4 mcg/ml</i>	3	SP
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	3	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	3	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	3	PA; SP
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	2	PA
GALAFOLD ORAL CAPSULE 123 MG	3	PA; SP
ISTURISA ORAL TABLET 1 MG, 5 MG	3	PA; SP
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	3	PA; SP
METHITEST ORAL TABLET 10 MG	3	
<i>mifepristone oral tablet 300 mg</i>	2	PA
<i>miglustat oral capsule 100 mg</i>	3	SP
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	3	PA; SP
ORLISSA ORAL TABLET 150 MG, 200 MG	1	PA; SP; QL
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	3	SP
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 2 MCG/ML, 5 MCG/ML	3	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	3	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	3	
RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	3	PA; SP
<i>sapropterin oral tablet, soluble 100 mg</i>	3	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	3	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	1	PA; SP
TEPEZZA INTRAVENOUS RECON SOLN 500 MG	3	PA; SP; QL
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	2	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	3	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	PA
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	3	PA; SP; QL
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	2	PA
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/1.25 GRAM (1 %)	2	PA
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	2	PA

THYROID HORMONES

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	3	
LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	
<i>liothyronine intravenous solution 10 mcg/ml</i>	3	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	3	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	3	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	3	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG	3	

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>anti-diarrheal (loperamide) oral capsule 2 mg</i>	3	OTC
<i>anti-diarrheal (loperamide) oral liquid 1 mg/7.5 ml</i>	3	OTC
<i>anti-diarrheal (loperamide) oral tablet 2 mg</i>	3	OTC
<i>anti-diarrheal oral suspension 262 mg/15 ml</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>bismuth oral tablet, chewable 262 mg</i>	3	OTC
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE 10 BILLION CELL - 200 MG	3	OTC
CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE, SPRINKLE 10 BILLION CELL - 200 MG	3	OTC
CULTURELLE KIDS GENTLE-GO ORAL POWDER IN PACKET 2.5 BILLION CELL-3.5 GRAM	3	OTC
<i>diamode oral tablet 2 mg</i>	3	OTC
<i>diarrhea relief (bismuth subs) oral suspension 262 mg/15 ml</i>	3	OTC
<i>dicyclomine oral capsule 10 mg</i>	3	
<i>dicyclomine oral solution 10 mg/5 ml</i>	3	
<i>dicyclomine oral tablet 20 mg</i>	3	
<i>digestive relief oral tablet 262 mg</i>	3	OTC
<i>diotame oral tablet, chewable 262 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	3	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	3	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	3	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	3	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	3	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	3	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	3	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	3	
<i>kaopectate (bismuth subsalicy) oral suspension 262 mg/15 ml</i>	3	OTC
<i>k-pec antidiarrheal (bism sub) oral suspension 262 mg/15 ml</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>l.acidophilus-bifido.longum oral capsule, delayed release(dr/ec) 16 mg</i>	3	OTC
LACTOBACILLUS ACIDOPH-L. BIFID ORAL WAFER 1 BILLION CELL	3	OTC
<i>loperamide oral capsule 2 mg</i>	3	
<i>loperamide oral liquid 1 mg/7.5 ml</i>	3	OTC
<i>loperamide oral tablet 2 mg</i>	3	OTC
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	3	
MYTESI ORAL TABLET, DELAYE D RELEASE (DR/EC) 125 MG	3	PA; SP; QL
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	3	
<i>oscimin sl sublingual tablet 0.125 mg</i>	3	
<i>pepto-bismol oral tablet, chewable 262 mg</i>	3	OTC
<i>pepto-bismol to-go oral tablet, chewable 262 mg</i>	3	OTC
<i>pink bismuth oral suspension 262 mg/15 ml</i>	3	OTC
<i>pink bismuth oral tablet 262 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>pink bismuth oral tablet, chewable 262 mg</i>	3	OTC
<i>probiotic colon care oral capsule 1.5 billion cell</i>	3	OTC
<i>probiotic oral capsule 20 billion cell, 3 billion cell</i>	3	OTC
<i>risaquad oral capsule 8 billion cell</i>	3	OTC
<i>risaquad-2 oral capsule 16 billion cell</i>	3	OTC
<i>senior probiotic oral capsule 15 billion cell</i>	3	OTC
<i>soothe (bismuth subsalicylate) oral tablet 262 mg</i>	3	OTC
<i>soothe (bismuth subsalicylate) oral tablet, chewable 262 mg</i>	3	OTC
<i>soothe regular strength oral suspension 262 mg/15 ml</i>	3	OTC
<i>stomach relief oral suspension 262 mg/15 ml</i>	3	OTC
<i>stomach relief oral tablet 262 mg</i>	3	OTC
<i>stomach relief oral tablet, chewable 262 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>stomach relief original oral suspension 262 mg/15 ml</i>	3	OTC
<i>super probiotic oral capsule 20 billion cell</i>	3	OTC
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>acid gone antacid e.strength oral tablet, chewable 160-105 mg</i>	3	OTC
<i>acid gone antacid oral suspension 95-358 mg/15 ml</i>	3	OTC
<i>advanced antacid-antigas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	3	OTC
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	2	PA; QL
<i>almacone-2 oral suspension 400-400-40 mg/5 ml</i>	3	OTC
<i>alophen (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	3	OTC
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	1	PA; QL
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml</i>	3	OTC

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Effective as of 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
<i>alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	3	OTC
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	1	PA; QL
<i>antacid anti-gas (ca carb-sim) oral tablet, chewable 1,000-60 mg</i>	3	OTC
<i>antacid anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	3	OTC
<i>antacid extst (mag carb-al hyd) oral tablet, chewable 160-105 mg</i>	3	OTC
<i>antacid m oral suspension 200-200-20 mg/5 ml</i>	3	OTC
<i>antacid maximum strength oral suspension 400-400-40 mg/5 ml</i>	3	OTC
<i>antacid oral suspension 200-200-20 mg/5 ml</i>	3	OTC
<i>antacid plus anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	3	OTC
<i>antacid regular strength oral suspension 200-200-20 mg/5 ml</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>antacid ultra strength oral tablet, chewable 470 mg calcium (1,177 mg)</i>	3	OTC
<i>antacid-antigas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	3	OTC
<i>anti-gas ultra strength oral capsule 180 mg</i>	3	OTC
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	3	
ANZEMET ORAL TABLET 50 MG	2	PA; QL
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	PA; QL
APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM	1	PA
AVSOLA INTRAVENOUS RECON SOLN 100 MG	2	PA; ST; SP
AZULFIDINE ENTABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
AZULFIDINE ORAL TABLET 500 MG	2	PA
<i>balsalazide oral capsule 750 mg</i>	1	
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	3	OTC
<i>bisacodyl rectal suppository 10 mg</i>	3	OTC
BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG	1	PA; QL
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	3	
<i>budesonide oral tablet, delayed and extended release 9 mg</i>	1	QL
<i>budesonide rectal foam 2 mg/actuation</i>	1	ST
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	3	PA; SP
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	3	PA; SP
CANASA RECTAL SUPPOSITORY 1,000 MG	1	
<i>castor oil oral oil 100 %</i>	3	OTC
<i>children's pepto oral tablet, chewable 160 mg calcium (400 mg)</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>children's soothe oral tablet, chewable 160 mg calcium (400 mg)</i>	3	OTC
<i>chocolate laxative oral tablet, chewable 15 mg</i>	3	OTC
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	3	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	2	PA; SP; QL
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA; SP; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA; SP; QL
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	2	PA; SP; QL
<i>citrate of magnesia oral solution</i>	3	OTC
<i>citroma oral solution</i>	3	OTC
<i>clearlax oral powder 17 gram/dose</i>	3	OTC
<i>clearlax oral powder in packet 17 gram</i>	3	OTC
COLAZAL ORAL CAPSULE 750 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>col-rite oral capsule 100 mg, 250 mg</i>	3	OTC
<i>comfort gel extra strength oral suspension 400-400-40 mg/5 ml</i>	3	OTC
<i>comfort gel oral suspension 200-200-20 mg/5 ml</i>	3	OTC
<i>compro rectal suppository 25 mg</i>	3	
<i>constulose oral solution 10 gram/15 ml</i>	3	
CREON ORAL CAPSULE,DELAY ED 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	1	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	3	
<i>daily fiber oral capsule 0.52 gram</i>	3	OTC
<i>dairy aid oral tablet,chewable 3,000 unit</i>	3	OTC
<i>dairy digestive oral tablet 9,000 unit</i>	3	OTC
<i>dairy relief oral tablet 3,000 unit, 9,000 unit</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>dairy-aid oral tablet 3,000 unit</i>	3	OTC
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	2	PA
DICLEGIS ORAL TABLET,DELAYE D RELEASE (DR/EC) 10-10 MG	2	PA; QL
<i>dimenhydrinate oral tablet 50 mg</i>	3	OTC
DIPENTUM ORAL CAPSULE 250 MG	2	ST
<i>docuprene oral tablet 100 mg</i>	3	OTC
<i>docusate calcium oral capsule 240 mg</i>	3	OTC
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	3	OTC
<i>docusate sodium oral liquid 50 mg/5 ml</i>	3	OTC
<i>docusate sodium oral tablet 100 mg</i>	3	OTC
<i>docuzen oral tablet 8.6-50 mg</i>	3	OTC
<i>dok oral tablet 100 mg</i>	3	OTC
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1	QL
<i>dramamine less drowsy oral tablet 25 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>dramamine oral tablet 50 mg</i>	3	OTC
<i>driminate oral tablet 50 mg</i>	3	OTC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	3	PA
<i>dss oral capsule 250 mg</i>	3	OTC
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	3	OTC
<i>dulcolax stool softener (dss) oral capsule 100 mg</i>	3	OTC
EMEND ORAL CAPSULE 80 MG	2	PA; QL
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)-80 MG (2)	2	PA; QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.)	2	PA; SP; QL
<i>enema disposable rectal enema 19-7 gram/118 ml</i>	3	OTC
<i>enema rectal enema 19-7 gram/118 ml</i>	3	OTC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	PA; ST; SP; QL

