

# Essentials Formulary

## E1/E4

## Effective

## 02-01-2022



### **LIST OF COVERED DRUGS**

How to use this list:

On a high-deductible, health savings account (HSA)? Refer to the E1 formulary.

For all covered drugs, once you have satisfied your medical deductible, you will pay your applicable coinsurance until you reach your out-of-pocket maximum for the plan year. The drug tiers do not apply.

On a PPO plan? Refer to the E4 formulary.

Your drugs fall into 4 tiers: Preferred Generic (1), Preferred Brand (2), Preferred Specialty (3) and Non-Preferred Drugs (4)

Please see the chart on page v for information.

Have questions? Please call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.

# Essentials (E1/E4)

## List of Covered Drugs (Formulary)

### What is the list of covered drugs (Formulary)?

This document contains a list of generic, brand and specialty drugs covered under your plan.

### How is the list of covered drugs developed?

The drug list is developed with an independent committee of physicians, pharmacists and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drug's safety, effectiveness, and cost. The committee meets at least quarterly to review new drugs to market to determine placement on this list and also reviews new information related to safety, effectiveness, and cost for existing drugs to ensure the formulary remains up to date with current medical evidence.

### How do I use the Formulary?

Drugs are listed by categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list that follows. Then look under the category name for your drug.

If you are not sure what category to look under, you can also search for the drug in the Index. The Index provides an alphabetical list of all the drugs included in this document. Next to the name of the drug in the Index, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

### How does this drug list help me understand my drug coverage?

Drug coverage is based on your coverage contract. Coverage for a specific drug is subject to the rules outlined in your member booklet. This document will tell you if a drug is included on the formulary attached to your plan.

### Will this drug list (Formulary) change?

This drug list (Formulary) is updated throughout the year. If you are taking a drug and it will be removed from the formulary or moved to a higher cost sharing tier, we will notify you of this change via letter. We also post information on upcoming formulary changes on our website on the "Drug List Changes" page.

### Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These can be seen in the column next to the drug name on the list. These requirements and limits may include:

- **Prior Authorization:** some drugs require prior approval before they are covered.

- **Quantity Limits:** for some drugs, we limit the amount of the drug that we will cover. For example, we will cover 18 per 30-day supply of zolmitriptan oral tablets.
- **Step Therapy:** for some drugs we require that you first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, then we will then cover Drug B.

Drugs subject to these restrictions will generally mean that your physician or healthcare provider may need to provide additional information on your medical condition before the drug will be covered at the pharmacy. Information on this process is on our website on the “Drugs Requiring Approval” page.

### **Essentials (E1/E4) Formulary**

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., *metformin oral tablet*).

The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

## COVERAGE NOTES ABBREVIATIONS

ABBREVIATION	DESCRIPTION	EXPLANATION
<b>Utilization Management Restrictions</b>		
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before we will provide coverage for this drug, you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.
<b>Other Special Requirements for Coverage</b>		
LA	Limited Access Drug	This prescription may be available only at certain pharmacies.
EX	Excluded Drug	This drug is excluded on the Essentials formulary. You will be responsible for the full cost of the drug at the pharmacy.
ACA PV	Affordable Care Act (ACA) Preventive Medication	The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost. Coverage of any medication flagged as “ACA PV” (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider.
OCh	Oral Chemo	Oral Chemotherapy Drug. Certain oral chemotherapy drugs may be covered under your medical plan. Please check your member booklet for more details.
SP	Specialty Pharmacy	<p>In general, specialty drugs are drugs typically used to treat chronic, complex or rare conditions and may require enhanced clinical support.</p> <p>Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.</p>

The amount you pay for a covered drug will depend on if you have met any applicable deductible for the plan year, if you have met any applicable maximum out of pocket for the plan year and what tier the medication is on.

More information on applicable deductibles and maximum out of pockets can be found in your member booklet.

### Essentials E1 Formulary

Drug Tier	Includes
Formulary Drugs (1, 2, 3, 4)	Formulary Drugs include Generic (1), Preferred Brand (2), Preferred Specialty (3) and Non-Preferred (4) Drugs. Medical plan cost shares apply to formulary drugs. Once you have satisfied your medical deductible, you will pay your applicable coinsurance until you reach your out of pocket maximum limit.

### Essentials E4 Formulary

Drug Tier	Includes
Preferred Generic (1)	Tier 1 is the lowest tier and includes preferred generic drugs.
Preferred Brand (2)	Tier 2 includes preferred brand drugs.
Preferred Specialty (3)	Tier 3 includes preferred specialty drugs. In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support.  Specialty Drugs are generally limited to a month supply on dispense. Please check your member booklet for more details.
Non-Preferred Drugs (4)	Tier 4 includes generic, brand and specialty drugs. Non preferred drugs are lower value (more expensive and/or less safe and effective than their alternatives in Tier 1, Tier 2, or Tier 3.)

Drug Name	Drug Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
<i>amphotericin b injection recon soln 50 mg</i>	4	
ANCOBON ORAL CAPSULE 250 MG, 500 MG	4	
BREXAFEMME ORAL TABLET 150 MG	4	PA; ST; QL (4 per 365 days)
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML	4	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	4	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	4	
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	4	PA
NOXAFIL ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG	EX	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
ORAVIG BUCCAL MUCCO-ADHESIVE BUCCAL TABLET 50 MG	EX	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	4	
SPORANOX ORAL SOLUTION 10 MG/ML	4	
SPORANOX PULSEPAK ORAL CAPSULE 100 MG	4	
<i>terbinafine hcl oral tablet 250 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	EX	
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	4	
VFEND ORAL TABLET 200 MG, 50 MG	4	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
<b>ANTIVIRALS</b>		
<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>	4	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 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>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
ATRIPLA ORAL TABLET 600-200-300 MG	EX	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	EX	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	EX	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	
CIMDUO ORAL TABLET 300-300 MG	4	
COMBIVIR ORAL TABLET 150-300 MG	4	
COMPLERA ORAL TABLET 200-25-300 MG	2	
DELSTRIGO ORAL TABLET 100-300-300 MG	EX	
DESCOVY ORAL TABLET 200-25 MG	4	ST; QL (30 per 30 days)
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	QL (30 per 30 days)
EMTRIVA ORAL CAPSULE 200 MG	4	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	3	PA; SP; Vac
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	3	PA; SP; Vac
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
EPIVIR HBV ORAL TABLET 100 MG	4	
EPIVIR ORAL SOLUTION 10 MG/ML	4	
EPIVIR ORAL TABLET 150 MG, 300 MG	4	
EPZICOM ORAL TABLET 600-300 MG	4	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	QL (60 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	4	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
FLUMADINE ORAL TABLET 100 MG	4	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	3	SP
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	3	PA; SP; Vac
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	3	PA; SP; Vac
HEPSERA ORAL TABLET 10 MG	4	
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
INVIRASE ORAL TABLET 500 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	4	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; SP; Vac
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
LEXIVA ORAL TABLET 700 MG	4	
LIVTENCITY ORAL TABLET 200 MG	4	PA; SP
<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	
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	3	PA; SP; Vac
MAVYRET ORAL TABLET 100-40 MG	3	PA; SP; Vac
<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	2	
NORVIR ORAL SOLUTION 80 MG/ML	2	
NORVIR ORAL TABLET 100 MG	4	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	
PIFELTRO ORAL TABLET 100 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	
PREZCOBIX ORAL TABLET 800-150 MG-MG	4	
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	
RETROVIR ORAL CAPSULE 100 MG	4	
RETROVIR ORAL SYRUP 10 MG/ML	4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	
REYATAZ ORAL POWDER IN PACKET 50 MG	4	
<i>ribavirin inhalation recon soln 6 gram</i>	4	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	
SITAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	EX	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; SP; Vac
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	3	PA; SP; Vac
SOVALDI ORAL TABLET 200 MG, 400 MG	3	PA; SP; Vac
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
STRIBILD ORAL TABLET 150-150-200-300 MG	4	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	4	
SUSTIVA ORAL TABLET 600 MG	4	
SYMFI LO ORAL TABLET 400-300-300 MG	2	
SYMFI ORAL TABLET 600-300-300 MG	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	4	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	4	
TEMIXYS ORAL TABLET 300-300 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	4	ST; QL (30 per 30 days)
TYBOST ORAL TABLET 150 MG	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	
VALCYTE ORAL RECON SOLN 50 MG/ML	4	
VALCYTE ORAL TABLET 450 MG	4	
<i>valganciclovir oral recon soln 50 mg/ml</i>	4	
<i>valganciclovir oral tablet 450 mg</i>	1	
VALTREX ORAL TABLET 1 GRAM, 500 MG	EX	
VEMLIDY ORAL TABLET 25 MG	4	
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	4	PA; SP
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	4	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	4	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	4	
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; SP; Vac
XOFLUZA ORAL TABLET 20 MG, 40 MG, 80 MG	4	QL (2 per 30 days)
ZEPATIER ORAL TABLET 50-100 MG	4	PA; SP; Vac
ZIAGEN ORAL SOLUTION 20 MG/ML	4	
ZIAGEN ORAL TABLET 300 MG	4	
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	4	
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	4	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	4	
<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>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	4	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
CEFOTAN INJECTION RECON SOLN 1 GRAM, 2 GRAM	4	
<i>cefotaxime injection recon soln 1 gram</i>	4	
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<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>	4	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
CLAFORAN INJECTION RECON SOLN 2 GRAM	4	
FORTAZ INJECTION RECON SOLN 1 GRAM, 2 GRAM, 500 MG	4	
SPECTRACEF ORAL TABLET 400 MG	4	
SUPRAX ORAL CAPSULE 400 MG	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	4	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	4	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<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	
<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	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	4	
DIFICID ORAL TABLET 200 MG	4	
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	4	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	EX	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	EX	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<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	
<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>	1	
ZITHROMAX ORAL PACKET 1 GRAM	4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	4	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG	4	PA; ST
<i>albendazole oral tablet 200 mg</i>	4	
ALBENZA ORAL TABLET 200 MG	4	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	PA; ST
ALINIA ORAL TABLET 500 MG	EX	
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	
ARAKODA ORAL TABLET 100 MG	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	SP
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	
AZACTAM INJECTION RECON SOLN 1 GRAM, 2 GRAM	4	
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>bacitracin intramuscular recon soln 50,000 unit</i>	4	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	4	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	PA; ST; SP
BILTRICIDE ORAL TABLET 600 MG	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; SP; Vac; QL (84 per 30 days)
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	4	
CLEOCIN INJECTION SOLUTION 150 MG/ML	4	
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	4	
COARTEM ORAL TABLET 20-120 MG	4	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG	4	
CYCLOSERINE ORAL CAPSULE 250 MG	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
DARAPRIM ORAL TABLET 25 MG	4	PA; ST; SP
EMVERM ORAL TABLET,CHEWABLE 100 MG	4	
<i>ertapenem injection recon soln 1 gram</i>	4	
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG	4	
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	4	
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	4	
GENTAMICIN-SODIUM CITRATE INTRA-CATHETER SOLUTION 320 MCG/ML-4 %	4	
HUMATIN ORAL CAPSULE 250 MG	4	SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	1	
IMPAVIDO ORAL CAPSULE 50 MG	4	
INVANZ INJECTION RECON SOLN 1 GRAM	4	
<i>isoniazid injection solution 100 mg/ml</i>	4	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; ST; SP
KRINTAFEL ORAL TABLET 150 MG	EX	
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
LINCOCIN INJECTION SOLUTION 300 MG/ML	4	
<i>lincomycin injection solution 300 mg/ml</i>	4	
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
MALARONE ORAL TABLET 250-100 MG	4	
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	4	
<i>mefloquine oral tablet 250 mg</i>	1	
MEPRON ORAL SUSPENSION 750 MG/5 ML	4	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
NEBUPENT INHALATION RECON SOLN 300 MG	4	
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	4	
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
PENTAM INJECTION RECON SOLN 300 MG	4	
<i>pentamidine inhalation recon soln 300 mg</i>	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pentamidine injection recon soln 300 mg</i>	4	
PLAQUENIL ORAL TABLET 200 MG	4	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	4	
<i>praziquantel oral tablet 600 mg</i>	4	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG	4	
<i>primaquine oral tablet 26.3 mg</i>	4	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA; SP
QUALAQUIN ORAL CAPSULE 324 MG	4	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA
SIVEXTRO ORAL TABLET 200 MG	4	QL (6 per 30 days)
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	4	PA; ST
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	
STROMECTOL ORAL TABLET 3 MG	4	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	EX	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	EX	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	3	SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	SP
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	4	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	4	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; SP
TRECTOR ORAL TABLET 250 MG	4	
XENLETA ORAL TABLET 600 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	PA; QL (60 per 30 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	
ZYVOX ORAL TABLET 600 MG	4	
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	4	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML, 250-62.5 MG/5 ML	4	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	4	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	4	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	4	
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	4	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	4	
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	4	
<i>penicillin g sodium injection recon soln 5 million unit</i>	4	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	4	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 15 GRAM, 3 GRAM	4	
<b>QUINOLONES</b>		
BAXDELA ORAL TABLET 450 MG	4	
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
FACTIVE ORAL TABLET 320 MG	4	ST; QL (7 per 30 days)
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM DS ORAL TABLET 800-160 MG	4	
BACTRIM ORAL TABLET 400-80 MG	4	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<b>TETRACYCLINES</b>		
ACTICLATE ORAL TABLET 150 MG, 75 MG	EX	
AVIDOXY DK KIT 100 MG-2 % -SPF 30	EX	
<i>avidoxy oral tablet 100 mg</i>	EX	
<i>coremino oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	EX	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG	EX	
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG, 80 MG	EX	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	EX	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	EX	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
LYMEPAK ORAL TABLET 100 MG	4	PA
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	EX	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	EX	
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	EX	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	EX	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MORGIDOX 1X 50 KIT 50 MG	EX	
MORGIDOX 2X100 KIT 100 MG	EX	
<i>morgidox oral capsule 100 mg</i>	EX	
NUZYRA ORAL TABLET 150 MG	4	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	EX	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	EX	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	EX	
TARGADOX ORAL TABLET 50 MG	EX	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	EX	
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	EX	
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	EX	
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG	EX	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine oral packet 3 gram</i>	4	
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	4	
HIPREX ORAL TABLET 1 GRAM	4	
MACROBID ORAL CAPSULE 100 MG	4	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	4	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
MONUROL ORAL PACKET 3 GRAM	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	4	
<i>trimethoprim oral tablet 100 mg</i>	1	
<b>VANCOMYCIN</b>		

Drug Name	Drug Tier	Requirements / Limits
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML	EX	
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	4	
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	4	
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin oral recon soln 50 mg/ml</i>	1	

## ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

### ADJUNCTIVE AGENTS

<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	4	
<i>leucovorin calcium injection solution 10 mg/ml</i>	4	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	4	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	SP
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	4	SP; Vac

### ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg, 500 mg</i>	3	PA; SP; OCh; Vac
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA; SP; OCh; Vac
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	4	PA; ST; SP; OCh; Vac
ALECENSA ORAL CAPSULE 150 MG	3	PA; SP; OCh; Vac; QL (240 per 30 days)
ALKERAN ORAL TABLET 2 MG	4	OCh
ALUNBRIG ORAL TABLET 180 MG	4	PA; SP; OCh; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; OCh; QL (180 per 30 days)
ALUNBRIG ORAL TABLET 90 MG	4	PA; SP; OCh; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; SP; OCh; QL (1 per 30 days)
<i>anastrozole oral tablet 1 mg</i>	1	ACA PV; OCh; QL (30 per 30 days)
ARIMIDEX ORAL TABLET 1 MG	EX	
AROMASIN ORAL TABLET 25 MG	4	PA; ST; OCh; QL (30 per 30 days)
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; SP; OCh
<i>azacitidine injection recon soln 100 mg</i>	4	PA; SP; Vac
AZASAN ORAL TABLET 100 MG, 75 MG	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	4	
<i>azathioprine sodium injection recon soln 100 mg</i>	4	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; SP; OCh
<i>bexarotene oral capsule 75 mg</i>	1	PA; ST; OCh
<i>bicalutamide oral tablet 50 mg</i>	1	OCh; QL (30 per 30 days)
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	4	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; ST; SP; OCh; Vac
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	3	PA; SP; OCh; Vac
BRUKINSA ORAL CAPSULE 80 MG	4	PA; ST; SP; OCh
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; ST; SP; OCh; Vac
CALQUENCE ORAL CAPSULE 100 MG	3	PA; ST; SP; OCh
<i>capecitabine oral tablet 150 mg</i>	3	SP; OCh; Vac; QL (210 per 30 days)
<i>capecitabine oral tablet 500 mg</i>	3	SP; OCh; Vac; QL (84 per 30 days)
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; SP; OCh
CASODEX ORAL TABLET 50 MG	4	OCh
CELLCEPT ORAL CAPSULE 250 MG	4	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	4	
CELLCEPT ORAL TABLET 500 MG	4	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	4	PA; OCh
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; SP; OCh
COTELLIC ORAL TABLET 20 MG	4	PA; SP; OCh; Vac
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	4	OCh
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	OCh
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	4	
<i>cytarabine injection solution 20 mg/ml</i>	4	
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	4	PA; ST; SP; Vac
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; SP; OCh; Vac
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	3	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	3	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	3	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	3	PA; SP
EMCYT ORAL CAPSULE 140 MG	2	OCh
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; SP; Vac
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	4	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; SP; OCh; Vac
ERLEADA ORAL TABLET 60 MG	4	PA; SP; OCh; Vac
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	3	PA; SP; OCh; Vac
ERWINASE INJECTION RECON SOLN 10,000 UNIT	4	
<i>etoposide oral capsule 50 mg</i>	1	OCh
EULEXIN ORAL CAPSULE 125 MG	4	OCh
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	3	PA; SP; OCh; Vac; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA; ST; SP; OCh; Vac
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	3	PA; SP; OCh; Vac; QL (150 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	3	PA; SP; OCh; Vac; QL (90 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	3	PA; SP; OCh; Vac; QL (60 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>everolimus (immunosuppressive) oral tablet 1 mg</i>	1	PA; QL (300 per 30 days)
<i>exemestane oral tablet 25 mg</i>	1	ACA PV; OCh; QL (30 per 30 days)
EXKIVITY ORAL CAPSULE 40 MG	4	PA; SP; OCh
FARESTON ORAL TABLET 60 MG	4	PA; ST; OCh; QL (30 per 30 days)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	4	SP; OCh; Vac
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML	4	PA; ST
FEMARA ORAL TABLET 2.5 MG	4	PA; ST; OCh; QL (30 per 30 days)
FENSOLVI SUBCUTANEOUS SYRINGE 45 MG	4	PA; SP
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	4	PA; SP; Vac
<i>floxuridine injection recon soln 0.5 gram</i>	4	
<i>flutamide oral capsule 125 mg</i>	1	OCh; QL (180 per 30 days)
FOTIVDA ORAL CAPSULE 0.89 MG	4	PA; SP; OCh; QL (45 per 30 days)
FOTIVDA ORAL CAPSULE 1.34 MG	4	PA; SP; OCh; QL (30 per 30 days)
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	4	
GAVRETO ORAL CAPSULE 100 MG	3	PA; SP; OCh; Vac; QL (120 per 30 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	3	PA; SP; OCh; Vac
GLEEVEC ORAL TABLET 100 MG, 400 MG	EX	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	PA; OCh
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML	4	SP; Vac
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	3	SP; OCh; Vac
HYDREA ORAL CAPSULE 500 MG	4	OCh
<i>hydroxyurea oral capsule 500 mg</i>	1	OCh
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	3	PA; SP; OCh; Vac
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	3	PA; SP; OCh; Vac

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; ST; SP; OCh
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; SP; OCh; Vac
<i>imatinib oral tablet 100 mg</i>	3	SP; OCh; Vac; QL (90 per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	SP; OCh; Vac; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	3	PA; ST; SP; OCh
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	3	PA; ST; SP; OCh
IMLYGIC INJECTION SUSPENSION 10EXP6 (1 MILLION) PFU/ML, 10EXP8 (100 MILLION) PFU/ML	4	SP
IMURAN ORAL TABLET 50 MG	4	
INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; SP; OCh; Vac
INREBIC ORAL CAPSULE 100 MG	4	PA; SP; OCh; Vac
IRESSA ORAL TABLET 250 MG	3	PA; SP; OCh; Vac
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; SP; OCh; Vac
JELMYTO INTRA-PYELOCALYCEAL KIT 40 MG X 2	4	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	4	PA; ST; SP; OCh; Vac
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	4	PA; ST; SP; OCh; Vac
KLISYRI TOPICAL OINTMENT IN PACKET 1 %	2	PA; ST
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; SP; OCh
<i>lapatinib oral tablet 250 mg</i>	4	PA; SP; OCh; Vac; QL (180 per 30 days)
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)	4	PA; ST; SP; OCh; Vac
<i>letrozole oral tablet 2.5 mg</i>	1	ACA PV; OCh; QL (30 per 30 days)
LEUKERAN ORAL TABLET 2 MG	2	OCh
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	3	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; ST; SP; OCh; Vac
LORBRENA ORAL TABLET 100 MG	4	PA; SP; OCh; Vac; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; OCh; Vac; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; SP; OCh; Vac; QL (30 per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; ST; SP
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	4	PA; SP
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	4	PA; SP
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	4	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	4	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	4	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	4	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; ST; SP; OCh; Vac
LYSODREN ORAL TABLET 500 MG	3	SP; OCh
MATULANE ORAL CAPSULE 50 MG	4	SP; OCh
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	QL (2 per 30 days)
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	QL (1 per 30 days)
<i>megestrol oral tablet 20 mg</i>	1	OCh; QL (480 per 30 days)
<i>megestrol oral tablet 40 mg</i>	1	OCh; QL (240 per 30 days)
MEKINIST ORAL TABLET 0.5 MG, 2 MG	3	PA; ST; SP; OCh; Vac
MEKTOVI ORAL TABLET 15 MG	3	PA; SP; OCh; Vac
<i>melphalan oral tablet 2 mg</i>	1	OCh; QL (63 per 21 days)
<i>mercaptopurine oral tablet 50 mg</i>	1	OCh; QL (300 per 30 days)
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	OCh
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	PA; ST; SP; QL (120 per 30 days)
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	4	
MYLERAN ORAL TABLET 2 MG	2	OCh
NEORAL ORAL CAPSULE 100 MG, 25 MG	4	
NEORAL ORAL SOLUTION 100 MG/ML	4	
NERLYNX ORAL TABLET 40 MG	4	PA; SP; OCh; Vac; QL (180 per 30 days)
NEXAVAR ORAL TABLET 200 MG	4	PA; ST; SP; OCh; Vac
NILANDRON ORAL TABLET 150 MG	4	OCh
<i>nilutamide oral tablet 150 mg</i>	4	OCh; QL (60 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; ST; SP; OCh; Vac
NUBEQA ORAL TABLET 300 MG	4	PA; SP; OCh; Vac
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	3	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	3	SP
ODOMZO ORAL CAPSULE 200 MG	4	PA; SP; OCh; Vac; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	4	
ONUREG ORAL TABLET 200 MG	3	PA; SP; OCh; Vac; QL (21 per 30 days)
ONUREG ORAL TABLET 300 MG	3	PA; SP; OCh; Vac; QL (14 per 30 days)
ORGOVYX ORAL TABLET 120 MG	3	PA; SP; OCh
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; ST; SP; OCh; QL (28 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PHESGO SUBCUTANEOUS SOLUTION 1,200 MG-600MG- 30000 UNIT/15ML, 600 MG-600 MG- 20000 UNIT/10ML	4	PA; SP; Vac
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; OCh; Vac
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	4	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	
PURIXAN ORAL SUSPENSION 20 MG/ML	4	SP; OCh
QINLOCK ORAL TABLET 50 MG	3	PA; ST; SP; OCh; QL (90 per 30 days)
RAPAMUNE ORAL SOLUTION 1 MG/ML	4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
RETEVMO ORAL CAPSULE 40 MG, 80 MG	4	PA; SP; OCh; Vac; QL (120 per 30 days)
REZUROCK ORAL TABLET 200 MG	4	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	4	SP; Vac
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	3	PA; SP; OCh; Vac
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; ST; SP; OCh; Vac
RYDAPT ORAL CAPSULE 25 MG	4	PA; ST; SP; OCh; Vac
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; ST; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG	EX	
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	EX	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA; ST; SP

Drug Name	Drug Tier	Requirements / Limits
SIKLOS ORAL TABLET 1,000 MG, 100 MG	EX	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	PA; ACA PV; OCh
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	3	PA; SP; Vac
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	3	PA; ST; SP; OCh; Vac
STIVARGA ORAL TABLET 40 MG	4	PA; ST; SP; OCh; Vac
<i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	3	PA; SP; OCh; Vac
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; ST; SP; OCh; Vac
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	4	PA; ST; SP
TABLOID ORAL TABLET 40 MG	2	OCh
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; SP; OCh; Vac; QL (168 per 30 days)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; SP; OCh; Vac
TAGRISSE ORAL TABLET 40 MG, 80 MG	3	PA; SP; OCh; Vac
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	4	PA; SP; OCh; Vac
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	ACA PV; OCh; QL (60 per 30 days)
TARCEVA ORAL TABLET 100 MG, 150 MG	4	PA; ST; SP; OCh; Vac
TARCEVA ORAL TABLET 25 MG	3	PA; ST; SP; OCh; Vac
TARGRETIN ORAL CAPSULE 75 MG	EX	
TARGRETIN TOPICAL GEL 1 %	2	PA; ST
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; ST; SP; OCh; Vac
TASIGNA ORAL CAPSULE 50 MG	4	PA; SP; OCh; Vac
TAZVERIK ORAL TABLET 200 MG	4	PA; ST; SP; OCh
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	4	SP; OCh; Vac
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	3	SP; OCh; Vac
TEPADINA INJECTION RECON SOLN 100 MG, 15 MG	4	
TEPMETKO ORAL TABLET 225 MG	4	PA; SP; OCh; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	3	SP; OCh; Vac
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	4	
TIBSOVO ORAL TABLET 250 MG	4	PA; SP; OCh
<i>toremifene oral tablet 60 mg</i>	1	OCh
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG	4	PA
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	OCh
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	4	PA; ST; OCh; QL (15 per 30 days)
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; SP
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1), 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2), 75 MG/DAY (25 MG X 3)	4	PA; SP; OCh; QL (1 per 30 days)
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; ST; SP; OCh; QL (120 per 30 days)
TURALIO ORAL CAPSULE 200 MG	4	PA; SP; OCh
TYKERB ORAL TABLET 250 MG	4	PA; ST; SP; OCh; Vac; QL (180 per 30 days)
UKONIQ ORAL TABLET 200 MG	4	PA; OCh; QL (120 per 30 days)
VELCADE INJECTION RECON SOLN 3.5 MG	4	PA; SP; Vac
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; ST; SP; OCh
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; SP; OCh
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; ST; SP; OCh; Vac
VIDAZA INJECTION RECON SOLN 100 MG	4	PA; SP; Vac
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; OCh; Vac
VITRAKVI ORAL CAPSULE 25 MG	4	PA; ST; SP; OCh; Vac
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; SP; OCh; Vac
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	EX	
VOTRIENT ORAL TABLET 200 MG	4	PA; ST; SP; OCh; Vac
WELIREG ORAL TABLET 40 MG	4	PA; SP; OCh; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
XALKORI ORAL CAPSULE 200 MG	3	PA; SP; OCh; Vac; QL (75 per 30 days)
XALKORI ORAL CAPSULE 250 MG	3	PA; SP; OCh; Vac; QL (60 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	EX	
XELODA ORAL TABLET 150 MG, 500 MG	4	SP; OCh; Vac
XERMELO ORAL TABLET 250 MG	4	PA; ST; SP
XOSPATA ORAL TABLET 40 MG	4	PA; SP; OCh
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), 80 MG/WEEK (40 MG X 2)	3	PA; ST; SP; OCh
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; ST; SP; OCh
XTANDI ORAL CAPSULE 40 MG	3	PA; SP; OCh; Vac
XTANDI ORAL TABLET 40 MG, 80 MG	3	PA; SP; OCh; Vac
YONSA ORAL TABLET 125 MG	3	PA; SP; OCh; Vac
ZEJULA ORAL CAPSULE 100 MG	4	PA; ST; SP; OCh
ZELBORAF ORAL TABLET 240 MG	4	PA; ST; SP; OCh; Vac
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA; SP; Vac
ZOLINZA ORAL CAPSULE 100 MG	4	PA; ST; SP; OCh; Vac
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	4	
ZORTRESS ORAL TABLET 1 MG	2	
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; ST; SP; OCh; Vac; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; ST; SP; OCh; Vac; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG, 500 MG	EX	

## **AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH**

### **ANTICONVULSANTS**

APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG	EX	
BANZEL ORAL SUSPENSION 40 MG/ML	4	PA; ST
BANZEL ORAL TABLET 200 MG, 400 MG	4	PA; ST
BRIVIACT ORAL SOLUTION 10 MG/ML	4	ST; QL (2 per 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BRIVIACT ORAL TABLET 10 MG	4	ST; QL (600 per 30 days)
BRIVIACT ORAL TABLET 100 MG	4	ST; QL (60 per 30 days)
BRIVIACT ORAL TABLET 25 MG	4	ST; QL (240 per 30 days)
BRIVIACT ORAL TABLET 50 MG	4	ST; QL (120 per 30 days)
BRIVIACT ORAL TABLET 75 MG	4	ST; QL (80 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
CELONTIN ORAL CAPSULE 300 MG	4	
CEREBYX INJECTION SOLUTION 100 MG PE/2 ML, 500 MG PE/10 ML	4	
<i>clobazam oral suspension 2.5 mg/ml</i>	4	
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	
<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	4	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA; SP
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	4	
DIASTAT RECTAL KIT 2.5 MG	EX	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DILANTIN EXTENDED ORAL CAPSULE 100 MG	2	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	2	
<i>divalproex oral capsule, delayed rel sprinkle 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	4	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; SP; Vac; QL (4 per 30 days)
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	4	
<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 SUSPENSION 600 MG/5 ML	4	
FELBATOL ORAL TABLET 400 MG, 600 MG	4	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; ST; SP; QL (7 per 30 days)
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	4	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	4	PA; ST; QL (2 per 30 days)
FYCOMPA ORAL TABLET 10 MG	4	PA; ST; QL (36 per 30 days)
FYCOMPA ORAL TABLET 12 MG	4	PA; ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; ST; QL (180 per 30 days)
FYCOMPA ORAL TABLET 4 MG	4	PA; ST; QL (90 per 30 days)
FYCOMPA ORAL TABLET 6 MG	4	PA; ST; QL (60 per 30 days)
FYCOMPA ORAL TABLET 8 MG	4	PA; ST; QL (45 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	4	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	4	PA; ST
KEPPRA ORAL SOLUTION 100 MG/ML	EX	
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	EX	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	EX	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	EX	
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	EX	
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	EX	
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	EX	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	EX	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	EX	
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	EX	
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	EX	
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	EX	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	EX	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	EX	
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	EX	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<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 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	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG	EX	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	EX	
LYRICA ORAL SOLUTION 20 MG/ML	EX	
MYSOLINE ORAL TABLET 250 MG, 50 MG	4	
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; ST
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	EX	
NEURONTIN ORAL SOLUTION 250 MG/5 ML	EX	
NEURONTIN ORAL TABLET 600 MG, 800 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ONFI ORAL SUSPENSION 2.5 MG/ML	4	
ONFI ORAL TABLET 10 MG, 20 MG	4	
<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	4	PA; ST; QL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PA; ST; QL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; ST; QL (120 per 30 days)
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
<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>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	PA; ST
<i>pregabalin oral solution 20 mg/ml</i>	4	PA; ST
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	4	PA; ST
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG	4	PA; ST; QL (120 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 150 MG	4	PA; ST; QL (80 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 200 MG	4	PA; ST; QL (60 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 25 MG	4	PA; ST; QL (480 per 30 days)
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 50 MG	4	PA; ST; QL (240 per 30 days)
<i>roweepira oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	4	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SABRIL ORAL POWDER IN PACKET 500 MG	4	PA; ST; SP; Vac
SABRIL ORAL TABLET 500 MG	4	PA; ST; SP; Vac
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	PA; ST; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	4	PA; ST; QL (360 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	4	PA; ST; QL (180 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	PA; ST; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	4	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	4	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	4	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	4	
SYMPAZAN ORAL FILM 10 MG	4	PA; QL (120 per 30 days)
SYMPAZAN ORAL FILM 20 MG	4	PA; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; QL (240 per 30 days)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	4	
TEGRETOL ORAL TABLET 200 MG	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	4	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	EX	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	EX	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	EX	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	4	PA; ST; QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; ST; QL (30 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG	4	PA; ST; QL (480 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	4	PA; ST; QL (240 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
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)	4	PA; ST
<i>vigabatrin oral powder in packet 500 mg</i>	3	PA; SP; Vac
<i>vigabatrin oral tablet 500 mg</i>	3	PA; SP; Vac
<i>vigadrone oral powder in packet 500 mg</i>	3	PA; ST; SP
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA; ST; QL (6 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	ST; QL (60 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1)	2	PA; ST
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	4	PA; ST
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; ST
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)	4	PA; ST
ZARONTIN ORAL CAPSULE 250 MG	4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	4	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	EX	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; SP; Vac
AZILECT ORAL TABLET 0.5 MG, 1 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>benztropine injection solution 1 mg/ml</i>	4	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
COGENTIN INJECTION SOLUTION 1 MG/ML	4	
COMTAN ORAL TABLET 200 MG	4	
DHIVY ORAL TABLET 25-100 MG	4	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	SP; Vac
<i>entacapone oral tablet 200 mg</i>	1	
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG	EX	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; ST; SP
LODOSYN ORAL TABLET 25 MG	4	
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	4	
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	EX	
NOURIANZ ORAL TABLET 20 MG, 40 MG	4	PA; ST; SP; Vac
ONGENTYS ORAL CAPSULE 25 MG	2	PA; ST
ONGENTYS ORAL CAPSULE 50 MG	4	PA; ST
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 322 MG/DAY(129 MG X1-193MG X1)	EX	
PARLODEL ORAL CAPSULE 5 MG	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PARLODEL ORAL TABLET 2.5 MG	4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<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	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	EX	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
STALEVO 100 ORAL TABLET 25-100-200 MG	4	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4	
STALEVO 200 ORAL TABLET 50-200-200 MG	4	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4	
TASMAR ORAL TABLET 100 MG	4	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG	EX	
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG	EX	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; ST
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; ST
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (18 per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG	EX	
CAFERGOT ORAL TABLET 1-100 MG	EX	
D.H.E.45 INJECTION SOLUTION 1 MG/ML	EX	
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	4	QL (8 per 30 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL (18 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; ST
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; ST
ERGOMAR SUBLINGUAL TABLET 2 MG	EX	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
FROVA ORAL TABLET 2.5 MG	EX	
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL (18 per 30 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION, 5 MG/ACTUATION	EX	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	EX	
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	EX	
MAXALT ORAL TABLET 10 MG	EX	
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	EX	
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	EX	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	4	PA; ST; QL (16 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	4	PA
RELPAZ ORAL TABLET 20 MG, 40 MG	EX	
REYVOW ORAL TABLET 100 MG, 50 MG	4	PA; ST; QL (16 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL (8 per 30 days)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	EX	
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	4	QL (18 per 30 days)
TREXIMET ORAL TABLET 85-500 MG	EX	
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	4	
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; ST; QL (16 per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	EX	
ZOLMITRIPTAN NASAL SPRAY, NON-AEROSOL 2.5 MG	4	
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	4	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL (18 per 30 days)
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	EX	
ZOMIG ORAL TABLET 2.5 MG, 5 MG	EX	
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	EX	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	3	PA; SP; Vac
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; SP; Vac; QL (60 per 30 days)
<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	4	PA; SP; Vac; QL (3 per 30 days)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	4	
FIRDAPSE ORAL TABLET 10 MG	4	PA; ST; SP
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	EX	
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21)	EX	
INGREZZA ORAL CAPSULE 40 MG, 80 MG	EX	
KEVEYIS ORAL TABLET 50 MG	4	PA; ST; SP; QL (120 per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	4	
<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	2	
NAMENDA ORAL TABLET 10 MG, 5 MG	4	
NAMENDA TITRATION PAK ORAL TABLETS, DOSE PACK 5-10 MG	4	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG	EX	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 14 MG, 21 MG, 28 MG, 7 MG	EX	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	4	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	4	

Drug Name	Drug Tier	Requirements / Limits
NUEDEXTA ORAL CAPSULE 20-10 MG	4	PA; ST; QL (60 per 30 days)
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	4	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
RUZURGI ORAL TABLET 10 MG	4	PA; SP
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	PA; SP; Vac
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	3	SP; Vac
XENAZINE ORAL TABLET 12.5 MG, 25 MG	EX	
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; SP; Vac; QL (30 per 30 days)
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	4	PA; SP; Vac; QL (30 per 30 days)
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; SP; Vac; QL (30 per 30 days)
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR 15 MG, 30 MG	EX	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	4	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1	PA
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	1	ST
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i>	EX	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	4	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG	EX	
LORZONE ORAL TABLET 375 MG, 750 MG	4	PA; ST
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	
MESTINON ORAL SYRUP 60 MG/5 ML	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MESTINON ORAL TABLET 60 MG	EX	
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG	EX	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	4	
<i>methocarbamol injection solution 100 mg/ml</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	EX	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	4	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	4	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	EX	
OZOBAX ORAL SOLUTION 5 MG/5 ML	4	PA; ST
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	4	
ROBAXIN INJECTION SOLUTION 100 MG/ML	4	
SKELAXIN ORAL TABLET 800 MG	4	
SOMA ORAL TABLET 250 MG, 350 MG	4	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	EX	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vanadom oral tablet 350 mg</i>	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	EX	
ZANAFLEX ORAL TABLET 4 MG	4	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	PA
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	PA
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	EX	
ALLZITAL ORAL TABLET 25-325 MG	EX	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	EX	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	PA
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	4	PA; ST
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	EX	
BUPAP ORAL TABLET 50-300 MG	EX	
BUPRENEX INJECTION SOLUTION 0.3 MG/ML	4	PA; ST
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	4	PA
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	4	PA
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	4	PA; ST
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	PA
<i>butalbital-acetaminop-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	4	PA
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	EX	
<i>butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg</i>	EX	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR	EX	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	PA
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	PA
DEMEROL (PF) INJECTION SOLUTION 100 MG/2 ML	4	PA; ST
DEMEROL (PF) INJECTION SYRINGE 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML	4	PA; ST
DEMEROL INJECTION SOLUTION 50 MG/ML	4	PA; ST
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML, 4 MG/ML	4	PA; ST
DILAUDID ORAL LIQUID 1 MG/ML	4	PA; ST
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	4	PA; ST
<i>diskets oral tablet, soluble 40 mg</i>	1	PA
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	4	
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	PA; ST
<i>dvorah oral tablet 325-30-16 mg</i>	4	PA
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
ESGIC ORAL CAPSULE 50-325-40 MG	EX	
ESGIC ORAL TABLET 50-325-40 MG	EX	
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR 10 MCG/ML	2	PA
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i>	4	ST
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	4	PA; ST
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	4	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION SOLUTION 2-0.2 MCG/ML-%	4	PA; ST
FENTORA BUCCAL TABLET, EFFERVESCENT 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	EX	
FIORICET ORAL CAPSULE 50-300-40 MG	EX	
FIORICET WITH CODEINE ORAL CAPSULE 50-300-40-30 MG	EX	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	4	PA; ST; QL (60 per 30 days)
<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; ST
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	PA
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	PA; ST
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	PA
HYDROMORPHONE (PF) IN WATER INJECTION SYRINGE 1 MG/ML, 2 MG/2 ML (1 MG/ML)	4	PA; ST
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	4	PA; ST
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	4	PA; ST
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	4	PA; ST
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	4	PA
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	PA; ST
<i>hydromorphone oral liquid 1 mg/ml</i>	1	PA
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydromorphone rectal suppository 3 mg</i>	1	PA
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	PA; ST
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	4	PA; ST
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 400 MCG/SPRAY	EX	
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	EX	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	4	PA; ST
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	4	PA; ST
<i>meperidine oral solution 50 mg/5 ml</i>	1	PA
<i>meperidine oral tablet 50 mg</i>	1	PA
<i>methadone injection solution 10 mg/ml</i>	4	PA
<i>methadone oral concentrate 10 mg/ml</i>	1	PA
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA
<i>methadone oral tablet 10 mg, 5 mg</i>	1	PA
<i>methadone oral tablet,soluble 40 mg</i>	1	PA
<i>methadose oral concentrate 10 mg/ml</i>	4	PA; ST
<i>methadose oral tablet,soluble 40 mg</i>	1	PA; ST
MITIGO (PF) INJECTION SOLUTION 10 MG/ML, 25 MG/ML	EX	
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 1 MG/ML	4	PA
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)	4	PA; ST
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	4	PA; ST
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	PA
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION PT CONTROLLED ANALGESIA SYRING 55 MG/55 ML (1 MG/ML)	4	PA; ST
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	4	PA; ST
<i>morphine injection solution 8 mg/ml</i>	4	PA; ST
<i>morphine injection syringe 10 mg/ml, 8 mg/ml</i>	4	PA; ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MORPHINE INJECTION SYRINGE 2 MG/ML	4	PA
<i>morphine injection syringe 4 mg/ml</i>	4	PA
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML	4	PA; ST
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 50 mg, 80 mg</i>	1	PA; QL (90 per 30 days)
<i>morphine oral capsule, extend.release pellets 30 mg, 60 mg</i>	1	PA; QL (60 per 30 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	PA
<i>morphine oral tablet 15 mg, 30 mg</i>	1	PA
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL (120 per 30 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	4	PA; ST; QL (120 per 30 days)
NALOCET ORAL TABLET 2.5-300 MG	4	PA; ST
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	4	PA; ST
<i>oxycodone oral capsule 5 mg</i>	1	PA
<i>oxycodone oral concentrate 20 mg/ml</i>	1	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	1	PA
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	PA
<i>oxycodone oral tablet 30 mg</i>	1	PA; ST
OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	EX	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	4	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg</i>	4	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG	2	PA; QL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 60 MG, 80 MG	2	PA; QL (120 per 30 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	PA
<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 (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	EX	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	4	PA; ST
PROLATE ORAL SOLUTION 10-300 MG/5 ML	2	PA
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	PA; ST
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	EX	
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	EX	
<i>tencon oral tablet 50-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG	4	PA; ST
<i>vtol lq oral solution 50-325-40 mg/15 ml</i>	EX	
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG	EX	
<i>zebutal oral capsule 50-325-40 mg</i>	EX	
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
ANAPROX DS ORAL TABLET 550 MG	4	
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	4	
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	4	
<i>aspirin low dose oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
<i>aspirin oral tablet 325 mg</i>	1	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>aspirin oral tablet,chewable 81 mg</i>	1	ACA PV
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	4	ACA PV
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA PV
<i>aspir-trin oral tablet,delayed release (dr/ec) 325 mg</i>	4	ACA PV
<i>bayer aspirin oral tablet 325 mg</i>	1	ACA PV
BAYER CHEWABLE ASPIRIN ORAL TABLET,CHEWABLE 81 MG	2	ACA PV
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	4	PA; ST
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	PA; QL (2 per 30 days)
CAMBIA ORAL POWDER IN PACKET 50 MG	EX	
<i>cataflam oral tablet 50 mg</i>	1	
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	EX	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
<i>children's aspirin oral tablet,chewable 81 mg</i>	1	ACA PV
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	1	
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	4	PA; ST
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	4	PA; ST
DAYPRO ORAL TABLET 600 MG	4	
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	EX	
DICLOFENAC POTASSIUM ORAL TABLET 25 MG	4	PA
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>diclofenac sodium topical gel 1 %</i>	1	
DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG	4	ST
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	4	
<i>diflunisal oral tablet 500 mg</i>	1	
DISALCID ORAL TABLET 500 MG, 750 MG	4	
DUEXIS ORAL TABLET 800-26.6 MG	EX	
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	4	
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA PV
<i>ecotrin oral tablet,delayed release (dr/ec) 325 mg</i>	1	ACA PV
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG	EX	
FENOPROFEN ORAL CAPSULE 200 MG, 400 MG	EX	
<i>fenoprofen oral tablet 600 mg</i>	EX	
FENORTHO ORAL CAPSULE 200 MG	EX	
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	EX	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	4	PA
INDOCIN ORAL SUSPENSION 25 MG/5 ML	EX	
INDOCIN RECTAL SUPPOSITORY 50 MG	EX	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
INDOMETHACIN SUBMICRONIZED ORAL CAPSULE 20 MG	4	ST
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	
<i>ketorolac injection cartridge 15 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
KETOROLAC NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	EX	
<i>ketorolac oral tablet 10 mg</i>	1	
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	4	
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	4	
LODINE ORAL TABLET 400 MG	4	
<i>lofena oral tablet 25 mg</i>	4	
LUCEMYRA ORAL TABLET 0.18 MG	EX	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	4	
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	1	
MOBIC ORAL TABLET 15 MG, 7.5 MG	4	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	4	PA; ST
NALFON ORAL CAPSULE 400 MG	EX	
NALFON ORAL TABLET 600 MG	EX	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	EX	
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	4	
NAPROSYN ORAL TABLET 500 MG	4	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	EX	
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	EX	
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	EX	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	EX	
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	EX	
<i>oxaprozin oral tablet 600 mg</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %)	EX	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
QDOLO ORAL SOLUTION 5 MG/ML	4	PA; ST
RELAFEN DS ORAL TABLET 1,000 MG	4	ST
RELAFEN ORAL TABLET 500 MG, 750 MG	4	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY	EX	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	4	ACA PV
<i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	4	ACA PV
SUBOXONE SUBLINGUAL FILM 12-3 MG	4	QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG	4	QL (90 per 30 days)
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
TIVORBEX ORAL CAPSULE 20 MG	EX	
<i>tolmetin oral capsule 400 mg</i>	1	
<i>tolmetin oral tablet 200 mg, 600 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	4	PA; ST
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	4	PA; ST
TRAMADOL ORAL TABLET 100 MG	4	PA; ST
<i>tramadol oral tablet 50 mg</i>	1	PA
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	PA
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	PA
ULTRACET ORAL TABLET 37.5-325 MG	4	PA; ST
ULTRAM ORAL TABLET 50 MG	4	PA; ST
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG	EX	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	4	SP
VIVLODEX ORAL CAPSULE 10 MG, 5 MG	EX	
ZIPSOR ORAL CAPSULE 25 MG	EX	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG	EX	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	4	QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	4	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	4	QL (60 per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	4	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	4	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	PA; ST
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	