Drug Name	Drug Tier	Requirements / Limits
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	2	PA; ST; SP; QL
<i>enulose oral solution 10 gram/15 ml</i>	3	
<i>epsom salt (laxative) oral granules 495 mg/5 gram</i>	3	OTC
<i>evac-u-gen (sennosides) oral tablet 8.6 mg</i>	3	OTC
<i>fiber (calcium polycarbophil) oral tablet 625 mg</i>	3	OTC
<i>fiber (psyllium husk) oral capsule 0.52 gram</i>	3	OTC
<i>fiber (psyllium husk-sugar) oral powder 3.4 gram/12 gram</i>	3	OTC
<i>fiber (with aspartame) oral powder 3.4 gram/5.8 gram</i>	3	OTC
<i>fiber laxative (ca polycarbo) oral tablet 625 mg</i>	3	OTC
<i>fiber laxative (psyllium husk) oral capsule 0.52 gram</i>	3	OTC
<i>fiber therapy (ca polycarboph) oral tablet 625 mg</i>	3	OTC
<i>fiber therapy laxative (husk) oral capsule 0.52 gram</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>fiber-caps (psyllium husk) oral capsule 0.52 gram</i>	3	OTC
<i>fiber-lax oral tablet 625 mg</i>	3	OTC
<i>fiber-tabs oral tablet 625 mg</i>	3	OTC
FLEET BISACODYL RECTAL ENEMA 10 MG/30 ML	3	OTC
<i>fleet enema rectal enema 19-7 gram/118 ml</i>	3	OTC
<i>fleet glycerin (adult) rectal suppository</i>	3	OTC
<i>foaming antacid oral suspension 95-358 mg/15 ml</i>	3	OTC
<i>gas relief (simethicone) oral capsule 125 mg, 180 mg</i>	3	OTC
<i>gas relief (simethicone) oral tablet, chewable 125 mg, 80 mg</i>	3	OTC
<i>gas relief 80 (simethicone) oral tablet, chewable 80 mg</i>	3	OTC
<i>gas relief extra strength oral capsule 125 mg</i>	3	OTC
<i>gas relief extra strength oral tablet, chewable 125 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>gas relief ultra strength oral capsule 180 mg</i>	3	OTC
<i>gavilax oral powder 17 gram/dose</i>	3	OTC
<i>gavilax oral powder in packet 8.5 gram</i>	3	OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	3	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	3	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	3	OTC
<i>gentle laxative (bisacodyl) rectal suppository 10 mg</i>	3	OTC
<i>gentlelax oral powder 17 gram/dose</i>	3	OTC
<i>geri-kot oral tablet 8.6 mg</i>	3	OTC
<i>geri-lanta oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	3	OTC
<i>geri-mox antacid-antigas oral suspension 200-200-20 mg/5 ml</i>	3	OTC
<i>glycerin (adult) rectal suppository</i>	3	OTC
<i>glycerin (child) rectal suppository</i>	3	OTC
<i>granisetron hcl oral tablet 1 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>healthylax oral powder in packet 17 gram</i>	3	OTC
<i>heartburn antacid oral tablet, chewable 160-105 mg</i>	3	OTC
<i>heartburn relief oral tablet, chewable 160-105 mg</i>	3	OTC
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	3	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
IBSRELA ORAL TABLET 50 MG	2	PA
<i>infants gas relief oral drops, suspension 40 mg/0.6 ml</i>	3	OTC
<i>infants' mylicon oral drops, suspension 40 mg/0.6 ml</i>	3	OTC
<i>infants simethicone oral drops, suspension 40 mg/0.6 ml</i>	3	OTC
INFLECTRA INTRAVENOUS RECON SOLN 100 MG	2	PA; ST; SP
INFLIXIMAB INTRAVENOUS RECON SOLN 100 MG	1	PA; ST; SP
<i>konsyl (sugar) oral powder 3.4 gram/12 gram</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>konsyl (sugar) oral powder in packet 3.4 gram</i>	3	OTC
<i>konsyl sugar-free oral powder in packet 6 gram</i>	3	OTC
<i>lactase fast acting oral tablet 9,000 unit</i>	3	OTC
<i>lactase oral tablet 3,000 unit</i>	3	OTC
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	3	
<i>laxa basic oral capsule 100 mg</i>	3	OTC
<i>laxacin oral tablet 8.6-50 mg</i>	3	OTC
<i>laxaclear oral powder 17 gram/dose</i>	3	OTC
<i>laxative (bisacodyl) oral tablet 5 mg</i>	3	OTC
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	3	OTC
<i>laxative (bisacodyl) rectal suppository 10 mg</i>	3	OTC
<i>laxative (sennosides) oral tablet 15 mg, 25 mg</i>	3	OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	3	OTC
<i>laxative pills oral tablet 25 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>laxative pills regular oral tablet 15 mg</i>	3	OTC
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	1	PA
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	3	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	3	
<i>lidocaine-hydrocortison-aloe rectal kit 3-2.5 % (7 gram)</i>	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	PA; QL
<i>little tummys gas relief oral drops,suspension 40 mg/0.6 ml</i>	3	OTC
LIVMARLI ORAL SOLUTION 9.5 MG/ML	3	PA; QL
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	2	PA; QL
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	PA; QL
<i>maalox maximum strength oral suspension 400-400-40 mg/5 ml</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>mag-al plus extra strength oral suspension 400-400-40 mg/5 ml</i>	3	OTC
<i>mag-al plus oral suspension 200-200-20 mg/5 ml</i>	3	OTC
<i>magnesium citrate oral solution</i>	3	OTC
<i>magnesium oral tablet 250 mg</i>	3	OTC
<i>meclizine oral tablet 12.5 mg</i>	3	OTC
<i>meclizine oral tablet 25 mg</i>	3	
<i>medi-meclizine oral tablet 25 mg</i>	3	OTC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metamucil fiber singles oral powder in packet 3.4 gram</i>	3	OTC
<i>metoclopramide hcl injection solution 5 mg/ml</i>	3	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	3	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	3	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	3	OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	3	OTC
<i>mineral oil extra heavy oral oil</i>	3	OTC
<i>mineral oil heavy oral oil</i>	3	OTC
<i>mineral oil oral oil</i>	3	OTC
<i>mineral oil rectal enema</i>	3	OTC
<i>mintox maximum strength oral suspension 400-400-40 mg/5 ml</i>	3	OTC
<i>mintox plus oral tablet, chewable 200-200-25 mg</i>	3	OTC
<i>miralax oral powder in packet 17 gram</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
MOTEGRITY ORAL TABLET 1 MG, 2 MG	2	PA; QL
<i>motion sickness (meclizine) oral tablet 25 mg</i>	3	OTC
<i>motion sickness oral tablet 50 mg</i>	3	OTC
<i>motion sickness relief oral tablet 50 mg</i>	3	OTC
<i>motion sickness relief(mecliz) oral tablet 25 mg</i>	3	OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	PA; QL
<i>move it along oral tablet 100 mg</i>	3	OTC
MYLANTA GAS MINIS ORAL TABLET,CHEWABLE 42 MG	3	OTC
<i>mylanta maximum strength oral suspension 400-400-40 mg/5 ml</i>	3	OTC
<i>natural fiber laxative (sugar) oral powder</i>	3	OTC
<i>natural fiber laxative oral capsule 0.52 gram</i>	3	OTC
<i>natural fiber laxative(aspart) oral powder</i>	3	OTC
<i>natural veg laxative(sennosid) oral tablet 8.6 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>natura-lax oral powder 17 gram/dose</i>	3	OTC
OCALIVA ORAL TABLET 10 MG, 5 MG	3	PA; SP; QL
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	3	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	3	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	3	ST
<i>p-col rite oral tablet 8.6-50 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	3	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	1	
<i>perdiem overnight relief oral tablet 15 mg</i>	3	OTC
PERTZYE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 16,000-57,500-60,500 UNIT, 24,000-86,250-90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	2	ST
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	3	OTC
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	3	OTC
<i>powderlax oral powder 17 gram/dose</i>	3	OTC
<i>powderlax oral powder in packet 17 gram</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	3	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	3	
<i>prochlorperazine rectal suppository 25 mg</i>	3	
PROCTOFOAM HC RECTAL FOAM 1-1 %	3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>promolaxin oral tablet 100 mg</i>	3	OTC
<i>psyllium husk oral capsule 0.52 gram</i>	3	OTC
<i>pure and gentle (saline) rectal enema 19-7 gram/118 ml</i>	3	OTC
<i>purelax oral powder 17 gram/dose</i>	3	OTC
<i>purelax oral powder in packet 17 gram</i>	3	OTC
<i>ready-to-use enema (min oil) rectal enema</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>ready-to-use enema rectal enema 19-7 gram/118 ml</i>	3	OTC
RELISTOR ORAL TABLET 150 MG	2	PA; QL
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	PA; QL
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	PA; QL
REMICADE INTRAVENOUS RECON SOLN 100 MG	2	PA; ST; SP
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG	2	PA; ST; SP
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	2	PA
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	2	PA; QL
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	3	
<i>senexon-s oral tablet 8.6-50 mg</i>	3	OTC
<i>senna lax oral tablet 8.6 mg</i>	3	OTC
<i>senna laxative oral tablet 8.6 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>senna oral syrup 8.8 mg/5 ml</i>	3	OTC
<i>senna oral tablet 8.6 mg</i>	3	OTC
<i>senna plus oral tablet 8.6-50 mg</i>	3	OTC
<i>senna-s oral tablet 8.6-50 mg</i>	3	OTC
<i>senna-time s oral tablet 8.6-50 mg</i>	3	OTC
<i>sennosides oral syrup 8.8 mg/5 ml</i>	3	OTC
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	3	OTC
<i>sen-o-tab oral tablet 8.6 mg</i>	3	OTC
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	2	PA
<i>simethicone oral capsule 125 mg, 180 mg</i>	3	OTC
<i>simethicone oral tablet, chewable 125 mg, 80 mg</i>	3	OTC
SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML	2	PA; ST; SP; QL
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>smoothlax oral powder 17 gram/dose</i>	3	OTC
<i>smoothlax oral powder in packet 17 gram</i>	3	OTC
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	3	OTC
<i>stimulant laxative plus oral tablet 8.6-50 mg</i>	3	OTC
<i>stool softener (docusate cal) oral capsule 240 mg</i>	3	OTC
<i>stool softener oral capsule 100 mg, 250 mg</i>	3	OTC
<i>stool softener oral liquid 50 mg/5 ml</i>	3	OTC
<i>stool softener oral tablet 100 mg</i>	3	OTC
<i>stool softener-laxative oral tablet 8.6-50 mg</i>	3	OTC
<i>stool softener-stimulant laxat oral tablet 8.6-50 mg</i>	3	OTC
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
<i>surfak oral capsule 240 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML	2	PA; SP; QL
SYMPROIC ORAL TABLET 0.2 MG	2	PA; QL
<i>the magic bullet rectal suppository 10 mg</i>	3	OTC
<i>travel sickness oral tablet 50 mg</i>	3	OTC
<i>travel-ease (meclizine) oral tablet 25 mg</i>	3	OTC
<i>trimethobenzamide oral capsule 300 mg</i>	3	
TRULANCE ORAL TABLET 3 MG	2	PA; QL
<i>tums ultra oral tablet,chewable 470 mg calcium (1,177 mg)</i>	3	OTC
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG	2	PA
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	ST
<i>ursodiol oral capsule 300 mg</i>	3	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	
<i>vegetable laxative oral tablet 8.6 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>vegetable lax-stool softener oral tablet 8.6-50 mg</i>	3	OTC
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA; QL
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	ST
<i>wal-dram 2 oral tablet 25 mg</i>	3	OTC
<i>wal-dram oral tablet 50 mg</i>	3	OTC
<i>wal-mucil fiber (aspartame) oral powder 3.4 gram/5.8 gram</i>	3	OTC
<i>wal-mucil fiber (sugar) oral powder 3.4 gram/7 gram</i>	3	OTC
<i>wal-mucil fiber oral capsule 0.52 gram</i>	3	OTC
<i>wal-mucil natural fiber lax oral powder 3.4 gram/12 gram</i>	3	OTC
<i>woman's laxative (bisacodyl) oral tablet 5 mg</i>	3	OTC
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	3	OTC
<i>women's laxative (bisacodyl) oral tablet 5 mg</i>	3	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	1	