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	4	PA; ST
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	EX	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	4	
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG	EX	
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	4	
ADDYI ORAL TABLET 100 MG	2	PA
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	4	PA; ST
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	4	ST
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	4	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<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	EX	
AMBIEN ORAL TABLET 10 MG, 5 MG	EX	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
AMPHETAMINE ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML	4	ST
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	4	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	4	ST
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	PA; ST
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	4	
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	4	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	4	
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML	4	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	4	PA; ST
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	ST
BRISDELLE ORAL CAPSULE 7.5 MG	4	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	PA; ST
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
CAPLYTA ORAL CAPSULE 42 MG	4	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	4	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine injection solution 25 mg/ml</i>	4	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<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, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	4	
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	EX	
COTEMPLA XR-ODT ORAL TABLET, DISINTEGRATING BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	4	ST
CYMBALTA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 20 MG, 30 MG, 60 MG	4	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	4	ST
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	PA; ST
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	4	
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	4	ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	4	
<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	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	
<i>dextroamphetamine oral tablet 15 mg, 20 mg, 30 mg</i>	4	
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	4	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
DORAL ORAL TABLET 15 MG	EX	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	4	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	4	PA; ST
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	4	ST
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	4	ST
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	ST
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	4	
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	4	PA; ST
EVEKEO ORAL TABLET 10 MG, 5 MG	4	
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	4	PA; ST
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	4	PA; ST
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<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</i>	1	
<i>fluoxetine oral tablet 60 mg</i>	1	PA
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	4	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	4	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	EX	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	4	PA; ST
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	4	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	4	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
HALCION ORAL TABLET 0.25 MG	4	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	4	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	4	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	3	PA; ST; SP; Vac
HETLIOZ ORAL CAPSULE 20 MG	4	PA; ST; SP; Vac
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	4	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	EX	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	4	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	4	
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	4	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	ST
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	4	
KETAMINE SUBLINGUAL TROCHE 100 MG	4	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA; ST
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	4	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	4	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml</i>	4	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	EX	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	4	ST
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	4	
<i>methamphetamine oral tablet 5 mg</i>	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	4	
<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>	4	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	PA; ST
<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>midazolam (pf) injection solution 1 mg/ml, 5 mg/ml</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	4	
MIDAZOLAM IN NAACL, ISO-OSMOTIC INJECTION SYRINGE 2 MG/2 ML (1 MG/ML)	4	PA
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	4	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	ST
NARDIL ORAL TABLET 15 MG	4	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; SP; Vac
NUPLAZID ORAL TABLET 10 MG	4	PA; SP; Vac

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG	EX	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	4	
PARNATE ORAL TABLET 10 MG	4	
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	4	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	4	
PAXIL ORAL SUSPENSION 10 MG/5 ML	4	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	4	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	4	ST
PEXEVA ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	EX	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	4	
<i>procentra oral solution 5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
PROVIGIL ORAL TABLET 100 MG, 200 MG	EX	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG	4	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	4	PA
QUAZEPAM ORAL TABLET 15 MG	EX	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	4	
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	4	ST
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	4	ST
<i>ramelteon oral tablet 8 mg</i>	4	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	ST
REMERON ORAL TABLET 15 MG, 30 MG	4	
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG	4	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	4	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	PA; ST
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	4	
RISPERDAL ORAL SOLUTION 1 MG/ML	4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	4	
ROZEREM ORAL TABLET 8 MG	EX	
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	4	ST
<i>seconal sodium oral capsule 100 mg</i>	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	4	ST
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	EX	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	EX	
SERTRALINE ORAL CAPSULE 150 MG, 200 MG	4	ST
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG	4	
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; ST; SP
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG	EX	
SUNOSI ORAL TABLET 150 MG	4	PA; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	4	PA; QL (60 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TRANXENE T-TAB ORAL TABLET 7.5 MG	4	
<i>tranylcypromine oral tablet 10 mg</i>	1	
<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	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG	EX	
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	4	PA; ST
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	EX	
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	4	ST
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	4	PA; ST
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6)	4	PA; ST
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA; SP
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	4	PA; ST
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	4	PA; ST
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	4	PA; ST; SP; Vac; QL (60 per 30 days)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	4	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	4	
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	EX	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 0.5 MG, 1 MG, 2 MG, 3 MG	EX	
XYREM ORAL SOLUTION 500 MG/ML	4	PA; SP; QL (3 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; ST; SP; QL (3 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	4	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>	4	
ZOLOFT ORAL CONCENTRATE 20 MG/ML	4	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	4	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	ST
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	4	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	4	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	4	
ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	4	

## **CARDIOVASCULAR, HYPERTENSION & LIPIDS**

### **ANTIARRHYTHMIC AGENTS**

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	4	
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	4	
<i>bretylum tosylate injection solution 50 mg/ml</i>	4	
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
MULTAQ ORAL TABLET 400 MG	4	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NORPACE ORAL CAPSULE 100 MG, 150 MG	4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	4	
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	4	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	4	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG	EX	
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	4	
ACCURETIC ORAL TABLET 20-25 MG	4	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG	4	
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG	4	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	4	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	4	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	4	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	4	ST
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	ST
<i>amlodipine-valsartan-hcthiazyd 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	EX	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	EX	
<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	EX	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG	EX	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	EX	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	EX	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	EX	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG	4	
<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 injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	ST
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	4	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<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	4	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	4	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	EX	
<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	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	4	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	4	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	4	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	4	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG	4	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	EX	
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	EX	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	4	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	EX	
DEMSER ORAL CAPSULE 250 MG	4	
DIBENZYLINE ORAL CAPSULE 10 MG	4	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	EX	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	EX	
DIURIL ORAL SUSPENSION 250 MG/5 ML	4	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG	4	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG	4	
EDARBI ORAL TABLET 40 MG, 80 MG	EX	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	EX	
EDECRIN ORAL TABLET 25 MG	4	
<i>enalapril maleate oral solution 1 mg/ml</i>	4	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>eprosartan oral tablet 600 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
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	EX	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	EX	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	4	
<i>furosemide injection syringe 10 mg/ml</i>	4	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	EX	
<i>hydralazine injection solution 20 mg/ml</i>	4	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	EX	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	EX	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	EX	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
INSPIRA ORAL TABLET 25 MG, 50 MG	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>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	EX	
KATERZIA ORAL SUSPENSION 1 MG/ML	EX	
KERENDIA ORAL TABLET 10 MG	4	PA; ST; QL (60 per 30 days)
KERENDIA ORAL TABLET 20 MG	4	PA; ST; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	4	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	4	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	EX	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
MAXZIDE ORAL TABLET 75-50 MG	4	
MAXZIDE-25MG ORAL TABLET 37.5-25 MG	4	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	4	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	4	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	EX	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG	EX	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	4	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	4	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<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>	4	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	EX	
NYMALIZE ORAL SOLUTION 60 MG/10 ML	4	
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	4	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<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>	4	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	ST
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	4	PA; SP; Vac
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	
<i>phentolamine injection recon soln 5 mg</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG	4	ST
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	4	
<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>	4	
QBRELIS ORAL SOLUTION 1 MG/ML	4	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	4	SP; Vac
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTRNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	4	
TEKTRNA ORAL TABLET 150 MG, 300 MG	4	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	ST
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG	4	
TENORETIC 50 ORAL TABLET 50-25 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	4	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG	4	
<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	4	
<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	4	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	4	ST
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	4	SP; Vac
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
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	EX	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SP; Vac
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; SP; Vac
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<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	
VASERETIC ORAL TABLET 10-25 MG	4	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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 ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG	4	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLETT CT 100 MG, 200 MG, 300 MG	4	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	4	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	4	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	4	
<b>CARDIAC GLYCOSIDES</b>		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4	
<b>COAGULATION THERAPY</b>		
AMICAR ORAL SOLUTION 250 MG/ML (25 %)	4	
AMICAR ORAL TABLET 1,000 MG, 500 MG	4	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	4	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	4	
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	4	SP
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	4	



Drug Name	Drug Tier	Requirements / Limits
ASPIRIN-OMEPRAZOLE ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	EX	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	3	PA; SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	3	PA; SP; Vac
EFFIENT ORAL TABLET 10 MG, 5 MG	4	
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	3	SP
<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>	3	SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	4	SP
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	4	SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	4	PA; SP; Vac
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	4	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	4	
<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	EX	
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	EX	
MEPHYTON ORAL TABLET 5 MG	4	
MULPLETA ORAL TABLET 3 MG	EX	
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	4	SP; Vac
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	4	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	4	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	EX	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	EX	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; ST; SP; Vac
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; SP; Vac
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	4	PA; ST; SP; Vac
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	EX	
TAVALISSE ORAL TABLET 100 MG, 150 MG	EX	
<i>vitamin k injection solution 1 mg/0.5 ml</i>	4	
<i>vitamin k1 injection solution 10 mg/ml</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	
YOSPRALA ORAL TABLET,IR,DELAYED REL,BIPHASIC 325-40 MG, 81-40 MG	EX	
ZONTIVITY ORAL TABLET 2.08 MG	4	
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG	EX	
<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>	4	ST
ANTARA ORAL CAPSULE 30 MG, 90 MG	4	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA PV
<i>atorvastatin oral tablet 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	4	ST
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	4	
<i>colesevelam oral tablet 625 mg</i>	4	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	4	
COLESTID ORAL GRANULES 5 GRAM	4	
COLESTID ORAL PACKET 5 GRAM	4	
COLESTID ORAL TABLET 1 GRAM	4	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	EX	
<i>ezetimibe oral tablet 10 mg</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	PA
<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, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	4	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	2	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	4	
FIBRICOR ORAL TABLET 105 MG, 35 MG	4	
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	EX	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	4	ACA PV
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	ACA PV
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA; ST; QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	4	PA; SP; Vac; QL (30 per 30 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	4	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	EX	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	4	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	EX	
LOPID ORAL TABLET 600 MG	4	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LOVAZA ORAL CAPSULE 1 GRAM	4	
NEXLETOL ORAL TABLET 180 MG	4	PA; ST
NEXLIZET ORAL TABLET 180-10 MG	4	PA; ST
<i>niacin oral tablet 500 mg</i>	4	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	4	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG	4	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	4	
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	EX	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA PV
<i>prevalite oral powder 4 gram</i>	4	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	4	
QUESTRAN ORAL POWDER 4 GRAM	4	
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	4	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; ST
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; ST
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; ST
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA PV
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	PA
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA PV
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR ORAL TABLET 145 MG, 48 MG	EX	
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG	4	
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA; ST; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VYTORIN 10-10 ORAL TABLET 10-10 MG	EX	
VYTORIN 10-20 ORAL TABLET 10-20 MG	EX	
VYTORIN 10-40 ORAL TABLET 10-40 MG	EX	
VYTORIN 10-80 ORAL TABLET 10-80 MG	EX	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	EX	
WELCHOL ORAL TABLET 625 MG	EX	
ZETIA ORAL TABLET 10 MG	EX	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	EX	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	EX	
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	4	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	PA; ST
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG	EX	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	4	ST
VECAMYL ORAL TABLET 2.5 MG	4	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; ST
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; SP; Vac
VYNDAQEL ORAL CAPSULE 20 MG	4	PA; SP; Vac
<b>NITRATES</b>		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	4	
ISORDIL ORAL TABLET 40 MG	4	
ISORDIL TITRADOSE ORAL TABLET 5 MG	4	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	2	PA; ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>nitro-bid transdermal ointment 2 %</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	4	PA; ST; QL (30 per 30 days)
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	4	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	4	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	2	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

## DERMATOLOGICALS/TOPICAL THERAPY

### ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	4	
<i>calcipotriene scalp solution 0.005 %</i>	1	
<i>calcipotriene topical cream 0.005 %</i>	1	
CALCIPOTRIENE TOPICAL FOAM 0.005 %	EX	
<i>calcipotriene topical ointment 0.005 %</i>	1	
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	EX	
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	4	
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	EX	
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	EX	
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	EX	
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	EX	