ULCER THERAPY

<i>acid controller oral tablet 10 mg, 20 mg</i>	3	OTC
<i>acid reducer (cimetidine) oral tablet 200 mg</i>	3	OTC
<i>acid reducer (famotidine) oral tablet 10 mg, 20 mg</i>	3	OTC
<i>acid-pep oral tablet 20 mg</i>	3	OTC
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	2	PA
<i>cimetidine oral tablet 200 mg</i>	3	OTC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	1	PA; QL
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	OTC; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	QL
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	3	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	3	
<i>famotidine intravenous solution 10 mg/ml</i>	3	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	3	
<i>famotidine oral tablet 10 mg, 20 mg</i>	3	OTC
<i>famotidine oral tablet 40 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>heartburn prevention oral tablet 10 mg, 20 mg</i>	3	OTC
<i>heartburn relief (cimetidine) oral tablet 200 mg</i>	3	OTC
<i>heartburn relief (famotidine) oral tablet 10 mg, 20 mg</i>	3	OTC
KONVOMEPE ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	2	ST
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	1	OTC; QL
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	QL
<i>lansoprazole oral tablet, disintegrating, delay rel 15 mg, 30 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	3	
NEXIUM 24HR ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	ST; OTC; QL
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	1	PA
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	3	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	QL
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	QL
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	1	
<i>pantoprazole intravenous reconstruction soln 40 mg</i>	3	
<i>pantoprazole oral granules dr for suspension in packet 40 mg</i>	1	QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>pepcid ac oral tablet 20 mg</i>	3	OTC
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	2	PA
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG, 30 MG	2	PA
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	2	ST
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	OTC
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	1	PA; QL
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	2	PA
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	QL
<i>sucrafate oral suspension 100 mg/ml</i>	3	
<i>sucrafate oral tablet 1 gram</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tagamet hb oral tablet 200 mg</i>	3	OTC
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	2	PA
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	2	PA; QL
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	2	PA
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	1	PA; SP
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; SP; QL
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	1	PA; SP; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; SP; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; SP; QL
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	3	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; SP; QL
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; QL
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	2	PA; SP; QL
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
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	1	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	1	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	PA; SP; QL
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; SP
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	2	PA; SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	2	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; SP
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR 10 MG/2 ML (5 MG/ML), 20 MG/2 ML (10 MG/ML), 5 MG/2 ML (2.5 MG/ML)	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	2	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	PA; SP
PLEGRIDY INTRAMUSCULA R SYRINGE 125 MCG/0.5 ML	2	PA; SP; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; SP; QL
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	2	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	1	PA; SP; QL
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	2	PA; SP
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	3	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	2	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	2	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	2	PA; SP
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ASCENIV INTRAVENOUS SOLUTION 10 %	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	3	PA
BIVIGAM INTRAVENOUS SOLUTION 10 %	3	PA; SP
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	PA; SP
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 %	3	PA; SP
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
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT	3	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 %	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA; SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	3	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	3	PA; SP
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %)	3	PA; SP
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 %	3	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 %	3	PA; SP

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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
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA
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
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

Drug Name	Drug Tier	Requirements / Limits
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	3	PA; SP
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	3	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	3	PA; SP
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; SP
PANZYGA INTRAVENOUS SOLUTION 10 %	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
PRIVIGEN INTRAVENOUS SOLUTION 10 %	3	PA; SP
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	
RAGWITEK SUBLINGUAL TABLET 12 AMBA 1 UNIT	3	PA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	PA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	3	

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

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	3	
<i>colchicine oral tablet 0.6 mg</i>	3	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	ST
<i>probenecid oral tablet 500 mg</i>	3	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	3	

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	2	PA
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	2	PA
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	2	PA
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	3	PA; SP; QL
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	PA; SP; QL
FOSAMAX ORAL TABLET 70 MG	2	PA
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	2	ST
<i>ibandronate oral tablet 150 mg</i>	1	PA; QL
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	3	PA; SP; QL
<i>raloxifene oral tablet 60 mg</i>	3	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	1	PA; SP; QL
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; SP; QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	PA; ST; SP; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP; QL
ADALIMUMAB- AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; SP
ADALIMUMAB- ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	1	PA; SP
ADALIMUMAB- ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; SP
ADALIMUMAB- ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; SP
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	1	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB- ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; SP
ADALIMUMAB- ADBM(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; SP
ADALIMUMAB- FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; SP
ADALIMUMAB- FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	1	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	2	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; SP; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; SP; QL
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; SP; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	2	PA; SP
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	2	PA; SP
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	2	PA; SP
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA; SP
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; SP; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; SP; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; SP; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; SP; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; SP; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; SP; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	1	PA; SP; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	2	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)-40 MG/0.4ML(X2)	2	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	2	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	2	PA; SP; QL
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	2	PA; SP; QL
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	2	PA; SP; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	QL

Drug Name	Drug Tier	Requirements / Limits
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	2	PA; SP; QL
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	2	PA; ST; SP; QL
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	2	PA; SP; QL
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	2	PA; SP; QL
OTEZLA ORAL TABLET 30 MG	1	PA; SP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	1	PA; SP; QL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	PA; SP; QL
<i>penicillamine oral tablet 250 mg</i>	3	SP

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Drug Name	Drug Tier	Requirements / Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	PA; SP; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	2	PA; SP; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	PA; QL
SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	PA; QL
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	2	PA; ST; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	2	PA; SP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
XELJANZ ORAL SOLUTION 1 MG/ML	2	PA; SP; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; SP; QL
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; SP
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	2	PA; SP
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; SP
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	2	PA; SP; QL
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
<i>camila oral tablet 0.35 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	3	
<i>deblitane oral tablet 0.35 mg</i>	3	
DUAVEE ORAL TABLET 0.45-20 MG	3	
<i>errin oral tablet 0.35 mg</i>	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	3	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	3	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	3	
<i>estradiol- norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	3	
<i>estrogens- methyltestosterone oral tablet 0.625- 1.25 mg, 1.25-2.5 mg</i>	3	
<i>heather oral tablet 0.35 mg</i>	3	
<i>jencycla oral tablet 0.35 mg</i>	3	
<i>jinteli oral tablet 1-5 mg-mcg</i>	3	
<i>lyza oral tablet 0.35 mg</i>	3	
<i>medroxyprogesteron e intramuscular suspension 150 mg/ml</i>	3	QL
<i>medroxyprogesteron e intramuscular syringe 150 mg/ml</i>	3	QL
<i>medroxyprogesteron e oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	
<i>mimvey oral tablet 1-0.5 mg</i>	3	
<i>nora-be oral tablet 0.35 mg</i>	3	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	3	
<i>norethindrone acetate oral tablet 5 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	
<i>progesterone intramuscular oil 50 mg/ml</i>	3	SP
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	3	
<i>sharobel oral tablet 0.35 mg</i>	3	
<i>yuvafem vaginal tablet 10 mcg</i>	3	
MISCELLANEOUS OB/GYN		
<i>3-day vaginal cream 2 %</i>	3	OTC
CLEOCIN VAGINAL CREAM 2 %	2	PA

Drug Name	Drug Tier	Requirements / Limits
CLEOCIN VAGINAL SUPPOSITORY 100 MG	2	ST
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 %	1	
<i>clotrimazole 3 day vaginal cream 2 %</i>	3	OTC
<i>clotrimazole vaginal cream 1 %</i>	3	OTC
<i>clotrimazole-3 vaginal cream 2 %</i>	3	OTC
<i>clotrimazole-7 vaginal cream 1 %</i>	3	OTC
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	3	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	3	SP; QL
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG	3	SP
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>miconazole nitrate vaginal comb pack, prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	3	OTC
<i>miconazole nitrate vaginal cream 2 %</i>	3	OTC
<i>miconazole nitrate vaginal kit 1,200-2 mg-%</i>	3	OTC
<i>miconazole nitrate vaginal suppository 100 mg</i>	3	OTC
<i>miconazole-3 vaginal comb pack, prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	3	OTC
<i>miconazole-3 vaginal cream 200 mg/5 gram (4 %)</i>	3	OTC
<i>miconazole-3 vaginal kit 200 mg-2 % (9 gram)</i>	3	OTC
<i>miconazole-7 vaginal cream 2 %</i>	3	OTC
<i>miconazole-7 vaginal suppository 100 mg</i>	3	OTC
<i>miconazole-skin clnsr17 vaginal kit 4 % (200 mg)- 2 % (9 gram)</i>	3	OTC
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	3	SP

Drug Name	Drug Tier	Requirements / Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG	1	PA; QL
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	SP; QL
NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM)	1	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	1	PA; QL
OSPHENA ORAL TABLET 60 MG	3	PA; QL
PHEXXI VAGINAL GEL 1.8-1-0.4 %	3	PA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	3	SP; QL
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	3	
<i>terconazole vaginal suppository 80 mg</i>	3	
<i>tranexamic acid oral tablet 650 mg</i>	3	PA; QL
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	ST
XACIATO VAGINAL GEL 2 %	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	3	
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>after pill oral tablet 1.5 mg</i>	3	OTC
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	3	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	3	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	3	
<i>apri oral tablet 0.15-0.03 mg</i>	3	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	3	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	3	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	3	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	3	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	3	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	3	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	3	
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	3	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	3	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	3	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	3	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	3	
<i>cyred oral tablet 0.15-0.03 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	3	
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	3	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	3	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	3	
<i>econtra ez oral tablet 1.5 mg</i>	3	OTC
<i>econtra one-step oral tablet 1.5 mg</i>	3	OTC
<i>elinest oral tablet 0.3-30 mg-mcg</i>	3	
ELLA ORAL TABLET 30 MG	3	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>enskyce oral tablet 0.15-0.03 mg</i>	3	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	3	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	3	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	3	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	3	
<i>isibloom oral tablet 0.15-0.03 mg</i>	3	
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	3	
<i>juleber oral tablet 0.15-0.03 mg</i>	3	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	3	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	3	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	3	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	3	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	3	
<i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	3	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	3	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	3	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	3	
<i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	3	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>lessina oral tablet 0.1-20 mg-mcg</i>	3	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	3	
<i>levonorgestrel oral tablet 1.5 mg</i>	3	OTC
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	3	
<i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i>	3	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	3	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	3	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	3	
<i>loryna (28) oral tablet 3-0.02 mg</i>	3	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	3	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	3	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	3	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	3	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	3	
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	3	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	3	
<i>my choice oral tablet 1.5 mg</i>	3	OTC
<i>my way oral tablet 1.5 mg</i>	3	OTC
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	3	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	3	
<i>new day oral tablet 1.5 mg</i>	3	OTC
<i>nikki (28) oral tablet 3-0.02 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	3	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	3	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	3	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	3	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	3	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	3	
<i>ocella oral tablet 3-0.03 mg</i>	3	
<i>opcicon one-step oral tablet 1.5 mg</i>	3	OTC
<i>option-2 oral tablet 1.5 mg</i>	3	OTC
<i>philith oral tablet 0.4-35 mg-mcg</i>	3	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	
<i>portia 28 oral tablet 0.15-0.03 mg</i>	3	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	3	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	3	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	3	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	3	
<i>syeda oral tablet 3-0.03 mg</i>	3	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	3	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	3	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	3	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	3	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	3	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	3	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	3	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	3	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	3	
<i>vestura (28) oral tablet 3-0.02 mg</i>	3	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	3	
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	3	
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	3	
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	3	
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	3	
<i>zarah oral tablet 3-0.03 mg</i>	3	
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	3	
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	3	
BESIVANCE OPTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	2	ST