Drug Name	Drug Tier	Requirements / Limits
DOVONEX TOPICAL CREAM 0.005 %	4	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	EX	
EPIFOAM TOPICAL FOAM 1-1 %	4	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; ST; SP; Vac; QL (1 per 90 days)
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	EX	
OVACE PLUS TOPICAL CLEANSER 10 %	EX	
OVACE PLUS TOPICAL CREAM 10 %	EX	
OVACE PLUS TOPICAL FOAM 9.8 %	EX	
OVACE PLUS TOPICAL LOTION 9.8 %	EX	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	EX	
OVACE TOPICAL CLEANSER 10 %	4	
PLEXION NS TOPICAL SHAMPOO 9.8 %	4	
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	4	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	4	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	4	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX TOPICAL SHAMPOO 2.3 %	4	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	EX	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; ST; SP; Vac; QL (1 per 90 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; ST; SP; Vac; QL (1 per 90 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	3	PA; ST; SP; Vac; QL (1 per 90 days)
SORILUX TOPICAL FOAM 0.005 %	EX	
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; ST; SP; Vac; QL (1 per 90 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; ST; SP; Vac; QL (1 per 90 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	3	PA; ST; SP; Vac; QL (1 per 60 days)
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 9.8 %</i>	4	
TACLONEX TOPICAL OINTMENT 0.005-0.064 %	EX	
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	EX	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; ST; SP; Vac; QL (1 per 30 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; ST; SP; Vac; QL (1 per 30 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; ST; SP; Vac; QL (1 per 30 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	3	PA; ST; SP; Vac; QL (1 per 30 days)
TERSI FOAM TOPICAL FOAM 2.25 %	4	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; ST; SP; Vac; QL (1 per 60 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; ST; SP; Vac; QL (1 per 60 days)
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	EX	
<b>BURN THERAPY</b>		
SILVADENE TOPICAL CREAM 1 %	2	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
<b>KERATOLYTICS</b>		
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	4	ST
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	4	ST
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
AMELUZ TOPICAL GEL 10 %	4	
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	4	
CARAC TOPICAL CREAM 0.5 %	EX	
CONDYLOX TOPICAL GEL 0.5 %	EX	
CORTANE-B TOPICAL LOTION 1-1-0.1 %	4	
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical cream 5 %</i>	EX	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; Vac; QL (2 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; ST; SP; Vac; QL (2 per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	4	PA; ST; SP; Vac; QL (6 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	4	PA; ST; SP; Vac; QL (2 per 30 days)
EFUDEX TOPICAL CREAM 5 %	4	
ELIDEL TOPICAL CREAM 1 %	EX	
EUCRISA TOPICAL OINTMENT 2 %	4	PA; ST
FLUOROPLEX TOPICAL CREAM 1 %	EX	
FLUOROURACIL TOPICAL CREAM 0.5 %	EX	
<i>fluorouracil topical cream 5 %</i>	4	PA; ST
<i>fluorouracil topical solution 2 %, 5 %</i>	1	PA; ST
<i>iodine-sodium iodide topical tincture 2 %</i>	4	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	4	
IODOSORB TOPICAL GEL 0.9 %	4	
LEVULAN TOPICAL SOLUTION 20 %	4	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	4	
<i>methyl salicylate oil</i>	4	
<i>methyl salicylate topical liquid</i>	4	
OPZELURA TOPICAL CREAM 1.5 %	4	PA; ST
PANRETIN TOPICAL GEL 0.1 %	4	
<i>pimecrolimus topical cream 1 %</i>	1	
<i>podofilox topical solution 0.5 %</i>	1	
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	4	PA; ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>pradoxin topical cream 5 %</i>	4	
QBREXZA TOPICAL TOWELETTE 2.4 %	EX	
REGRANEX TOPICAL GEL 0.01 %	4	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	4	PA; SP
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	
TOLAK TOPICAL CREAM 4 %	4	PA; ST
UVADEX INJECTION SOLUTION 20 MCG/ML	4	
VALCHLOR TOPICAL GEL 0.016 %	4	PA; ST; SP; Vac
VEREGEN TOPICAL OINTMENT 15 %	EX	
<i>wintergreen oil oil</i>	4	
ZONALON TOPICAL CREAM 5 %	EX	
<b>THERAPY FOR ACNE</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	EX	
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	EX	
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 %	EX	
<i>accutane oral capsule 20 mg, 30 mg, 40 mg</i>	4	
ACZONE TOPICAL GEL 5 %	4	
ACZONE TOPICAL GEL WITH PUMP 7.5 %	EX	
<i>adapalene topical cream 0.1 %</i>	EX	
<i>adapalene topical gel 0.3 %</i>	EX	
<i>adapalene topical gel with pump 0.3 %</i>	EX	
ADAPALENE TOPICAL LOTION 0.1 %	EX	
<i>adapalene topical solution 0.1 %</i>	EX	
<i>adapalene topical swab 0.1 %</i>	EX	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	EX	
AKLIEF TOPICAL CREAM 0.005 %	4	ST
ALTRENO TOPICAL LOTION 0.05 %	EX	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	PA; ST
AMZEEQ TOPICAL FOAM 4 %	EX	
ARAZLO TOPICAL LOTION 0.045 %	EX	
ATRALIN TOPICAL GEL 0.05 %	EX	

Drug Name	Drug Tier	Requirements / Limits
AVAR LS TOPICAL CLEANSER 10-2 %	4	
AVAR LS TOPICAL FOAM 10-2 %	4	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	4	
<i>avar topical cleanser 10-5 % (w/w)</i>	4	
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	4	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	4	
AVAR-E LS TOPICAL CREAM 10-2 %	4	
<i>avita topical cream 0.025 %</i>	1	
AVITA TOPICAL GEL 0.025 %	4	ST
<i>azelaic acid topical gel 15 %</i>	4	
AZELEX TOPICAL CREAM 20 %	EX	
BENZAACLIN PUMP TOPICAL GEL WITH PUMP 1-5 %	EX	
BENZAACLIN TOPICAL GEL 1-5 %	EX	
BENZAMYCIN TOPICAL GEL 3-5 %	4	
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	4	
<i>benzepro topical towelette 6 %</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 9.8 %</i>	EX	
<i>bp 10-1 topical cleanser 10-1 %</i>	4	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA; ST
CLENIA PLUS TOPICAL SUSPENSION 9-4.25 %	2	
CLEOCIN T TOPICAL LOTION 1 %	4	
CLINDACIN ETZ TOPICAL KIT 1 %	EX	
<i>clindacin etz topical swab 1 %</i>	EX	
<i>clindacin p topical swab 1 %</i>	EX	
CLINDACIN PAC TOPICAL KIT 1 %	EX	
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 %	EX	
<i>clindamycin phosphate topical foam 1 %</i>	EX	
<i>clindamycin phosphate topical gel 1 %</i>	1	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	EX	
<i>clindamycin phosphate topical lotion 1 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>clindamycin phosphate topical solution 1 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	4	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	EX	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	EX	
<i>dapsone topical gel 5 %</i>	4	
<i>dapsone topical gel with pump 7.5 %</i>	4	
DIFFERIN TOPICAL CREAM 0.1 %	EX	
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	EX	
DIFFERIN TOPICAL LOTION 0.1 %	EX	
ENZOCLEAR TOPICAL FOAM 9.8 %	4	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	EX	
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	4	
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
EVOCLIN TOPICAL FOAM 1 %	EX	
FABIOR TOPICAL FOAM 0.1 %	EX	
FINACEA TOPICAL FOAM 15 %	4	ST
FINACEA TOPICAL GEL 15 %	4	
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	4	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>ivermectin topical cream 1 %</i>	4	
METROCREAM TOPICAL CREAM 0.75 %	4	
METROGEL TOPICAL GEL 1 %	4	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	EX	
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA; ST
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	EX	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	EX	
NORITATE TOPICAL CREAM 1 %	EX	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	EX	
PACNEX TOPICAL CLEANSER 7 %	4	
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	4	
PLEXION TOPICAL CLEANSER 9.8-4.8 %	4	
PLEXION TOPICAL CREAM 9.8-4.8 %	4	
PLEXION TOPICAL LOTION 9.8-4.8 %	4	
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	4	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	EX	
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	EX	
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	4	ST
RETIN-A TOPICAL GEL 0.01 %, 0.025 %	4	ST
RHOFADE TOPICAL CREAM 1 %	EX	
<i>rosadan topical cream 0.75 %</i>	4	
<i>rosadan topical gel 0.75 %</i>	4	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	EX	
ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	EX	
ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	4	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	4	
ROSULA TOPICAL CLEANSER 10-4.5 %	4	
SOOLANTRA TOPICAL CREAM 1 %	4	ST
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
<i>sss 10-5 topical foam 10-5 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> , 10-5 % (w/w), 9.8-4.8 %	4	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i> , 10-5 % (w/w), 9.8-4.8 %	4	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i> , 9.8-4.8 %	4	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i>	4	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %</i>	EX	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	4	
SUMADAN TOPICAL CLEANSER 9-4.5 %	4	
SUMADAN TOPICAL KIT 9-4.5 %	4	ST
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % - SPF 25	4	ST
SUMAXIN CP TOPICAL KIT 10-4 %	4	ST
SUMAXIN TOPICAL CLEANSER 9-4 %	4	
SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	4	
SUMAXIN TS TOPICAL SUSPENSION 8-4 %	4	
<i>tazarotene topical cream 0.1 %</i>	4	ST
TAZAROTENE TOPICAL FOAM 0.1 %	4	PA
TAZORAC TOPICAL CREAM 0.05 %, 0.1 %	EX	
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	EX	
<i>tretinoin microspheres topical gel 0.04 %</i> , 0.1 %	1	
<i>tretinoin microspheres topical gel with pump 0.04 %</i> , 0.1 %	EX	
<i>tretinoin topical cream 0.025 %</i> , 0.05 %, 0.1 %	1	
<i>tretinoin topical gel 0.01 %</i> , 0.025 %, 0.05 %	1	
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	2	
VELTIN TOPICAL GEL 1.2-0.025 %	EX	
WINLEVI TOPICAL CREAM 1 %	4	PA; ST
<i>zenatane oral capsule 10 mg</i> , 20 mg, 30 mg, 40 mg	1	PA; ST
ZIANA TOPICAL GEL 1.2-0.025 %	EX	
ZILXI TOPICAL FOAM 1.5 %	EX	

Drug Name	Drug Tier	Requirements / Limits
<b>TOPICAL ANESTHETICS</b>		
COCAINE NASAL SOLUTION 4 %	4	
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	
GOPRELTO NASAL SOLUTION 4 %	4	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	4	
LIDOCAINE (PF) INJECTION SYRINGE 100 MG/5 ML (2 %), 200 MG/10 ML (2 %), 60 MG/3 ML (2 %)	4	
<i>lidocaine (pf) injection syringe 50 mg/5 ml (1 %)</i>	4	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	4	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	
<i>lidocaine topical ointment 5 %</i>	1	
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	4	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	EX	
LIDOCAINE-TETRACAINE TOPICAL CREAM 7-7 %	EX	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED 5 %	EX	
NUMBRINO NASAL SOLUTION 4 %	4	
PLIAGLIS TOPICAL CREAM 7-7 %	4	ST
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG	EX	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	4	



Drug Name	Drug Tier	Requirements / Limits
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	4	
XYLOCAINE-MPF INJECTION SOLUTION 10 MG/ML (1 %), 15 MG/ML (1.5 %), 20 MG/ML (2 %), 5 MG/ML (0.5 %)	4	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	EX	
<b>TOPICAL ANTIBACTERIALS</b>		
ALCORTIN A TOPICAL GEL 2-1-1 %	EX	
ALCORTIN A TOPICAL GEL IN PACKET 2-1-1 %	EX	
ALTABAX TOPICAL OINTMENT 1 %	4	
CENTANY AT TOPICAL OINTMENT KIT 2 %	EX	
CENTANY TOPICAL OINTMENT 2 %	EX	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
KLARON TOPICAL SUSPENSION 10 %	4	
<i>lugols topical solution 5-10 %</i>	4	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	
<i>mupirocin topical ointment 2 %</i>	1	
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	EX	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	EX	
<i>strong iodine topical solution 5-10 %</i>	4	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
SULFAMYLON TOPICAL PACKET 50 GRAM	4	
XEPI TOPICAL CREAM 1 %	4	ST
<b>TOPICAL ANTIFUNGALS</b>		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	EX	
CICLODAN KIT TOPICAL SOLUTION 8 %	EX	
<i>ciclodan topical cream 0.77 %</i>	4	
<i>ciclodan topical solution 8 %</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ciclopirox topical cream 0.77 %</i>	1	
<i>ciclopirox topical gel 0.77 %</i>	1	
<i>ciclopirox topical shampoo 1 %</i>	1	
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	4	
<i>clotrimazole topical cream 1 %</i>	1	
<i>clotrimazole topical solution 1 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	
<i>econazole topical cream 1 %</i>	1	
ECOZA TOPICAL FOAM 1 %	EX	
ERTACZO TOPICAL CREAM 2 %	EX	
EXELDERM TOPICAL CREAM 1 %	EX	
EXELDERM TOPICAL SOLUTION 1 %	EX	
EXTINA TOPICAL FOAM 2 %	EX	
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	EX	
KERYDIN TOPICAL SOLUTION WITH APPLICATOR 5 %	EX	
<i>ketconazole topical cream 2 %</i>	1	
<i>ketconazole topical foam 2 %</i>	EX	
<i>ketconazole topical shampoo 2 %</i>	1	
<i>ketodan kit topical combo pack 2 %</i>	EX	
<i>ketodan topical foam 2 %</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	4	
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	4	
LOPROX KIT TOPICAL COMBO PACK 0.77 %	EX	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	EX	
LOPROX TOPICAL SHAMPOO 1 %	EX	
LULICONAZOLE TOPICAL CREAM 1 %	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LUZU TOPICAL CREAM 1 %	EX	
MENTAX TOPICAL CREAM 1 %	4	
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	EX	
<i>naftifine topical cream 1 %</i>	4	
<i>naftifine topical cream 2 %</i>	1	
<i>naftifine topical gel 1 %</i>	4	
NAFTIN TOPICAL GEL 1 %, 2 %	EX	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	
<i>nystatin topical cream 100,000 unit/gram</i>	1	
<i>nystatin topical ointment 100,000 unit/gram</i>	1	
<i>nystatin topical powder 100,000 unit/gram</i>	1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	
<i>nystatin-triamcinolone topical ointment 100,000- 0.1 unit/gram-%</i>	1	
<i>nystop topical powder 100,000 unit/gram</i>	1	
<i>oxiconazole topical cream 1 %</i>	EX	
OXISTAT TOPICAL CREAM 1 %	4	
OXISTAT TOPICAL LOTION 1 %	EX	
SULCONAZOLE TOPICAL CREAM 1 %	EX	
SULCONAZOLE TOPICAL SOLUTION 1 %	EX	
<i>tavaborole topical solution with applicator 5 %</i>	4	PA; ST
VUSION TOPICAL OINTMENT 0.25-15-81.35 %	EX	
XOLEGEL TOPICAL GEL 2 %	EX	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream 5 %</i>	1	
<i>acyclovir topical ointment 5 %</i>	1	
DENAVIR TOPICAL CREAM 1 %	EX	
XERESE TOPICAL CREAM 5-1 %	EX	
ZOVIRAX TOPICAL CREAM 5 %	4	
ZOVIRAX TOPICAL OINTMENT 5 %	EX	
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	EX	
ALA-SCALP TOPICAL LOTION 2 %	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	4	
<i>amcinonide topical lotion 0.1 %</i>	4	
<i>apexicon e topical cream 0.05 %</i>	EX	
<i>beser topical lotion 0.05 %</i>	4	
<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	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
BRYHALI TOPICAL LOTION 0.01 %	EX	
CAPEX TOPICAL SHAMPOO 0.01 %	EX	
<i>clobetasol scalp solution 0.05 %</i>	4	
<i>clobetasol topical cream 0.05 %</i>	4	
<i>clobetasol topical foam 0.05 %</i>	4	
<i>clobetasol topical gel 0.05 %</i>	4	
<i>clobetasol topical lotion 0.05 %</i>	4	
<i>clobetasol topical ointment 0.05 %</i>	4	
<i>clobetasol topical shampoo 0.05 %</i>	4	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	4	
<i>clobetasol-emollient topical cream 0.05 %</i>	4	
<i>clobetasol-emollient topical foam 0.05 %</i>	4	
CLOBEX TOPICAL SHAMPOO 0.05 %	EX	
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	EX	
CLOCORTOLONE PIVALATE TOPICAL CREAM 0.1 %	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	EX	
<i>clodan topical shampoo 0.05 %</i>	EX	
CLODERM TOPICAL CREAM 0.1 %	EX	
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2	EX	
CORDRAN TOPICAL CREAM 0.025 %, 0.05 %	EX	
CORDRAN TOPICAL LOTION 0.05 %	EX	
CORDRAN TOPICAL OINTMENT 0.05 %	EX	
DERMA-SMOOTHIE/FS BODY OIL TOPICAL OIL 0.01 %	4	
DERMA-SMOOTHIE/FS SCALP OIL SCALP OIL 0.01 %	4	
<i>desonide topical cream 0.05 %</i>	4	
<i>desonide topical gel 0.05 %</i>	EX	
<i>desonide topical lotion 0.05 %</i>	4	
<i>desonide topical ointment 0.05 %</i>	4	
DESOWEN TOPICAL LOTION 0.05 %	4	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	4	
<i>desoximetasone topical gel 0.05 %</i>	4	
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	4	
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	EX	
<i>diflorasone topical cream 0.05 %</i>	EX	
<i>diflorasone topical ointment 0.05 %</i>	EX	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	4	
DUOBRII TOPICAL LOTION 0.01-0.045 %	EX	
<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	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	4	
<i>fluocinonide topical gel 0.05 %</i>	4	
<i>fluocinonide topical ointment 0.05 %</i>	4	
<i>fluocinonide topical solution 0.05 %</i>	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluocinonide-e topical cream 0.05 %</i>	4	
<i>flurandrenolide topical cream 0.05 %</i>	EX	
<i>flurandrenolide topical lotion 0.05 %</i>	EX	
<i>flurandrenolide topical ointment 0.05 %</i>	EX	
<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>	4	
<i>halobetasol propionate topical cream 0.05 %</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	EX	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HALOG TOPICAL CREAM 0.1 %	EX	
HALOG TOPICAL OINTMENT 0.1 %	EX	
HALOG TOPICAL SOLUTION 0.1 %	EX	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	4	
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	4	
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	4	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	4	
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	4	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
IMPEKLO TOPICAL LOTION IN METERED-DOSE PUMP 0.05 %	4	ST
IMPOYZ TOPICAL CREAM 0.025 %	EX	
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	4	
LEXETTE TOPICAL FOAM 0.05 %	4	ST
LOCOID LIPOCREAM TOPICAL CREAM 0.1 %	EX	
LOCOID TOPICAL LOTION 0.1 %	EX	
LUXIQ TOPICAL FOAM 0.12 %	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>nolix topical cream 0.05 %</i>	EX	
<i>nolix topical lotion 0.05 %</i>	EX	
NUCORT TOPICAL LOTION 2 %	4	ST
OLUX TOPICAL FOAM 0.05 %	EX	
OLUX-E TOPICAL FOAM 0.05 %	EX	
PANDEL TOPICAL CREAM 0.1 %	EX	
<i>prednicarbate topical cream 0.1 %</i>	4	
<i>prednicarbate topical ointment 0.1 %</i>	4	
PROCTOCORT TOPICAL CREAM 1 %	4	
PSORCON TOPICAL CREAM 0.05 %	EX	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	EX	
<i>scalacort topical lotion 2 %</i>	EX	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	EX	
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	EX	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 %	EX	
SYNALAR TOPICAL CREAM 0.025 %	EX	
SYNALAR TOPICAL OINTMENT 0.025 %	EX	
SYNALAR TOPICAL SOLUTION 0.01 %	EX	
SYNALAR TS TOPICAL KIT 0.01 %	EX	
TEMOVATE TOPICAL OINTMENT 0.05 %	4	
TEXACORT TOPICAL SOLUTION 2.5 %	4	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	EX	
TOPICORT TOPICAL GEL 0.05 %	EX	
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 %	EX	
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 %	EX	
<i>tovet emollient topical foam 0.05 %</i>	4	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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>	EX	
<i>triderm topical cream 0.1 %, 0.5 %</i>	EX	
TRIDESILON TOPICAL CREAM 0.05 %	4	
<i>tritocin topical ointment 0.05 %</i>	1	
ULTRAVATE TOPICAL LOTION 0.05 %	EX	
VANOS TOPICAL CREAM 0.1 %	EX	
VERDESO TOPICAL FOAM 0.05 %	EX	
<b>TOPICAL ENZYMES</b>		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (2 per 30 days)
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan topical lotion 10 %</i>	4	
ELIMITE TOPICAL CREAM 5 %	4	
EURAX TOPICAL CREAM 10 %	4	
EURAX TOPICAL LOTION 10 %	4	
<i>ivermectin topical lotion 0.5 %</i>	4	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	4	
NATROBA TOPICAL SUSPENSION 0.9 %	EX	
OVIDE TOPICAL LOTION 0.5 %	4	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	4	
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML	4	
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML	4	
<b>IRRIGATING SOLUTIONS</b>		



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lactated ringers irrigation solution</i>	4	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	4	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	4	
<i>ringer's irrigation solution</i>	4	
SORBITOL IRRIGATION SOLUTION 3 %	4	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	4	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	4	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	4	
AGRYLIN ORAL CAPSULE 0.5 MG	4	
AMPHADASE INJECTION SOLUTION 150 UNIT/ML	4	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	4	
<i>aqua care sterile water irrigation solution</i>	4	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM	4	PA; ST
BUPHENYL ORAL TABLET 500 MG	4	PA; ST
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	4	PA; SP; Vac
<i>carglumic acid oral tablet, dispersible 200 mg</i>	4	PA; SP; Vac
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	4	
CARNITOR ORAL SOLUTION 100 MG/ML	4	
CARNITOR ORAL TABLET 330 MG	4	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	3	PA; SP; Vac
<i>deferasirox oral tablet 180 mg</i>	3	PA; SP; Vac
<i>deferasirox oral tablet 360 mg, 90 mg</i>	3	ST; SP; Vac
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	3	ST; SP; Vac
<i>deferiprone oral tablet 500 mg</i>	4	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	4	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	3	PA; SP; Vac
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	3	PA; SP
ENDARI ORAL POWDER IN PACKET 5 GRAM	4	PA; ST; SP; Vac; QL (180 per 30 days)
EVOXAC ORAL CAPSULE 30 MG	4	
EXEM INTRAUTERINE INFUSION FOAM IN SYRINGE	4	
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG	EX	
EXSERVAN ORAL FILM 50 MG	2	ST
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	4	PA; SP
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML	4	PA; SP; Vac
GLEOLAN ORAL RECON SOLN 30 MG/ML	4	
HYLENEX INJECTION SOLUTION 150 UNIT/ML	4	
<i>ic green injection recon soln 25 mg</i>	4	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; SP; Vac
<i>indocyanine green injection recon soln 25 mg</i>	4	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	4	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG	4	PA; ST; SP; Vac
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG	4	PA; ST; SP; Vac
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>levocarnitine oral tablet 330 mg</i>	1	
LITHOSTAT ORAL TABLET 250 MG	4	
METOPIRONE ORAL CAPSULE 250 MG	4	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	4	PA; SP; Vac
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	3	PA; SP; Vac
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG	4	PA; ST; SP; Vac
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG	4	PA; ST; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA; ST; SP
OXBRYTA ORAL TABLET 500 MG	4	PA; SP; Vac
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM	4	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	4	PA; ST; SP; Vac
REVCОВI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	4	PA; SP
RILUTEK ORAL TABLET 50 MG	4	
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4	
SINOGRAFIN INJECTION SOLUTION 52.7-26.8 %	4	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	4	
<i>sodium chloride injection syringe 0.9 %</i>	4	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	4	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	4	PA
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	4	
SYPRINE ORAL CAPSULE 250 MG	4	PA; ST; QL (240 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	4	PA; SP

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG	4	SP
THIOLA ORAL TABLET 100 MG	4	SP
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	
<i>tiopronin oral tablet 100 mg</i>	4	SP; Vac
<i>trientine oral capsule 250 mg</i>	4	PA; QL (240 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; SP; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	3	PA; ST; SP
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA PV
<i>nicorette buccal gum 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA PV
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	4	ACA PV
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	4	ACA PV
NICOTROL INHALATION CARTRIDGE 10 MG	4	ACA PV
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	2	ACA PV
<i>quit 2 buccal gum 2 mg</i>	4	ACA PV
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA PV
<i>quit 4 buccal gum 4 mg</i>	4	ACA PV
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA PV
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	4	ACA PV
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	ACA PV
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	2	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	4	
<i>fluoride (sodium) dental cream 1.1 %</i>	4	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	4	
<i>fluoride (sodium) dental solution 0.2 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	4	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	4	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	4	
GELX MUCOUS MEMBRANE GEL	4	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	4	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	4	
<i>oralone dental paste 0.1 %</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	4	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	4	
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	4	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	2	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	2	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	2	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	2	
PREVIDENT DENTAL GEL 1.1 %	2	
PREVIDENT DENTAL SOLUTION 0.2 %	2	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	4	SP
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 dry mouth dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	4	
<i>triamcinolone acetamide dental paste 0.1 %</i>	1	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear) solution 2 %</i>	1	
CETRAXAL OTIC (EAR) DROPPERETTE 0.2 %	EX	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	4	
<i>flac otic oil otic (ear) drops 0.01 %</i>	4	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML)	4	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	EX	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	4	ST
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	4	

Drug Name	Drug Tier	Requirements / Limits
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	EX	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	4	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	EX	