Drug Name	Drug Tier	Requirements / Limits
CILOXAN OPTHALMIC (EYE) OINTMENT 0.3 %	2	ST
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	3	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	3	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	3	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	2	PA
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	3	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	3	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	3	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	2	PA
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	2	ST
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	ST
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	2	PA
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	2	ST
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	2	PA
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	3	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	3	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>advanced eye relief ophthalmic (eye) drops 1-0.3 %</i>	3	OTC
<i>alaway ophthalmic (eye) drops 0.025 % (0.035 %)</i>	3	OTC
<i>allergy eye (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	3	OTC
ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	2	ST
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	ST
<i>artificial tears (pf) ophthalmic (eye) dropperette , 0.1-0.3 %</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>artificial tears (polyvin alc) ophthalmic (eye) drops 1.4 %</i>	3	OTC
<i>artificial tears(dext70-hypro) ophthalmic (eye) drops , 0.1-0.3 %</i>	3	OTC
<i>artificial tears(glycerin-peg) ophthalmic (eye) drops 1-0.3 %</i>	3	OTC
<i>artificial tears(pvalch-povid) ophthalmic (eye) drops 0.5-0.6 %</i>	3	OTC
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>balanced salt intraocular solution</i>	3	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	2	PA
<i>bion tears (pf) ophthalmic (eye) dropperette 0.1-0.3 %</i>	3	OTC
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>children's alaway ophthalmic (eye) drops 0.025 % (0.035 %)</i>	3	OTC
<i>clear eyes natural tears ophthalmic (eye) drops 0.5-0.6 %</i>	3	OTC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	1	PA; QL
<i>dry eye relief ophthalmic (eye) drops 1-0.2-0.2 %</i>	3	OTC
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>eye allergy itch relief ophthalmic (eye) drops 0.2 %</i>	1	OTC
<i>eye allergy itch-redness rlf ophthalmic (eye) drops 0.1 %</i>	1	OTC
<i>eye itch relief ophthalmic (eye) drops 0.025 % (0.035 %)</i>	3	OTC
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	3	
<i>for sty relief ophthalmic (eye) ointment</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	3	OTC
<i>lubricant (p-glycol-glycerin) ophthalmic (eye) drops 1-0.3 %</i>	3	OTC
<i>lubricant eye (pg-peg 400) ophthalmic (eye) drops 0.4-0.3 %</i>	3	OTC
<i>lubricant eye drops ophthalmic (eye) dropperette 0.5 %</i>	3	OTC
<i>lubricant eye drops ophthalmic (eye) drops 0.5 %</i>	3	OTC
<i>lubricant eye ophthalmic (eye) ointment 57.3-42.5 %</i>	3	OTC
<i>lubricating plus ophthalmic (eye) dropperette 0.5 %</i>	3	OTC
<i>lubrifresh pm ophthalmic (eye) ointment 83-15 %</i>	3	OTC
<i>moisture drops ophthalmic (eye) drops 1-0.3 %</i>	3	OTC
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	OTC
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	3	OTC
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>pure and gentle eye ophthalmic (eye) drops 0.3 %</i>	3	OTC
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	1	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	PA; QL
<i>restore plus (cmcellulose) ophthalmic (eye) dropperette 0.5 %</i>	3	OTC
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	3	
<i>ultra fresh ophthalmic (eye) drops 0.5 %</i>	3	OTC
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	2	PA
<i>wal-zyr (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	PA; QL
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	2	PA
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	2	PA
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	2	ST
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.09 %</i>	3	
<i>bromfenac ophthalmic (eye) drops 0.075 %</i>	2	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	2	ST
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	ST
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	2	ST
PROLENSA OPTHALMIC (EYE) DROPS 0.07 %	2	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	3	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	3	
<i>acetazolamide sodium injection recon soln 500 mg</i>	3	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	3	
OTHER GLAUCOMA DRUGS		
AZOPT OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPTHALMIC (EYE) DROPS 0.2-0.5 %	1	PA
COSOPT (PF) OPTHALMIC (EYE) DROPPERETTE 2-0.5 %	2	PA
COSOPT OPTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	2	PA
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	ST

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Drug Name	Drug Tier	Requirements / Limits
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	1	PA
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	1	PA
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	1	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
TRAVATAN Z OPTHALMIC (EYE) DROPS 0.004 %	1	PA
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
VYZULTA OPTHALMIC (EYE) DROPS 0.024 %	2	ST
XALATAN OPTHALMIC (EYE) DROPS 0.005 %	2	PA

Drug Name	Drug Tier	Requirements / Limits
XELPROS OPTHALMIC (EYE) DROPS, EMULSION 0.005 %	2	ST
ZIOPTAN (PF) OPTHALMIC (EYE) DROPPERETTE 0.0015 %	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	3	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	3	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	3	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	3	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	3	
STEROIDS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	3	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	2	ST
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	3	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	

Drug Name	Drug Tier	Requirements / Limits
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	3	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	3	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	3	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	3	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	3	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	1	PA
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	2	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %</i>	3	
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>12 hour decongestant oral tablet extended release 120 mg</i>	3	OTC
<i>12 hour nasal decongest (pse) oral tablet extended release 120 mg</i>	3	OTC
<i>24hour allergy oral tablet 10 mg</i>	1	OTC; QL
<i>24hr allergy relief oral tablet 5 mg</i>	1	OTC; QL
<i>alavert d-12 allergy- sinus oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>alavert oral tablet, disintegrating 10 mg</i>	1	OTC; QL
<i>aler-cap oral capsule 25 mg</i>	3	OTC
<i>alka-seltzer plus allergy oral tablet 25 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>all day allergy (cetirizine) oral capsule 10 mg</i>	1	OTC; QL
<i>all day allergy (cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>all day allergy (cetirizine) oral tablet 10 mg</i>	1	OTC; QL
<i>all day allergy-d oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>aller-chlor oral tablet 4 mg</i>	3	OTC
<i>allerclear d-12hr oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>allerclear d-24hr oral tablet extended release 24 hr 10-240 mg</i>	3	OTC
<i>allerclear oral tablet 10 mg</i>	1	OTC; QL
<i>aller-ease oral tablet 180 mg</i>	1	OTC; QL
<i>aller-fex oral tablet 180 mg</i>	1	OTC; QL
<i>aller-g-time oral tablet 25 mg</i>	3	OTC
<i>allergy (chlorpheniramine) oral tablet 4 mg</i>	3	OTC
<i>allergy (diphenhydramine) oral capsule 25 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>allergy (diphenhydramine) oral tablet 25 mg</i>	3	OTC
<i>allergy and congestion relief oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>allergy and congestion relief oral tablet extended release 24 hr 10-240 mg</i>	3	OTC
<i>allergy medication oral capsule 25 mg</i>	3	OTC
<i>allergy medicine oral tablet 25 mg</i>	3	OTC
<i>allergy oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	1	OTC; QL
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>allergy relief (cetirizine) oral tablet 10 mg, 5 mg</i>	1	OTC; QL
<i>allergy relief (fexofenadine) oral tablet 180 mg, 60 mg</i>	1	OTC; QL
<i>allergy relief (levocetirizin) oral tablet 5 mg</i>	1	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>allergy relief (loratadine) oral solution 5 mg/5 ml</i>	1	OTC; QL
<i>allergy relief (loratadine) oral tablet 10 mg</i>	1	OTC; QL
<i>allergy relief (loratadine) oral tablet, disintegrating 10 mg</i>	1	OTC; QL
<i>allergy relief d12 oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>allergy relief d-24hr oral tablet extended release 24 hr 10-240 mg</i>	3	OTC
<i>allergy relief(chlorpheniram n) oral tablet 4 mg</i>	3	OTC
<i>allergy relief(diphenhydrami n) oral capsule 25 mg</i>	3	OTC
<i>allergy relief(diphenhydrami n) oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>allergy relief(diphenhydrami n) oral tablet 25 mg</i>	3	OTC
<i>allergy relief,nasal decongest oral tablet extended release 24 hr 10-240 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>allergy relief-d (cetirizine) oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>allergy relief-d (loratadine) oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>allergy relief-d(fexofenadine) oral tablet extended release 12 hr 60-120 mg</i>	3	OTC
<i>allergy-congest relief-d(fexo) oral tablet extended release 12 hr 60-120 mg</i>	3	OTC
<i>allergy-congestion relief-d oral tablet extended release 24 hr 10-240 mg</i>	3	OTC
<i>allergy-time oral tablet 4 mg</i>	3	OTC
<i>aller-tec d oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>aller-tec oral tablet 10 mg</i>	1	OTC; QL
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	2	PA
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>banophen oral capsule 25 mg, 50 mg</i>	3	OTC
<i>banophen oral tablet 25 mg</i>	3	OTC
<i>benzonatate oral capsule 100 mg, 200 mg</i>	3	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	3	QL
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	3	
<i>carbinoxamine maleate oral tablet 4 mg</i>	3	
<i>cetiri-d oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>cetirizine oral solution 5 mg/5 ml</i>	1	OTC
<i>cetirizine oral tablet 10 mg, 5 mg</i>	1	OTC; QL
<i>cetirizine oral tablet, chewable 10 mg, 5 mg</i>	1	OTC; QL
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>child allergy relf(cetirizine) oral solution 1 mg/ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>child allergy relief (diphen) oral tablet,disintegrating 12.5 mg</i>	3	OTC
<i>children's allegra allergy oral suspension 30 mg/5 ml</i>	1	OTC
<i>children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>children's allergy (diphenhyd) oral tablet,chewable 12.5 mg</i>	3	OTC
<i>children's allergy relief(fex) oral suspension 30 mg/5 ml</i>	1	OTC
<i>children's allergy relief(lor) oral solution 5 mg/5 ml</i>	1	OTC; QL
CHILDREN'S ALLERGY RELIEF(LOR) ORAL TABLET,CHEWABLE 5 MG	1	OTC
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>children's aller-tec oral solution 1 mg/ml</i>	1	OTC
<i>children's benadryl allergy oral tablet,chewable 12.5 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>children's cetirizine oral solution 1 mg/ml</i>	1	OTC
<i>children's cetirizine oral tablet,chewable 10 mg, 5 mg</i>	1	OTC; QL
CHILDREN'S LORATADINE ORAL TABLET,CHEWABLE 5 MG	1	OTC
<i>children's wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>children's wal-dryl allergy oral prefilled spoon 12.5 mg/5 ml</i>	3	OTC
<i>children's wal-dryl allergy oral tablet,disintegrating 12.5 mg</i>	3	OTC
<i>children's wal-fex oral suspension 30 mg/5 ml</i>	1	OTC
<i>children's wal-zyr oral solution 1 mg/ml</i>	1	OTC
<i>children's wal-zyr oral tablet,chewable 10 mg</i>	1	OTC; QL
<i>child's all day allergy(cetir) oral solution 1 mg/ml</i>	1	OTC
<i>chlorhist oral tablet 4 mg</i>	3	OTC
<i>chlorpheniramine maleate oral tablet 4 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>	3	OTC
<i>chlortabs oral tablet 4 mg</i>	3	OTC
CLARINEX ORAL TABLET 5 MG	2	PA; QL
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	3	QL
<i>cold head congestion sever day oral tablet 5-10-325-200 mg</i>	3	OTC
<i>complete allergy medicine oral capsule 25 mg</i>	3	OTC
<i>complete allergy medicine oral tablet 25 mg</i>	3	OTC
<i>complete allergy oral tablet 25 mg</i>	3	OTC
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	3	
<i>cyproheptadine oral tablet 4 mg</i>	3	
<i>desloratadine oral tablet 5 mg</i>	1	QL
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>diphenhydramine oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>diphenhydramine oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>diphenhydramine oral tablet 25 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	3	OTC
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	3	
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	3	OTC
<i>ed a-hist dm oral liquid 4-10-15 mg/5 ml</i>	3	OTC
<i>ed chlorped jr oral syrup 2 mg/5 ml</i>	3	OTC
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	QL
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	PA; QL
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	PA; QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	1	PA; QL
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	1	PA; QL

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 04/01/2024

Drug Name	Drug Tier	Requirements / Limits
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	1	OTC; QL
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	3	OTC
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	3	QL
<i>geri-dryl oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>geri-dryl oral tablet 25 mg</i>	3	OTC
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	3	QL
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	3	QL
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	3	QL
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	3	QL
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	3	QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	3	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	QL
<i>levocetirizine oral tablet 5 mg</i>	1	QL
<i>loradamed oral tablet 10 mg</i>	1	OTC; QL
<i>lorata-d oral tablet extended release 24 hr 10-240 mg</i>	3	OTC
<i>lorata-dine d oral tablet extended release 24 hr 10-240 mg</i>	3	OTC
<i>loratadine oral solution 5 mg/5 ml</i>	1	OTC; QL
<i>loratadine oral tablet 10 mg</i>	1	OTC; QL
<i>loratadine oral tablet, disintegrating 10 mg</i>	1	OTC; QL
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>loratadine-d oral tablet extended release 24 hr 10-240 mg</i>	3	OTC
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	3	QL
<i>m-dryl oral liquid 12.5 mg/5 ml</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>mucinex fast-max cold-flu-thrt oral tablet 5-10-325-200 mg</i>	3	OTC
<i>multi-symptom cold (pe) oral tablet 5-10-325-200 mg</i>	3	OTC
<i>nasal decongestant (pseudoeph) oral tablet 30 mg</i>	3	OTC
<i>nasal decongestant (pseudoeph) oral tablet extended release 120 mg</i>	3	OTC
<i>nighttime sleep oral capsule 50 mg</i>	3	OTC
<i>nighttime allergy relief oral tablet 25 mg</i>	3	OTC
<i>nighttime sleep aid (diphen) oral capsule 50 mg</i>	3	OTC
<i>nighttime sleep aid (diphen) oral tablet 25 mg</i>	3	OTC
<i>nohist-dm oral liquid 4-10-15 mg/5 ml</i>	3	OTC
<i>pharbecchlor oral tablet 4 mg</i>	3	OTC
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	3	OTC
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	3	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	3	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	3	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	3	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	3	QL
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	3	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	3	
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	3	OTC
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	3	OTC
<i>rest simply nighttime sleep oral tablet 25 mg</i>	3	OTC
<i>severe cold multi-symptom oral tablet 5-10-325-200 mg</i>	3	OTC
<i>severe cold oral tablet 5-10-325-200 mg</i>	3	OTC
<i>siladryl sa oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>simply sleep oral tablet 25 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>sinus 12 hour oral tablet extended release 120 mg</i>	3	OTC
<i>sleep aid (diphenhydramine) oral capsule 50 mg</i>	3	OTC
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	3	OTC
<i>sleep ii oral tablet 25 mg</i>	3	OTC
<i>sleep tablet (diphenhydramine) oral tablet 25 mg</i>	3	OTC
<i>sleep-tabs oral tablet 25 mg</i>	3	OTC
<i>sudogest 12-hour oral tablet extended release 120 mg</i>	3	OTC
<i>sudogest oral tablet 30 mg, 60 mg</i>	3	OTC
<i>suphedrin oral tablet 30 mg</i>	3	OTC
<i>suphedrine 12 hour oral tablet extended release 120 mg</i>	3	OTC
<i>suphedrine oral tablet 30 mg</i>	3	OTC
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	ST; QL
<i>total allergy medicine oral tablet 25 mg</i>	3	OTC
<i>unisom sleepgels oral capsule 50 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	3	QL
<i>wal-dryl allergy oral capsule 25 mg</i>	3	OTC
<i>wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	3	OTC
<i>wal-dryl allergy oral tablet 25 mg</i>	3	OTC
<i>wal-dryl severe allergy-sinus oral tablet 25-5-325 mg</i>	3	OTC
<i>wal-dryl-d allergy and sinus oral tablet 25-10 mg</i>	3	OTC
<i>wal-fex allergy oral tablet 180 mg, 60 mg</i>	1	OTC; QL
<i>wal-fex d 12 hour oral tablet extended release 12 hr 60-120 mg</i>	3	OTC
<i>wal-fex d 24 hour oral tablet extended release 24 hr 180-240 mg</i>	3	OTC
<i>wal-finate oral tablet 4 mg</i>	3	OTC
<i>wal-itin d 12 hour oral tablet extended release 12 hr 5-120 mg</i>	3	OTC
<i>wal-itin d oral tablet extended release 24 hr 10-240 mg</i>	3	OTC
<i>wal-itin oral solution 5 mg/5 ml</i>	1	OTC; QL
<i>wal-itin oral tablet 10 mg</i>	1	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
wal-phed 12 hour oral tablet extended release 120 mg	3	OTC
wal-phed d oral tablet extended release 120 mg	3	OTC
wal-phed oral tablet 30 mg	3	OTC
wal-phed pe nighttime cold oral tablet 25-5-325 mg	3	OTC
wal-som (diphenhydramine) oral capsule 50 mg	3	OTC
wal-zyr (cetirizine) oral capsule 10 mg	1	OTC; QL
wal-zyr (cetirizine) oral solution 1 mg/ml	1	OTC
wal-zyr (cetirizine) oral tablet 10 mg	1	OTC; QL
wal-zyr d oral tablet extended release 12 hr 5-120 mg	3	OTC
PULMONARY AGENTS		
24 hour allergy relief nasal spray,suspension 50 mcg/actuation	1	OTC
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG	3	ST; OTC; QL
ACCOLATE ORAL TABLET 10 MG, 20 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	3	
ADCIRCA ORAL TABLET 20 MG	2	PA; SP
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; SP; QL
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	1	PA
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	1	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	2	PA

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Drug Name	Drug Tier	Requirements / Limits
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113- 14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	2	PA
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	2	PA
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %)</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	3	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	3	
ALLER-CORT NASAL AEROSOL,SPRAY 55 MCG	3	ST; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>aller-flo nasal spray,suspension 50 mcg/actuation</i>	1	OTC
<i>allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation</i>	1	OTC
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION , 80 MCG/ACTUATION	2	ST
<i>alyq oral tablet 20 mg</i>	1	PA; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SP; QL
<i>aminophylline intravenous solution 250 mg/10 ml</i>	3	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	QL
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION , 232 MCG/ACTUATION , 55 MCG/ACTUATION	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	ST; QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	ST
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)	1	
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	QL
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	3	SP; QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	PA; QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SP
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	PA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	1	PA
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	2	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
<i>budesonide nasal spray, non-aerosol 32 mcg/actuation</i>	3	OTC
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL
CHILDREN'S FLONASE ALLERGY RLF NASAL SPRAY, SUSPENSION 50 MCG/ACTUATION	3	OTC
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML	2	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	3	SP; QL
CLARISPRAY NASAL SPRAY, SUSPENSION 50 MCG/ACTUATION	3	OTC

Drug Name	Drug Tier	Requirements / Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	3	
DALIRESP ORAL TABLET 250 MCG	2	PA
DALIRESP ORAL TABLET 500 MCG	2	PA; QL
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	2	ST
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION	1	QL
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	1	
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	2	PA; QL
ESBRIET ORAL CAPSULE 267 MG	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
ESBRIET ORAL TABLET 267 MG, 801 MG	2	PA; SP
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; SP
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; SP
FLONASE ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	3	OTC
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	1	QL
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 250 MCG/ACTUATION , 50 MCG/ACTUATION	1	QL

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	1	QL
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	OTC
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	1	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPION- SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	1	QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	3	SP
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	3	PA; SP; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium- albuterol inhalation solution for nebulization 0.5 mg- 3 mg(2.5 mg base)/3 ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	3	PA; SP; QL
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	3	PA; SP; QL
KALYDECO ORAL TABLET 150 MG	3	PA; SP; QL
LETAIRIS ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	QL
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	1	QL
LIQREV ORAL SUSPENSION 10 MG/ML	2	PA; SP
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NASACORT NASAL AEROSOL,SPRAY 55 MCG	3	ST; OTC; QL
<i>nasal allergy nasal aerosol,spray 55 mcg</i>	3	OTC; QL
<i>nebusal inhalation solution for nebulization 3 %</i>	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	2	PA; SP
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; SP; QL
OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG	2	ST; QL
OPSUMIT ORAL TABLET 10 MG	2	PA; SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	3	PA; SP; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	3	PA; SP; QL
PERFORMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	PA
<i>pirfenidone oral capsule 267 mg</i>	1	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; SP
PIRFENIDONE ORAL TABLET 534 MG	1	PA; SP
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	2	ST
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	PA