## ENDOCRINE/DIABETES

### ADRENAL HORMONES

ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; SP; Vac
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	4	
BETAMETHASONE SOD PHOSPH-WATER INJECTION SOLUTION 6 MG/ML	4	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 MG/ML	4	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST
CORTROPHIN GEL INJECTION GEL 80 UNIT/ML	4	PA; SP
CORTROSYN INJECTION RECON SOLN 0.25 MG	4	
<i>cosyntropin injection recon soln 0.25 mg</i>	4	
<i>decadron oral tablet 0.5 mg</i>	4	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML	2	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	EX	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	4	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
<b>DXEVO ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)</b>	EX	
<b>EMFLAZA ORAL SUSPENSION 22.75 MG/ML</b>	EX	
<b>EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG</b>	EX	
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<b>HEMADY ORAL TABLET 20 MG</b>	4	ST
<i>hidex oral tablets,dose pack 1.5 mg (21 tabs)</i>	4	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML</b>	4	
<b>KENALOG-80 INJECTION SUSPENSION 80 MG/ML</b>	4	
<b>MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG</b>	4	ST
<b>MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG</b>	4	ST
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	
<b>ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG</b>	4	ST
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	EX	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	EX	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	4	ST
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	4	ST
ACCU-CHEK GUIDE TEST STRIPS STRIP	4	ST
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	4	ST
ACCUTREND GLUCOSE TEST STRIPS STRIP	4	ST
ADVANCED GLUC METER TEST STRIP STRIP	4	ST
ADVOCATE REDI-CODE STRIP	4	ST
ADVOCATE TEST STRIPS STRIP	4	ST
AGAMATRIX AMP TEST STRIPS STRIP	4	ST
ASSURE 4 STRIPS STRIP	4	ST
ASSURE PLATINUM TEST STRIP STRIP	4	ST
ASSURE PRISM MULTI STRIP STRIP	4	ST
BIONIME RIGHTEST TEST STRIPS STRIP	4	ST
BLOOD GLUCOSE TEST STRIP	4	ST
CARESENS N TEST STRIPS STRIP	4	ST
CARETOUCH TEST STRIP STRIP	4	ST
CLEVER CHOICE MICRO TEST STRIP STRIP	4	ST
CLEVER CHOICE PRO STRIP	4	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CLEVER CHOICE TALK TEST STRIP	4	ST
CLEVER CHOICE TEST STRIPS STRIP	4	ST
CLEVER CHOICE VOICE+ TEST STRIP	4	ST
CONTOUR NEXT TEST STRIPS STRIP	2	
CONTOUR TEST STRIPS STRIP	2	
COOL GLUCOSE TEST STRIP STRIP	4	ST
DIATRUE PLUS TEST STRIP STRIP	4	ST
EASY PLUS II TEST STRIP	4	ST
EASY STEP STRIP	4	ST
EASY TALK GLUCOSE TEST STRIP	4	ST
EASY TOUCH BLU LINK TEST STRIP STRIP	4	PA
EASY TOUCH TEST STRIP STRIP	4	ST
EASY TRAK GLUCOSE TEST STRIP	4	ST
EASY TRAK II TEST STRIP STRIP	4	ST
EASYGLUCO PLUS STRIP	4	ST
EASYGLUCO TEST STRIP	4	ST
EASYMAX STRIP	4	ST
ELEMENT COMPACT TEST STRIPS STRIP	4	ST
ELEMENT TEST STRIPS STRIP	4	ST
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	4	ST
EMBRACE EVO TEST STRIPS STRIP	4	ST
EMBRACE PRO TEST STRIPS STRIP	4	ST
EMBRACE TALK TEST STRIPS STRIP	4	ST
EVENCARE G2 STRIP	4	ST
EVENCARE G3 TEST STRIP	4	ST
EVENCARE MINI GLUCOSE TEST STR STRIP	4	ST
EVENCARE PROVIEW TEST STRIP STRIP	4	ST
EVOLUTION TEST STRIPS STRIP	4	ST
EZ SMART PLUS TEST STRIP	4	ST
EZ SMART TEST STRIP	4	ST
FIFTY50 TEST STRIP STRIP	4	ST
FORA 6 CONNECT GLUCOSE STRIP STRIP	4	ST
FORA D15G STRIPS STRIP	4	ST
FORA D20 STRIP	4	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FORA D40-G31 TEST STRIPS STRIP	4	ST
FORA G20 STRIP	4	ST
FORA G30-PREMIUM V10 TEST STRP STRIP	4	ST
FORA GD50 TEST STRIPS STRIP	4	ST
FORA GTEL GLUCOSE TEST STRIP STRIP	4	ST
FORA TEST STRIP STRIP	4	ST
FORA TN'G VOICE TEST STRIPS STRIP	4	ST
FORA V10 STRIP	4	ST
FORA V10-V12-D10-D20 STRIPS STRIP	4	ST
FORA V12 GLUCOSE STRIP	4	ST
FORA V20 STRIP	4	ST
FORACARE GD20 STRIP	4	ST
FORACARE GD40 TEST STRIPS STRIP	4	ST
FORTISCARE G1 TEST STRIP STRIP	4	PA
FORTISCARE GLUCOSE TEST STRIPS STRIP	4	ST
FREESTYLE INSULINX STRIP	4	ST
FREESTYLE INSULINX TEST STRIPS STRIP	4	ST
FREESTYLE LITE STRIPS STRIP	4	ST
FREESTYLE PRECISION NEO STRIPS STRIP	4	ST
FREESTYLE TEST STRIP	4	ST
GE100 BLOOD GLUCOSE TEST STRIP STRIP	4	ST
GENSTRIP TEST STRIP STRIP	4	ST
GLUCO NAVII TEST STRIP STRIP	4	ST
GLUCOCARD 01 SENSOR PLUS STRIP	4	ST
GLUCOCARD EXPRESSION STRIP	4	ST
GLUCOCARD SHINE TEST STRIPS STRIP	4	ST
GLUCOCARD VITAL SENSOR STRIP	4	ST
GLUCOCARD VITAL TEST STRIPS STRIP	4	ST
GLUCOCOM GLUCOSE STRIP	4	ST
GM100 STRIP	4	ST
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	4	ST
HARMONY GLUCOSE TEST STRIP STRIP	4	ST
HEALTHPRO TEST STRIPS STRIP	4	ST
IGLUCOSE TEST STRIP STRIP	4	ST
INFINITY TEST STRIPS STRIP	4	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
INFINITY VOICE TEST STRIP STRIP	4	ST
MICRO BLOOD GLUCOSE STRIP	4	ST
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	4	ST
MICRODOT XTRA BLOOD GLUCOSE STRIP	4	ST
MYGLUCOHEALTH STRIP	4	ST
NEUTEK 2TEK TEST STRIPS STRIP	4	ST
NOVA MAX GLUCOSE TEST STRIP	4	ST
ON CALL EXPRESS TEST STRIP STRIP	4	ST
ON CALL PLUS TEST STRIP STRIP	4	ST
ON CALL VIVID TEST STRIP STRIP	4	ST
ONETOUCH ULTRA TEST STRIP	2	
ONETOUCH VERIO TEST STRIPS STRIP	2	
OPTIUM EZ STRIP	4	ST
OPTIUM TEST STRIP	4	ST
OPTUMRX STRIP	4	ST
PHARMACIST CHOICE STRIP	4	ST
PRECISION PCX PLUS TEST STRIP	4	ST
PRECISION PCX TEST STRIP	4	ST
PRECISION POINT OF CARE TEST STRIP	4	ST
PRECISION Q-I-D TEST STRIP	4	ST
PRECISION XTRA TEST STRIP	4	ST
PREMIER TEST STRIP STRIP	4	ST
PREMIUM V10 STRIP	4	ST
PRO VOICE V8-V9 TEST STRIP STRIP	4	ST
PRODIGY NO CODING STRIP	4	ST
QUINTET AC STRIP	4	ST
REFUAH PLUS STRIP	4	ST
RELION CONFIRM-MICRO STRIP	4	ST
RELION PRIME TEST STRIPS STRIP	4	ST
RELION ULTIMA STRIP	4	ST
REVEAL TEST STRIP STRIP	4	ST
RIGHTEST GS550 TEST STRIPS STRIP	4	ST
RIGHTEST GT333 TEST STRIP STRIP	4	PA
SMART SENSE TEST STRIPS STRIP	4	ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SMARTEST TEST STRIP	4	ST
SOLUS V2 TEST STRIPS STRIP	4	ST
SURE-TEST EASYPLUS MINI STRIP	4	ST
TELCARE TEST STRIPS STRIP	4	ST
TEST N'GO TEST STRIP	4	ST
TRUE METRIX GLUCOSE TEST STRIP STRIP	4	ST
TRUETEST TEST STRIPS STRIP	4	ST
TRUETRACK TEST STRIP	4	ST
ULTRATRAK STRIP	4	ST
ULTRATRAK ULTIMATE STRIP	4	ST
UNISTRIP1 TEST STRIP STRIP	4	ST
VIVAGUARD INO TEST STRIP STRIP	4	ST
WAVESENSE JAZZ STRIP	4	ST
WAVESENSE PRESTO STRIP	4	ST
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	4	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER SPACER	4	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	4	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	2	
INSPIRACHAMBER SPACER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
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; ST
VORTEX HOLDING CHAMBER SPACER	2	
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	4	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	4	
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	4	
PROGLYCEM ORAL SUSPENSION 50 MG/ML	4	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	4	PA
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	4	PA
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION	2	
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	2	
ACCUTREND GLUCOSE CONTROL SOLUTION	2	
ADVOCATE LOW CONTROL SOLUTION	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION	2	
AGAMATRIX CONTROL HIGH SOLUTION	2	
ASSURE 4 CONTROL SOLUTION COMBO PACK	2	
ASSURE DOSE NORMAL CONTROL SOLUTION	2	
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION	2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	4	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	4	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS 33 GAUGE	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	2	
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION	2	
CARESENS CONTROL A NORMAL SOLUTION	2	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION	2	
CONTOUR CONTROL SOLUTION, NML SOLUTION	2	
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION	2	
COOL CONTROL A SOLUTION SOLUTION	2	
DEXCOM G4 TRANSMITTER DEVICE	4	
DEXCOM G5-G4 SENSOR DEVICE	4	
DEXCOM G6 SENSOR DEVICE	4	
DEXCOM G6 TRANSMITTER DEVICE	4	
DIATRUE CONTROL SOLN NORMAL SOLUTION	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASY PLUS II HIGH CONTROL SOLUTION	2	
EASY STEP HIGH CONTROL SOLN SOLUTION	2	
EASY TALK HIGH CONTROL SOLUTION	2	
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	2	
EASY TRAK II CTRL SOLN-NORMAL SOLUTION	2	
EASY TRAK LOW CONTROL SOLUTION	2	
EASYGLUCO PLUS NORMAL CONTROL SOLUTION	2	
EASYMAX 15 LEVEL 2 SOLUTION	2	
EASYMAX NORMAL CONTROL SOLUTION	2	
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	2	
ELEMENT COMPACT NORMAL CONTROL SOLUTION	2	
ELEMENT NORMAL CONTROL SOLUTION	2	
EMBRACE EVO LEVEL 1 SOLUTION	2	
EMBRACE GLUCOSE CONTROL LOW SOLUTION	2	
EMBRACE TALK CONTROL-LOW (L1) SOLUTION	2	
ENLITE SYSTEM	4	
EVOLUTION NORMAL CONTROL SOLUTION	2	
FORA NORMAL CONTROL SOLUTION	2	
FORACARE GDH LOW CONTROL SOLUTION	2	
FORTISCARE NORMAL SOLUTION	2	
FREESTYLE CONTROL SOLUTION	2	
FREESTYLE LIBRE 14 DAY SENSOR KIT	4	
FREESTYLE LIBRE 2 SENSOR KIT	4	
GE100 CONTROL SOLUTION NORMAL SOLUTION	2	
GLUCOCARD 01 NORMAL CONTROL SOLUTION	2	
GLUCOCOM CONTROL NORMAL SOLUTION	2	
GLUCOSE CONTROL SOLUTION	2	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GOJJI GLUCOSE CNTRL SOL-NORMAL SOLUTION	2	
HEALTHPRO HIGH-LOW CONTROL SOLUTION	2	
INFINITY CONTROL SOLUTION NORM SOLUTION	2	
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION	2	
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	4	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	4	
LANCETS 33 GAUGE	2	
MEDISENSE COMBO PACK	2	
MEDISENSE GLUCOSE KETONE COMBO PACK	2	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION	2	
NOVA MAX GLUCOSE CONTROL SOLUTION	2	
NOVAMAX PLUS GLU-KET SOLUTION	4	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	4	
OMNIPOD DASH INSULIN POD SUBCUTANEOUS CARTRIDGE	4	
ON CALL EXPRESS CONTROL SOLUTION	2	
ON CALL PLUS CONTROL SOLUTION	2	
ON CALL VIVID CONTROL SOLUTION	2	
ONETOUCH ULTRA CONTROL SOLUTION	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	
PRODIGY CONTROL SOLUTION, LOW SOLUTION	2	
PRODIGY CONTROL SOLUTION,HIGH SOLUTION	2	
REFUAH PLUS GLUCOSE CONTROL SOLUTION	2	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION	2	
SMARTEST CONTROL SOLUTION	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION	2	
TELCARE CONTROL SOLUTION	2	
TRUE METRIX LEVEL 1 SOLUTION	2	
TRUECONTROL LEVEL 0 SOLUTION	2	
UNISTRIP LOW CONTROL SOLUTION	2	
V-GO 20 DEVICE	4	
V-GO 30 DEVICE	4	
V-GO 40 DEVICE	4	
VIVAGUARD INO CTRL SOLN-L1,2,3 SOLUTION	2	
WAVESENSE CONTROL SOLUTION SOLUTION	2	
<b>INSULIN THERAPY</b>		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
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)	EX	
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA; ST
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	EX	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	EX	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	EX	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	EX	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	EX	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	EX	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	EX	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	EX	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	EX	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	EX	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	EX	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	EX	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	EX	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	4	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	EX	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	PA; ST
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	PA; ST
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; ST
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
SEMGLEE PEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA; ST
SEMGLEE U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; ST
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA; ST
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA; ST
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA; ST
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA; ST
<b>MISCELLANEOUS HORMONES</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	ST
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	EX	
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)	EX	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML)	EX	
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	4	PA; SP
<i>cabergoline oral tablet 0.5 mg</i>	1	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	3	PA; SP; Vac
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML	4	PA; SP; Vac
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	4	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	SP; Vac
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	
FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	EX	
GALAFOLD ORAL CAPSULE 123 MG	3	PA; SP; Vac
ISTURISA ORAL TABLET 1 MG, 10 MG, 5 MG	4	PA; ST; SP; QL (180 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG	4	ST
JYNARQUE ORAL TABLET 15 MG, 30 MG	4	PA; SP; QL (60 per 30 days)
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	4	PA; SP; QL (60 per 30 days)
KORLYM ORAL TABLET 300 MG	4	PA; ST; SP
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	4	PA; SP; Vac
KUVAN ORAL TABLET,SOLUBLE 100 MG	4	PA; SP; Vac
METHITEST ORAL TABLET 10 MG	EX	
<i>methyltestosterone oral capsule 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	4	
<i>miglustat oral capsule 100 mg</i>	3	PA; SP; Vac
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; SP; Vac; QL (30 per 30 days)
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	EX	
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	4	PA; ST; SP; Vac
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	4	
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	4	
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML)	EX	
ORLISSA ORAL TABLET 150 MG, 200 MG	4	PA
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; SP; Vac
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION 2 MCG/ML, 5 MCG/ML	4	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG	4	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	4	
ROCALTROL ORAL SOLUTION 1 MCG/ML	4	
SAMSCA ORAL TABLET 15 MG, 30 MG	4	PA; SP; Vac; QL (60 per 30 days)
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	4	PA; SP; Vac
<i>sapropterin oral tablet,soluble 100 mg</i>	4	PA; SP; Vac
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG	4	PA; ST; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; ST; SP; Vac; QL (30 per 30 days)
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	4	
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	EX	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	
<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	
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	
tolvaptan oral tablet 30 mg	4	SP; Vac



Drug Name	Drug Tier	Requirements / Limits
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	EX	
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	EX	
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	EX	
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; SP
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	EX	
ZAVESCA ORAL CAPSULE 100 MG	EX	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG	4	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	4	
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML- 20 MCG/0.2 ML, 20 MCG/0.2 ML	EX	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	EX	
ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	EX	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	EX	
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	4	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; ST
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; ST
CYCLOSET ORAL TABLET 0.8 MG	4	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	4	
FARXIGA ORAL TABLET 10 MG, 5 MG	2	PA; ST
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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	
GLUCOTROL ORAL TABLET 10 MG	EX	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	EX	
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG, 500 MG	EX	
<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	4	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA; ST
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	EX	
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	EX	
INVOKANA ORAL TABLET 100 MG, 300 MG	EX	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	PA; ST
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA; ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; ST
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	PA; ST
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	PA; ST
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	PA; ST
KAZANO ORAL TABLET 12.5-1,000 MG, 12.5-500 MG	EX	
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	4	PA; ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>metformin oral solution 500 mg/5 ml</i>	4	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	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>	EX	
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	EX	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	EX	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG	4	PA; ST
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	EX	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	2	PA; ST
<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	
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	4	
QTERN ORAL TABLET 10-5 MG, 5-5 MG	2	PA; ST
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	
RIOMET ER ORAL SUSPENSION,EXTENDED REL RECON 500 MG/5 ML	4	PA; ST
RIOMET ORAL SOLUTION 500 MG/5 ML	4	PA; ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; ST
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	4	PA; ST
STEGLATRO ORAL TABLET 15 MG, 5 MG	4	PA; ST
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	4	PA; ST