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Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION , 90 MCG/ACTUATION	2	ST
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	2	PA
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	PA; SP
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	ST; QL
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	ST
REVATIO ORAL SUSPENSION FOR RECONSTITUTIO N 10 MG/ML	2	PA; SP
REVATIO ORAL TABLET 20 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>roflumilast oral tablet 250 mcg</i>	1	PA
<i>roflumilast oral tablet 500 mcg</i>	1	PA; QL
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	3	PA; SP; QL
RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY	2	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	3	PA; SP; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	QL
<i>sildenafil (pulm.hypertension) intravenous solution 10 mg/12.5 ml</i>	3	PA; SP
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	1	PA; SP
SINGULAIR ORAL GRANULES IN PACKET 4 MG	2	PA
SINGULAIR ORAL TABLET 10 MG	2	PA
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	3	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	1	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	1	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	2	ST; QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	1	PA; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	1	PA; SP
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	2	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	3	PA; SP; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	3	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	3	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	2	PA; SP
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	2	PA; SP
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 300 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>theophylline oral elixir 80 mg/15 ml</i>	3	
<i>theophylline oral tablet extended release 12 hr 450 mg</i>	3	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	3	
TICANASE NASAL KIT, SPRAY SUSPENSION AND SPRAY 50 MCG-0.9 %	3	
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	1	QL
TRACLEER ORAL TABLET 125 MG, 62.5 MG	2	PA; SP
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; SP
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	ST; QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide nasal aerosol, spray 55 mcg</i>	3	OTC; QL
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; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; SP; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	2	ST; QL
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	1	PA
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	1	PA; SP
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	1	PA; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	ST
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	2	ST; QL
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	
ZYFLO ORAL TABLET 600 MG	2	ST
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
DETROL LA ORAL CAPSULE, EXTENDED RELEASE 24HR 2 MG, 4 MG	2	PA; QL
DETROL ORAL TABLET 1 MG, 2 MG	2	PA; QL
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	1	QL
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	ST; QL
GEMTESA ORAL TABLET 75 MG	2	ST; QL
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	2	ST; QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	QL
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	QL
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	QL
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	2	ST; QL
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	QL
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	QL
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	QL
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	1	QL
<i>tropium oral capsule, extended release 24hr 60 mg</i>	1	QL
<i>tropium oral tablet 20 mg</i>	1	QL
VESICARE LS ORAL SUSPENSION 1 MG/ML	2	ST; QL
VESICARE ORAL TABLET 10 MG, 5 MG	2	PA
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
AVODART ORAL CAPSULE 0.5 MG	2	PA
<i>dutasteride oral capsule 0.5 mg</i>	1	QL
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	QL
ENTADFI ORAL CAPSULE 5-5 MG	2	PA
<i>finasteride oral tablet 5 mg</i>	1	QL
FLOMAX ORAL CAPSULE 0.4 MG	2	PA
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	2	PA
PROSCAR ORAL TABLET 5 MG	2	PA
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	2	PA
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	QL
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	3	
MISCELLANEOUS UROLOGICALS		
<i>cytra-k oral solution 1,100-334 mg/5 ml</i>	3	OTC
ELMIRON ORAL CAPSULE 100 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>glycine urologic irrigation solution 1.5 %</i>	3	
<i>glycine urologic solution irrigation solution 1.5 %</i>	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	3	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	3	OTC
<i>tadalafil oral tablet 5 mg</i>	3	PA; SP; QL
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	3	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	3	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	3	
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
<i>alcalak oral tablet, chewable 168 mg calcium (420 mg)</i>	3	OTC
<i>antacid (calcium carbonate) oral tablet, chewable 200 mg calcium (500 mg)</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>antacid ext str (calcium carb) oral tablet, chewable 300 mg (750 mg)</i>	3	OTC
<i>antacid extra-strength oral tablet, chewable 168 mg calcium (420 mg), 300 mg (750 mg)</i>	3	OTC
<i>antacid ultra strength oral tablet, chewable 400 mg calcium (1,000 mg), 430 mg calcium (1,000 mg)</i>	3	OTC
<i>calcium 500 + d oral tablet 500 mg-5 mcg (200 unit)</i>	3	OTC
<i>calcium 500 + d oral tablet, chewable 500 mg-10 mcg (400 unit)</i>	3	OTC
<i>calcium 500 oral tablet, chewable 500 mg calcium (1,250 mg)</i>	3	OTC
<i>calcium 500 with d oral tablet 500 mg-10 mcg (400 unit)</i>	3	OTC
<i>calcium 600 + d(3) oral capsule 600 mg-5 mcg (200 unit)</i>	3	OTC
<i>calcium 600 + d(3) oral tablet 600 mg-10 mcg (400 unit)</i>	3	OTC
<i>calcium 600 oral tablet 600 mg calcium (1,500 mg)</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>calcium 600 with vitamin d3 oral capsule 600 mg-12.5 mcg (500 unit)</i>	3	OTC
<i>calcium 600 with vitamin d3 oral tablet, chewable 600 mg-10 mcg (400 unit)</i>	3	OTC
CALCIUM ACETATE ORAL TABLET 667 MG	1	OTC
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
CALCIUM AMINO ACID CHELATE ORAL TABLET 200 MG CALCIUM	3	OTC
<i>calcium antacid oral tablet, chewable 200 mg calcium (500 mg), 300 mg (750 mg), 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)</i>	3	OTC
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	3	OTC
<i>calcium carbonate oral tablet 260 mg calcium (648 mg), 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>calcium carbonate oral tablet, chewable 200 mg calcium (500 mg), 400 mg calcium (1,000 mg)</i>	3	OTC
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-10 mcg (400 unit)</i>	3	OTC
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	3	OTC
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg-10 mcg (400 unit)</i>	3	OTC
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	3	
<i>calcium citrate + d oral tablet 315 mg-5 mcg (200 unit)</i>	3	OTC
CALCIUM CITRATE ORAL GRANULES 760 MG CALCIUM /3.5 GRAM	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>calcium citrate oral tablet 200 mg (950 mg), 250 mg calcium</i>	3	OTC
<i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 250 mg-5 mcg (200 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	3	OTC
CALCIUM LACTATE ORAL TABLET 100 MG CALCIUM	3	OTC
<i>cal-gest antacid oral tablet, chewable 200 mg calcium (500 mg)</i>	3	OTC
<i>citrus calcium-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit)</i>	3	OTC
<i>effer-k oral tablet, effervescent 25 meq</i>	3	
<i>electrolytes-dextrose oral solution</i>	3	OTC
<i>flavor chews antacid oral tablet, chewable 300 mg (750 mg)</i>	3	OTC
<i>hi-cal plus vit d oral tablet 500 mg-5 mcg (200 unit)</i>	3	OTC
<i>kinderlyte oral solution</i>	3	OTC
<i>klor-con 8 oral tablet extended release 8 meq</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	3	
<i>k-phos-neutral oral tablet 250 mg</i>	3	OTC
MAGNEBIND 400 ORAL TABLET 80-115 MG	2	ST; OTC
MAGNESIUM CITRATE ORAL TABLET 100 MG	3	OTC
<i>magnesium oral tablet 200 mg</i>	3	OTC
<i>magnesium oxide oral capsule 500 mg</i>	3	OTC
<i>magnesium oxide oral tablet 250 mg magnesium, 400 mg (241.3 mg magnesium), 400 mg magnesium, 420 mg</i>	3	OTC
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	3	
<i>mgo oral tablet 400 mg (241.3 mg magnesium)</i>	3	OTC
MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION 10 MCG-1 MG- 0.5 MG-5 MG/ML	3	
NU-MAG ORAL TABLET, DELAYED RELEASE (DR/EC) 71.5 MG	3	OTC
<i>oralyte oral solution</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>oysco 500/d oral tablet 500 mg-5 mcg (200 unit)</i>	3	OTC
<i>oyster shell + d3 oral tablet 250 mg-3.125 mcg (125 unit)</i>	3	OTC
<i>oyster shell calcium 500 oral tablet 500 mg calcium (1,250 mg)</i>	3	OTC
<i>oyster shell calcium-vit d3 oral tablet 500 mg-10 mcg (400 unit), 500 mg-5 mcg (200 unit)</i>	3	OTC
<i>oystercal-d oral tablet 500 mg-10 mcg (400 unit)</i>	3	OTC
<i>pedialyte freezer pops oral solution</i>	3	OTC
<i>pedialyte oral solution</i>	3	OTC
<i>pedialyte singles oral solution</i>	3	OTC
<i>pediatric electrolyte oral solution</i>	3	OTC
<i>pediatric freezer pops oral solution</i>	3	OTC
<i>phos-nak oral powder in packet 280-160-250 mg</i>	3	OTC
<i>phospha 250 neutral oral tablet 250 mg</i>	3	OTC
<i>phosphorous oral tablet 250 mg</i>	3	OTC
<i>phosphorous supplement oral powder in packet 280-160-250 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>phospho-trin 250 neutral oral tablet 250 mg</i>	3	OTC
<i>potassium acetate intravenous solution 2 meq/ml</i>	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride intravenous solution 2 meq/ml</i>	3	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	3	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	3	
<i>potassium chloride oral packet 20 meq</i>	3	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	3	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	3	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium, sodium phosphates oral powder in packet 280-160-250 mg</i>	3	OTC
SLOW-MAG ORAL TABLET, DELAYED RELEASE (DR/EC) 71.5 MG	3	OTC
<i>smooth antacid oral tablet, chewable 300 mg (750 mg)</i>	3	OTC
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	3	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	3	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	3	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	3	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>super calcium oral tablet 600 mg calcium (1,500 mg)</i>	3	OTC
<i>thermotabs oral tablet 287-180-15 mg</i>	3	OTC
<i>tums ultra oral tablet, chewable 400 mg calcium (1,000 mg)</i>	3	OTC
<i>ultra strength antacid oral tablet, chewable 400 mg calcium (1,000 mg)</i>	3	OTC
MISCELLANEOUS NUTRITION PRODUCTS		
<i>acidophilus oral capsule</i>	3	OTC
<i>biotect plus oral liquid</i>	3	OTC
<i>co q-10 (with vit e) oral capsule 100-5 mg-unit</i>	3	OTC
<i>coenzyme q10-vitamin e oral capsule 100-5 mg-unit</i>	3	OTC
CULTURELLE KIDS PROBIOTICS ORAL POWDER IN PACKET 5 BILLION CELL	3	OTC
CULTURELLE ORAL CAPSULE, SPRINKLE 15 BILLION CELL	3	OTC
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>fish oil extra strength oral capsule 435-880 mg</i>	3	OTC
<i>fish oil oral capsule 100-160-1,000 mg, 120-180 mg, 300-1,000 mg, 300-500 mg, 360-1,200 mg</i>	3	OTC
<i>fish oil oral capsule, delayed release(dr/ec) 300-1,000 mg, 60-90-500 mg</i>	3	OTC
<i>fish, bora, flax oils- om3, 6, 9 no1 oral capsule 400-400-400 mg</i>	3	OTC
<i>floranex oral tablet 1 million cell</i>	3	OTC
<i>lactobacillus acidophilus oral tablet 0.5 mg (100 million cell), 1 billion cell</i>	3	OTC
LACTOBACILLUS ACIDOPHILUS ORAL WAFER 1 MG	3	OTC
<i>niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)</i>	3	OTC
<i>niacin flush free oral capsule 400 mg niacin (500 mg)</i>	3	OTC
<i>omega 3-6-9 complex oral capsule 400-400-400 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg), 300-1,000 mg</i>	3	OTC
<i>omega 3-dha-epa-fish oil oral capsule, delayed release(dr/ec) 300 mg (120 mg-180mg)-1,000 mg, 300-1,000 mg</i>	3	OTC
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg, 360-1,200 mg</i>	3	OTC
<i>omega-3s-dha-epa-fish oil-d3 oral capsule 360 mg-1,200 mg -1,000 unit</i>	3	OTC
<i>probiotic oral capsule 10 billion cell</i>	3	OTC
<i>resource 2.0 oral liquid</i>	3	OTC
<i>smart heart omega-3 oral capsule, delayed release(dr/ec) 115-172-1,000 mg</i>	3	OTC
<i>triple omega 3-6-9 oral capsule 400-400-400 mg</i>	3	OTC
<i>tyr cooler oral liquid</i>	3	OTC
VITAMINS / HEMATINICS		
<i>a thru z advanced formula oral tablet 18-400 mg-mcg</i>	3	OTC
<i>a thru z high potency oral tablet</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>a thru z oral tablet 18-500-300-250 mg-mcg-mcg-mcg</i>	3	OTC
<i>a thru z select 50plus formula oral tablet 0.4 mg-300 mcg-250 mcg</i>	3	OTC
<i>a thru z select oral tablet , 500-300-250 mcg</i>	3	OTC
<i>a thru z select women's oral tablet</i>	3	OTC
<i>abc plus oral tablet 0.4 mg-300 mcg-250 mcg</i>	3	OTC
<i>actical oral capsule</i>	3	OTC
<i>adults 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	3	OTC
<i>animal chews oral tablet,chewable</i>	3	OTC
<i>antioxidant a/c/e/selenium oral capsule</i>	3	OTC
<i>apatate forte oral liquid</i>	3	OTC
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	3	
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg, 500 mg</i>	3	OTC
<i>ascorbic acid (vitamin c) oral tablet,chewable 500 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	3	
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	3	OTC
<i>b-100 complex oral tablet extended release 100 mg</i>	3	OTC
<i>b-12 dots oral tablet 500 mcg</i>	3	OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	3	OTC
<i>balanced b-50 oral tablet</i>	3	OTC
<i>b-complex injection injection solution 100-2-100-2-2 mg/ml</i>	3	
<i>b-complex with vitamin c oral tablet , 400-500 mcg-mg</i>	3	OTC
<i>biocel (with lutein) oral tablet 800-250-750 mcg</i>	3	OTC
<i>c complex oral tablet extended release 1,000 mg, 500 mg</i>	3	OTC
<i>c-1000 oral tablet 1,000 mg</i>	3	OTC
<i>c-1000 oral tablet extended release 1,000 mg</i>	3	OTC
<i>c-1000 with rose hips oral tablet 1,000 mg</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>c-500 oral tablet 500 mg</i>	3	OTC
<i>c-500 oral tablet extended release 500 mg</i>	3	OTC
<i>c-500 oral tablet, chewable 500 mg</i>	3	OTC
<i>calcidol oral drops 200 mcg/ml (8,000 unit/ml)</i>	3	OTC
<i>calcium carbonate-vit d3-min oral tablet 600 mg calcium- 400 unit</i>	3	OTC
<i>centravites 50 plus oral tablet , 0.4 mg-300 mcg- 250 mcg</i>	3	OTC
<i>centravites oral tablet 0.4-162-18 mg</i>	3	OTC
CENTRUM ORAL LIQUID 9 MG IRON/15 ML	3	OTC
<i>centrum women oral tablet 18-400 mg-mcg</i>	3	OTC
<i>century mature oral tablet 0.4 mg-300 mcg- 250 mcg</i>	3	OTC
<i>century oral tablet 18-400 mg-mcg</i>	3	OTC
<i>cerovite jr oral tablet, chewable 18 mg iron- 10 mcg</i>	3	OTC
<i>cerovite senior oral tablet 0.4 mg-300 mcg- 250 mcg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>certa plus oral tablet 18-0.4-250 mg-mg-mcg</i>	3	OTC
<i>certavite senior oral tablet 0.4 mg-300 mcg- 250 mcg</i>	3	OTC
<i>certavite-antioxidant oral tablet 18-400 mg-mcg</i>	3	OTC
<i>children's chew multivitamin oral tablet, chewable</i>	3	OTC
<i>children's chewable multivitmn oral tablet, chewable 300 mcg</i>	3	OTC
<i>children's chewables extra c oral tablet, chewable 300 mcg</i>	3	OTC
<i>children's chewables oral tablet, chewable 300 mcg</i>	3	OTC
<i>children's multivitamin oral tablet, chewable</i>	3	OTC
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)</i>	3	OTC
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	3	OTC
<i>cholecalciferol (vitamin d3) oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	3	OTC
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	3	OTC
<i>cod liver oil oral capsule , 1,250-135 unit</i>	3	OTC
<i>cod liver oil oral oil</i>	3	OTC
COMPLETE MULTIVITAMIN-MINERAL ORAL LIQUID 9 MG IRON/15 ML	3	OTC
<i>complete multivitamin-mineral oral tablet 18-400 mg-mcg</i>	3	OTC
<i>complete mv adult 50 plus oral tablet 0.4 mg-300 mcg-250 mcg</i>	3	OTC
<i>completenate oral tablet, chewable 29 mg iron- 1 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>complex b-100 oral tablet extended release</i>	3	OTC
CORVITE 150 ORAL TABLET 150 MG IRON- 1 MG	3	OTC
CORVITE FE ORAL TABLET 150 MG IRON- 1 MG	3	OTC
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	3	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 500 mcg</i>	3	OTC
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg</i>	3	OTC
<i>cyanocobalamin (vitamin b-12) sublingual drops 3,000 mcg/ml</i>	3	OTC
<i>cyanocobalamin (vitamin b-12) sublingual lozenge 2,500 mcg</i>	3	OTC
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg, 2,500 mcg</i>	3	OTC
<i>d3-2000 oral capsule 50 mcg (2,000 unit)</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>daily multiple vitamins/iron oral tablet</i>	3	OTC
<i>daily multi-vitamin oral tablet</i>	3	OTC
<i>daily multivitamin with iron oral tablet 18-400 mg-mcg</i>	3	OTC
<i>daily multivitamin-minerals oral tablet</i>	3	OTC
<i>daily value oral tablet</i>	3	OTC
<i>daily vitamin formula oral tablet</i>	3	OTC
<i>daily vitamin formula-iron oral tablet 18-400 mg-mcg</i>	3	OTC
<i>daily vitamin formula-minerals oral tablet</i>	3	OTC
<i>daily vitamin with iron oral tablet</i>	3	OTC
<i>daily vites/iron oral tablet</i>	3	OTC
<i>daily-vite (with folic acid) oral tablet 400 mcg</i>	3	OTC
<i>daily-vite oral tablet</i>	3	OTC
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	3	OTC
<i>dialyvite oral tablet 100-1 mg</i>	3	OTC
<i>dialyvite vitamin d oral capsule 125 mcg (5,000 unit)</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>d-vi-sol oral drops 10 mcg/ml (400 unit/ml)</i>	3	OTC
<i>e-400 c-500 and beta carotene oral tablet</i>	3	OTC
<i>endur-c with rose hips oral tablet extended release 1,000 mg, 500 mg</i>	3	OTC
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	3	OTC
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	3	OTC
<i>essentia oral tablet 18-400 mg-mcg</i>	3	OTC
<i>eye health plus lutein oral tablet 300 mcg-200 mg-27 mg-2 mg</i>	3	OTC
<i>feosol oral tablet 325 mg (65 mg iron)</i>	3	OTC
<i>ferate oral tablet 240 mg (27 mg iron)</i>	3	OTC
<i>ferocon oral capsule 110-0.5 mg</i>	3	OTC
<i>ferosul oral tablet 325 mg (65 mg iron)</i>	3	OTC
FERRETT'S IPS ORAL LIQUID 40 MG/15 ML	3	OTC
<i>ferretts oral tablet 325 mg (106 mg iron)</i>	3	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
<i>ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	3	OTC
<i>ferrocite oral tablet 324 mg (106 mg iron)</i>	3	OTC
<i>ferro-time oral tablet 325 mg (65 mg iron)</i>	3	OTC
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	3	OTC
<i>ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	3	OTC
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	3	OTC
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	3	OTC
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	3	OTC
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	3	OTC
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	3	OTC
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>fish oil-dha-epa oral capsule 1,200-144-216 mg</i>	3	OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	3	OTC
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	3	OTC
<i>folbee oral tablet 2.5-25-1 mg</i>	3	OTC
FOLIC ACID ORAL CAPSULE 20 MG	3	OTC
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	3	OTC
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	3	OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	3	OTC
<i>fruit c-500 oral tablet, chewable 500 mg</i>	3	OTC
<i>gummi bear multivitamin oral tablet, chewable</i>	3	OTC
<i>hair vitamins oral tablet</i>	3	OTC
<i>hair, skin and nails advanced oral tablet 3.3 mg iron-25 mcg</i>	3	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
<i>hair,skin and nails oral tablet</i>	3	OTC
<i>healthy eyes oral tablet 300 mcg-200 mg-27 mg-2 mg</i>	3	OTC
<i>healthy eyes supervision oral capsule 4,296 mcg-226 mg-90 mg</i>	3	OTC
<i>hematinic/folic acid oral tablet 324 mg (106 mg iron)-1 mg</i>	3	OTC
<i>hematogen forte oral capsule 460-60-0.01-1 mg</i>	3	OTC
<i>high potency iron oral tablet 134 mg (27 mg iron)</i>	3	OTC
HOMOCYSTEINE FORMULA ORAL TABLET 0.8-50-100 MG-MG-MCG	3	OTC
<i>honey bears multivitamin oral tablet,chewable</i>	3	OTC
<i>icaps areds oral capsule 4,296 mcg-226 mg-90 mg</i>	3	OTC
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	3	OTC
INFED INJECTION SOLUTION 50 MG/ML	3	
<i>iron (ferrous sulfate) oral tablet 325 mg (65 mg iron)</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>iron chews oral tablet,chewable 15 mg</i>	3	OTC
<i>iron oral tablet 325 mg (65 mg iron)</i>	3	OTC
<i>iron oral tablet extended release 159 mg (45 mg iron)</i>	3	OTC
<i>i-vite oral tablet 300 mcg-200 mg-27 mg-2 mg</i>	3	OTC
<i>kids vitamin d3 oral tablet,chewable 10 mcg (400 unit)</i>	3	OTC
<i>liquid b-12 oral liquid 1,000 mcg/15 ml</i>	3	OTC
<i>little animals oral tablet,chewable</i>	3	OTC
<i>little animals-iron oral tablet,chewable</i>	3	OTC
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	3	OTC
<i>lysiplex plus oral liquid</i>	3	OTC
<i>macuvite eye care oral tablet 7,160 unit- 113 mg-1 mg</i>	3	OTC
<i>mega multi for women oral tablet 13.5-200-250 mg-mcg-mcg</i>	3	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
<i>mega multiple/chelated mineral oral tablet</i>	3	OTC
<i>mega multivitamin for men oral tablet 200-175-250 mcg</i>	3	OTC
<i>milltrium senior oral tablet</i>	3	OTC
<i>multi complete with iron oral tablet 18-400 mg-mcg</i>	3	OTC
<i>multi for her oral tablet 18 mg iron-600 mcg-80 mcg</i>	3	OTC
MULTI VITAMIN ORAL LIQUID 9 MG IRON/15 ML	3	OTC
<i>multi-day with iron oral tablet 18-400 mg-mcg</i>	3	OTC
<i>multigen plus oral tablet 151-60-10-1 mg-mg-mcg-mg</i>	3	OTC
<i>multiple vitamin-minerals oral tablet</i>	3	OTC
<i>multiple vitamins oral tablet</i>	3	OTC
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	3	OTC
<i>multivit with min-folic acid oral tablet 0.4 mg</i>	3	OTC
<i>multivitamin 50 plus oral tablet</i>	3	OTC
<i>multivitamin oral tablet</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	3	OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	3	OTC
<i>multivitamin with iron oral tablet</i>	3	OTC
<i>multivitamin with minerals oral liquid 9 mg iron/15 ml</i>	3	OTC
<i>multivitamin women 50 plus oral tablet 8 mg iron-400 mcg-50 mcg</i>	3	OTC
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	3	OTC
<i>multivit-min-iron fum-folic ac oral tablet 7.5 mg iron-400 mcg</i>	3	OTC
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	3	OTC
<i>myferon 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	3	OTC
<i>mynephrocaps oral capsule 1 mg</i>	3	OTC
<i>mynephron oral capsule 1 mg</i>	3	OTC
<i>my-vitalife oral capsule</i>	3	OTC
<i>nephronex-sl oral tablet, disintegrating 800-2,000 mcg-unit</i>	3	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
NIFEREX (SUMALATE- QUATREFOLIC) ORAL TABLET 150 MG IRON- 60 MG-1 MG	3	OTC
<i>norwegian cod liver oil oral capsule 1,250-135 unit</i>	3	OTC
NUFERA ORAL TABLET 125 MG-1 MG-170 MG-1,000 UNIT	3	OTC
OB COMPLETE ONE ORAL CAPSULE 40-10-1- 300 MG	3	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
<i>ocutabs oral tablet</i>	3	OTC
<i>omnicap oral tablet 0.4 mg</i>	3	OTC
<i>one daily calcium/iron oral tablet</i>	3	OTC
<i>one daily complete oral tablet , 18-0.4 mg</i>	3	OTC
<i>one daily energy oral tablet</i>	3	OTC
<i>one daily essential oral tablet , 0.4 mg, 400 mcg</i>	3	OTC
<i>one daily for men 50 plus adv oral tablet 400-600-120 mcg- mcg-mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>one daily for men oral tablet 0.4-600 mg-mcg</i>	3	OTC
<i>one daily for women oral tablet 18-0.4 mg</i>	3	OTC
<i>one daily maximum oral tablet 18-0.4 mg</i>	3	OTC
<i>one daily men's 50 plus memory oral tablet 400-600-120 mcg-mcg-mg</i>	3	OTC
<i>one daily multi-vit w-mineral oral tablet 4.5 mg iron</i>	3	OTC
<i>one daily multivitamin oral tablet</i>	3	OTC
<i>one daily multivit- iron(folic) oral tablet 18-400 mg- mcg</i>	3	OTC
<i>one daily oral tablet 0.4-600 mg-mcg</i>	3	OTC
<i>one daily plus iron oral tablet 18-400 mg-mcg</i>	3	OTC
<i>one daily plus minerals oral tablet</i>	3	OTC
<i>one daily prenatal oral combo pack 28- 800-440 mg-mcg-mg</i>	3	OTC
<i>one daily women 50 plus oral tablet 400- 120 mcg-mg</i>	3	OTC
<i>one daily womens 50 plus oral tablet 0.4 mg</i>	3	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
<i>one daily women's health oral tablet 18 mg iron-400 mcg-450 mg ca</i>	3	OTC
<i>one daily women's oral tablet 18 mg iron-400 mcg-450 mg ca</i>	3	OTC
<i>one-a-day essential oral tablet</i>	3	OTC
<i>one-a-day maximum formula oral tablet</i>	3	OTC
<i>one-a-day teen advantage oral tablet 18-400 mg-mcg, 9 mg iron-400 mcg</i>	3	OTC
<i>pedia iron oral drops 15 mg iron (75 mg)/ml</i>	3	OTC
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	3	OTC
POLY-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML	3	OTC
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/ML	3	OTC
<i>prenatal + dha oral combo pack 28 mg iron- 975 mcg-200 mg</i>	3	OTC
<i>prenatal 19 oral tablet,chewable 29 mg iron- 1 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	3	OTC
<i>prenatal dha oral capsule 200 mg</i>	3	OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron-800 mcg-250 mg</i>	3	OTC
<i>prenatal multivitamins oral tablet 28 mg iron-800 mcg</i>	3	OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	3	OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	3	OTC
<i>prenatal tablet oral tablet 28 mg iron-800 mcg</i>	3	OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	3	OTC
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron-800 mcg</i>	3	OTC
PROFERRIN ES ORAL TABLET 12 MG	3	OTC
<i>prosight oral tablet 5,000-60-30 unit-mg-unit</i>	3	OTC
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 250 mg, 50 mg</i>	3	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
<i>pyridoxine (vitamin b6) oral tablet extended release 200 mg</i>	3	OTC
<i>quintabs-m iron free oral tablet 0.4 mg</i>	3	OTC
<i>renal caps oral capsule 1 mg</i>	3	OTC
<i>rena-vite rx oral tablet 1-60-300 mg-mcg</i>	3	OTC
<i>reno caps oral capsule 1 mg</i>	3	OTC
<i>replesta oral wafer 1,250 mcg (50,000 unit)</i>	3	OTC
<i>senior tabs oral tablet 0.4 mg-300 mcg- 250 mcg</i>	3	OTC
<i>sentry oral tablet 18-400 mg-mcg</i>	3	OTC
<i>sentry senior oral tablet 0.4 mg-300 mcg- 250 mcg, 500-300-250 mcg</i>	3	OTC
<i>slow release iron oral tablet extended release 142 mg (45 mg iron), 143 mg (45 mg iron), 160 mg (50 mg iron), 250 mg (50 mg iron)</i>	3	OTC
<i>soothing pureway-c oral tablet 500 mg</i>	3	OTC
<i>spectravite adult 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>spectravite advanced formula oral tablet 18-400 mg-mcg</i>	3	OTC
<i>spectravite men's oral tablet 8 mg iron- 200 mcg-600 mcg</i>	3	OTC
<i>spectravite women oral tablet 18-400 mg-mcg</i>	3	OTC
<i>stress b with zinc oral tablet</i>	3	OTC
<i>stress formula oral tablet</i>	3	OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	3	OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	3	OTC
<i>stress formula with zinc oral tablet</i>	3	OTC
<i>sunvite oral tablet 18 mg iron-400 mcg- 25 mcg</i>	3	OTC
<i>super antioxidant oral capsule</i>	3	OTC
<i>super multiple oral tablet</i>	3	OTC
<i>super multivitamin oral tablet</i>	3	OTC
<i>super quints b-50 oral tablet</i>	3	OTC
<i>super thera vite m oral tablet</i>	3	OTC
<i>support oral liquid</i>	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>tab-a-vite multivitamin w-iron oral tablet 15 mg iron- 400 mcg</i>	3	OTC
<i>thera oral tablet 400 mcg</i>	3	OTC
<i>thera-d oral tablet 50 mcg (2,000 unit)</i>	3	OTC
<i>theralogix companion oral tablet 0.4 mg</i>	3	OTC
<i>thera-m oral tablet 27-0.4 mg</i>	3	OTC
<i>therapeutic liquid oral liquid</i>	3	OTC
<i>therapeutic-m oral tablet 9 mg iron-400 mcg</i>	3	OTC
<i>thera-tabs oral tablet</i>	3	OTC
<i>theratrum complete 50 plus/lut oral tablet</i>	3	OTC
<i>theratrum complete 50 plus-lyc oral tablet 0.4 mg-300 mcg- 250 mcg</i>	3	OTC
<i>theratrum complete with lutein oral tablet</i>	3	OTC
<i>therems multivitamin oral tablet 400 mcg</i>	3	OTC
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 250 mg</i>	3	OTC
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	3	OTC
<i>tricon oral capsule 110-0.5 mg</i>	3	OTC
<i>trigels-f forte oral capsule 460-60-0.01-1 mg</i>	3	OTC
<i>triphrocaps oral capsule 1 mg</i>	3	OTC
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML	3	OTC
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	3	OTC
<i>tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	3	OTC
<i>ultra antioxidant formula oral tablet</i>	3	OTC
<i>v-c forte oral capsule 1 mg</i>	3	OTC
<i>vic-forte oral capsule 1 mg</i>	3	OTC
<i>vitacel (with lutein) oral tablet 800-250-750 mcg</i>	3	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
<i>vitajoy daily d oral tablet, chewable 25 mcg (1,000 unit)</i>	3	OTC
<i>vitalee oral tablet 0.4 mg</i>	3	OTC
<i>vitalets oral tablet, chewable , 10 mg iron</i>	3	OTC
<i>vitamin b complex oral capsule</i>	3	OTC
<i>vitamin b complex oral tablet</i>	3	OTC
<i>vitamin b-1 (mononitrate) oral tablet 100 mg</i>	3	OTC
<i>vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg</i>	3	OTC
<i>vitamin b-12 oral tablet 1,000 mcg, 100 mcg, 250 mcg, 50 mcg, 500 mcg</i>	3	OTC
<i>vitamin b-12 oral tablet extended release 1,000 mcg, 2,000 mcg</i>	3	OTC
<i>vitamin b-12 sublingual tablet 2,500 mcg, 5,000 mcg</i>	3	OTC
<i>vitamin b-6 oral tablet 100 mg, 25 mg, 250 mg, 50 mg</i>	3	OTC
<i>vitamin c oral tablet 1,000 mg, 100 mg, 250 mg, 500 mg</i>	3	OTC
<i>vitamin c oral tablet extended release 1,000 mg, 500 mg</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>vitamin c oral tablet, chewable 500 mg</i>	3	OTC
<i>vitamin c with rose hips oral tablet 1,000 mg, 500 mg</i>	3	OTC
<i>vitamin c with rose hips oral tablet extended release 1,000 mg, 500 mg</i>	3	OTC
<i>vitamin c with rose hips oral tablet, chewable 500 mg</i>	3	OTC
<i>vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	3	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	3	OTC
<i>vitamin d3 oral tablet, chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	3	OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	3	OTC
<i>vitamins b complex oral capsule</i>	3	OTC
<i>vitamins b complex oral tablet</i>	3	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
<i>vitamins for hair oral capsule 400-400 mcg</i>	3	OTC
<i>vitatrum oral tablet 18-500-300-250 mg-mcg-mcg-mcg</i>	3	OTC
<i>vitrum senior oral tablet</i>	3	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>westab one oral tablet 2.5-25-1 mg</i>	3	OTC
<i>women's daily formula oral tablet 27-0.4 mg</i>	3	OTC
<i>yelets oral tablet 18-400 mg-mcg</i>	3	OTC

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U-100.....	139	ODEFSEY.....	6	<i>one daily essential</i>
NOVOLIN N FLEXPEN ...	139	ODOMZO	21	<i>one daily for men</i>
NOVOLIN N NPH U-100		<i>odor control foot-sneaker</i>	94	<i>one daily for men 50 plus adv</i>
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NOVOLIN R REGULAR		<i>olanzapine</i>	60	<i>one daily maximum</i>
U100 INSULIN.....	139	<i>olanzapine-fluoxetine</i>	60	<i>one daily men's 50 plus</i>
NOVOLOG FLEXPEN U-100		<i>olmesartan</i>	72	<i>memory</i>
INSULIN	140	<i>olmesartan-amlodipin-</i>		<i>one daily multi-vit w-mineral</i>
NOVOLOG MIX 70-30 U-100		<i>hcthiazyd</i>	72
INSULN	140	<i>olmesartan-</i>		<i>one daily multivitamin</i>
NOVOLOG MIX 70-		<i>hydrochlorothiazide</i>	73	<i>one daily multivit-iron(folic)</i>
30FLEXPEN U-100	140	<i>olopatadine</i>	108, 200
NOVOLOG PENFILL U-100		OLPRUVA.....	104	<i>one daily plus iron</i>
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LANC DEV	<i>oscimin sl</i>	159	<i>paliperidone</i>	60
ONETOUCH DELICA PLUS	<i>oseltamivir</i>	6	<i>pamidronate</i>	155
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<i>westab one</i>	243	XTAMPZA ER	43	ZETONNA	223
<i>white petrolatum</i>	87	XTANDI	24	ZIAGEN	8
<i>white petroleum jelly</i>	87	<i>xulane</i>	192	ZIANA.....	90
WINLEVI.....	90	XULTOPHY 100/3.6.....	154	<i>zidovudine</i>	8
<i>wixela inhub</i>	222	XYWAV	64	ZIEXTENZO	179
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<i>women's daily formula</i>	243	YALE DISPOSABLE		ZILXI	90
<i>women's gentle laxative(bisac)</i>	172	NEEDLES	154	ZIMHI	50
<i>women's laxative (bisacodyl)</i>	172	<i>yelets</i>	243	<i>zinc oxide</i>	87
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X		YUFLYMA(CF).....	188	<i>ziprasidone hcl</i>	65
XACIATO	191	YUFLYMA(CF) AI		<i>ziprasidone mesylate</i>	65
XALATAN.....	203	CROHN'S-UC-HS	188	ZITHROMAX	11
XALKORI	23	YUFLYMA(CF)		ZITHROMAX TRI-PAK	11
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