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; ST
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; ST
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	PA; ST
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; ST
TRADJENTA ORAL TABLET 5 MG	2	PA; ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; ST
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	EX	
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	EX	
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	2	PA; ST
<b>THYROID HORMONES</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG	EX	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	4	
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	4	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	2	
THYQUIDITY ORAL SOLUTION 20 MCG/ML	2	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	EX	
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	EX	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>		
<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	4	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	4	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	PA
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML	4	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	4	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML)	4	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	4	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	4	
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG	4	
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE 0.2 MG/ML	4	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	4	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML	4	
GLYRX-PF INJECTION SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	2	
GLYRX-PF INJECTION SYRINGE 1 MG/5 ML (0.2 MG/ML)	4	
HYOSCYAMINE SULFATE INJECTION SOLUTION 0.5 MG/ML	4	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	4	
LEVSIN INJECTION SOLUTION 0.5 MG/ML	4	
LEVSIN ORAL TABLET 0.125 MG	4	
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	4	
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG	EX	
LOMOTIL ORAL TABLET 2.5-0.025 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG	4	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG	EX	
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG	4	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	4	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	4	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	4	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	4	
<i>phenohydro oral tablet 16.2-0.1037 -0.0194 mg</i>	1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	4	
<i>symax fastabs oral tablet,disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	4	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	4	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	EX	
<i>alose tron oral tablet 0.5 mg, 1 mg</i>	4	
<i>alvimopan oral capsule 12 mg</i>	4	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG	4	PA
ANA-LEX KIT RECTAL KIT 2-2 %	EX	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 %	4	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	4	
ANTIVERT ORAL TABLET 50 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>anucort-hc rectal suppository 25 mg</i>	4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG	EX	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	EX	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	EX	
ASACOL HD ORAL TABLET,DELAYED RELEASE (DR/EC) 800 MG	EX	
AURYXIA ORAL TABLET 210 MG IRON	4	PA; ST
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4	
AZULFIDINE ORAL TABLET 500 MG	4	
<i>balsalazide oral capsule 750 mg</i>	1	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	EX	
<i>budesonide oral capsule,delayed,extend.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	4	
BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG	4	PA; SP
BYLVAY ORAL PELLETT 200 MCG, 600 MCG	4	PA; SP
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
CANASA RECTAL SUPPOSITORY 1,000 MG	4	
CHENODAL ORAL TABLET 250 MG	4	SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG	4	SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; ST; SP; Vac
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; ST; SP; Vac
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	4	ACA PV



Drug Name	Drug Tier	Requirements / Limits
COLAZAL ORAL CAPSULE 750 MG	EX	
COMPAZINE ORAL TABLET 10 MG, 5 MG	4	
COMPAZINE RECTAL SUPPOSITORY 25 MG	4	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	4	
CORTIFOAM RECTAL FOAM 10 % (80 MG)	EX	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	4	SP
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS) 400 MG	EX	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	4	PA; ST
<i>dimenhydrinate injection solution 50 mg/ml</i>	4	
DIPENTUM ORAL CAPSULE 250 MG	EX	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	4	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	
<i>droperidol injection solution 2.5 mg/ml</i>	4	
EMEND ORAL CAPSULE 80 MG	EX	
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2)	EX	
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	EX	
ENTEREG ORAL CAPSULE 12 MG	4	
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG	4	PA
<i>enulose oral solution 10 gram/15 ml</i>	1	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	EX	
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	4	
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	4	PA; SP; Vac
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA PV
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA PV
<i>generlac oral solution 10 gram/15 ml</i>	1	
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	4	PA; ST; SP
GOLYTELY ORAL RECON SOLN 236-22.74- 6.74 -5.86 GRAM	4	
<i>granisetron hcl oral tablet 1 mg</i>	1	
<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	4	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1	
KINEVAC INJECTION RECON SOLN 5 MCG	4	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	EX	
<i>lactulose oral packet 10 gram</i>	4	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM	EX	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	EX	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	EX	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	4	PA
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; ST; SP; QL (3 per 30 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	4	
LUBIPROSTONE ORAL CAPSULE 24 MCG, 8 MCG	2	ST
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	4	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets) 400 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	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	ST
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG	4	PA; ST
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA; ST
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM	4	
NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM	4	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OCALIVA ORAL TABLET 10 MG, 5 MG	4	PA; ST; SP; Vac
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	4	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	4	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	2	PA; ST
OSMOPREP ORAL TABLET 1.5 GRAM	4	ACA PV
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	EX	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA PV
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA PV
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA PV
<i>peg-prep oral kit 5-210 mg-gram</i>	4	ACA PV
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	EX	
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	EX	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	4	PA; ST
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	4	ACA PV
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	4	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
PROCORT RECTAL CREAM 1.85-1.15 %	4	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	4	
PROCTOFOAM HC RECTAL FOAM 1-1 %	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</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	
RECTIV RECTAL OINTMENT 0.4 % (W/W)	4	
REGLAN ORAL TABLET 10 MG, 5 MG	4	
RELISTOR ORAL TABLET 150 MG	4	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	4	
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	4	
RELTONE ORAL CAPSULE 200 MG, 400 MG	4	
RENAGEL ORAL TABLET 800 MG	EX	
REVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	4	PA; ST
REVELA ORAL TABLET 800 MG	4	PA; ST
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	4	ST
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	EX	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	4	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	4	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	4	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	4	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; ST; SP; QL (2 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	4	ST; ACA PV
SUSTOL SUBCUTANEOUS LIQUID, EXTENDED RELEASE SYRING 10 MG/0.4 ML	4	
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	4	PA; ACA PV
SYMPROIC ORAL TABLET 0.2 MG	4	
SYNDROS ORAL SOLUTION 5 MG/ML	4	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML	2	
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	4	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	EX	
UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG	4	PA
UCERIS RECTAL FOAM 2 MG/ACTUATION	4	
URSO 250 ORAL TABLET 250 MG	4	
URSO FORTE ORAL TABLET 500 MG	4	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	4	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	4	ST
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM	4	SP
VIBERZI ORAL TABLET 100 MG, 75 MG	2	PA; ST
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	EX	
ZELNORM ORAL TABLET 6 MG	4	PA; ST
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, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000-24,000 UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 25,000-79,000- 105,000 UNIT	2	PA
ZUPLENZ ORAL FILM 4 MG, 8 MG	EX	
<b>ULCER THERAPY</b>		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	EX	
ACIPHEX SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG, 5 MG	EX	
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	
CARAFATE ORAL SUSPENSION 100 MG/ML	4	
CARAFATE ORAL TABLET 1 GRAM	4	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	EX	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	EX	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	4	
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	EX	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	EX	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg, 40 mg</i>	EX	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG	EX	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	EX	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	EX	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	EX	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG	EX	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	EX	

Drug Name	Drug Tier	Requirements / Limits
<i>nizatidine oral solution 150 mg/10 ml</i>	EX	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	2	PA; ST
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram</i>	EX	
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	EX	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	4	
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG	EX	
PREVACID ORAL CAPSULE, DELAYED RELEASE(DR/EC) 30 MG	EX	
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG	EX	
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	EX	
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	EX	
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG	EX	
PYLERA ORAL CAPSULE 140-125-125 MG	4	PA
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	EX	
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	EX	
<i>sucralfate oral suspension 100 mg/ml</i>	4	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG	4	PA; ST
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM, 40-1.1 MG-GRAM	EX	
ZEGERID ORAL PACKET 20-1,680 MG, 40-1,680 MG	EX	

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	SP; Vac
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	4	SP; Vac
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	SP; Vac
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	SP
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	SP
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; ST; SP
MIRCERA INJECTION SYRINGE 100 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	4	SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	4	SP; Vac
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	EX	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	EX	
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; ST; SP
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; ST; SP
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, 40,000 UNIT/ML	4	SP; Vac

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	4	PA; SP
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	4	SP; Vac
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; ST; SP
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA; ST; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA; ST; SP
<b>GROWTH HORMONES</b>		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	3	PA; ST; SP; Vac
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	3	PA; ST; SP; Vac
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	EX	
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG	EX	
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)	EX	
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)	EX	
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; ST; SP; Vac
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	3	PA; ST; SP; Vac
SAIZEN SAIZENPREP SUBCUTANEOUS CARTRIDGE 8.8 MG/1.51 ML (FINAL CONC.)	EX	
SAIZEN SUBCUTANEOUS RECON SOLN 5 MG, 8.8 MG	EX	

Drug Name	Drug Tier	Requirements / Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; ST; SP; Vac
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	4	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	EX	
<b>INTERFERONS</b>		
AUBAGIO ORAL TABLET 14 MG, 7 MG	EX	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	PA; SP; Vac
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	PA; SP; Vac
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	4	PA; ST; SP; Vac; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	PA; SP; Vac
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	4	PA; ST; SP; Vac
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	3	PA; SP; Vac; QL (60 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG	EX	
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG	EX	
GILENYA ORAL CAPSULE 0.5 MG	3	PA; SP; Vac
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	3	PA; ST; SP; Vac
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	3	PA; ST; SP; Vac
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	4	PA; ST; SP; Vac
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	4	PA; ST; SP; Vac
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; Vac
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; Vac
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; Vac
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; Vac

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; Vac
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	4	PA; SP; Vac
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA; ST; SP; Vac
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	3	PA; ST; SP; Vac
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; SP; Vac
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; SP; Vac
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	3	PA; SP; Vac
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; SP; Vac
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; SP; Vac
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA; ST; SP; OCh; Vac
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; SP; Vac; QL (1 per 365 days)
PONVORY ORAL TABLET 20 MG	4	PA; SP; Vac; QL (30 per 30 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; SP; Vac
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; SP; Vac
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; SP; Vac
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	3	PA; ST; SP; OCh; Vac
<i>ribavirin oral capsule 200 mg</i>	3	SP; Vac
<i>ribavirin oral tablet 200 mg</i>	3	SP; Vac
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	4	PA; ST; SP; Vac; QL (120 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46), 240 MG	3	PA; SP; Vac; QL (60 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	4	PA; ST; SP; Vac; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<b>INTERLEUKINS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; SP; Vac
ALDARA TOPICAL CREAM IN PACKET 5 %	4	PA; ST
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	4	
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA; SP; Vac
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; SP; Vac
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	EX	
<i>imiquimod topical cream in packet 3.75 %</i>	4	PA; ST
<i>imiquimod topical cream in packet 5 %</i>	1	PA; ST
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	3	PA; SP; Vac
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	EX	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 %	EX	
ZYCLARA TOPICAL CREAM IN PACKET 3.75 %	EX	
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	LA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	LA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	LA
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	LA
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	2	LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	LA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	LA
BEXSERO INTRAMUSCULAR SYRINGE 50- 50-50-25 MCG/0.5 ML	2	LA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	LA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	LA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF- MCG-LF/0.5ML	2	LA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	4	LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	LA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	LA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	LA
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	LA
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	LA
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	2	LA
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	LA
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	LA
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	LA
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	2	LA
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	LA
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	LA
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	LA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	LA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	4	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	LA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	LA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	LA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	LA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	LA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	LA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	LA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	LA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	LA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	4	LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	LA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	LA
ODACTRA SUBLINGUAL TABLET 12 SQ- HDM	4	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; SP
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	4	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	4	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	4	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	4	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	4	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	4	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	4	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1)	4	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	4	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	4	PA; SP
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	4	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	4	PA; SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	LA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	LA
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG- 62DU -10 MCG/0.5ML	2	LA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	LA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	2	LA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	LA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	LA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	LA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	LA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	4	LA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	LA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	4	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	LA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	LA
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	LA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	4	LA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	LA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	LA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	LA

Drug Name	Drug Tier	Requirements / Limits
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	LA
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	4	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	LA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	LA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	LA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	LA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	LA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	LA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	LA
VAXNEUVANCE INTRAMUSCULAR SYRINGE 0.5 ML	4	LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	LA
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	2	LA

## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
COLCHICINE ORAL CAPSULE 0.6 MG	2	
<i>colchicine oral tablet 0.6 mg</i>	1	
COLCRYS ORAL TABLET 0.6 MG	4	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	4	
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ULORIC ORAL TABLET 40 MG, 80 MG	EX	
ZYLOPRIM ORAL TABLET 100 MG	4	
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	4	
<i>alendronate oral solution 70 mg/75 ml</i>	1	
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	4	
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	4	
BONIVA ORAL TABLET 150 MG	4	
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2)	EX	
EVISTA ORAL TABLET 60 MG	4	PA; ST; QL (30 per 30 days)
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	3	PA; ST; SP; Vac; QL (1 per 30 days)
FOSAMAX ORAL TABLET 70 MG	4	
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT, 70 MG- 5,600 UNIT	4	
<i>ibandronate oral tablet 150 mg</i>	1	
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	ST; SP; Vac
<i>raloxifene oral tablet 60 mg</i>	1	ACA PV; OCh
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; ST; SP; Vac; QL (1 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; ST; SP; Vac; QL (30 per 30 days)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; ST; SP; Vac; QL (2 per 30 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; ST; SP; Vac; QL (2 per 30 days)
ARAVAL ORAL TABLET 10 MG, 20 MG	4	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; SP; Vac

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; SP; Vac
CUPRIMINE ORAL CAPSULE 250 MG	EX	
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA; ST
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	PA; ST; SP; Vac
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	3	PA; ST; SP; Vac
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	PA; ST; SP; Vac
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	3	PA; ST; SP; Vac
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	3	PA; ST; SP; Vac
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; ST; SP; Vac
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; ST; SP; Vac
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	3	PA; ST; SP; Vac
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	3	PA; ST; SP; Vac
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	3	PA; ST; SP; Vac
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; ST; SP; Vac
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	3	PA; SP; Vac
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	3	PA; ST; SP; Vac
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	3	PA; ST; SP; Vac
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	3	PA; ST; SP; Vac

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; SP; Vac; QL (2 per 30 days)
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; ST; SP; Vac; QL (2 per 30 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
OLUMIANT ORAL TABLET 1 MG, 2 MG	4	PA; ST; SP; Vac; QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; ST; SP; Vac
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; ST; SP; Vac
OTEZLA ORAL TABLET 30 MG	3	PA; ST; SP; Vac; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; ST; SP; Vac; QL (2 per 365 days)
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	EX	
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
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	2	PA; ST; QL (4 per 30 days)
REDITREX (PF) SUBCUTANEOUS SYRINGE 10 MG/0.4 ML, 12.5 MG/0.5 ML, 15 MG/0.6 ML, 17.5 MG/0.7 ML, 20 MG/0.8 ML, 22.5 MG/0.9 ML, 25 MG/ML, 7.5 MG/0.3 ML	2	
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	3	PA; ST; SP; Vac; QL (30 per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	4	PA; ST
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	4	PA; ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; SP; Vac; QL (1 per 30 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; ST; SP; Vac; QL (1 per 30 days)
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; ST; SP; Vac; QL (1 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	3	PA; ST; SP; Vac; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	3	PA; ST; SP; Vac; QL (30 per 30 days)

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	4	ACA PV
FC2 FEMALE CONDOM	4	ACA PV
FEMCAP VAGINAL DEVICE 22 MM	4	ACA PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	4	ACA PV; SP
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/24 HRS (6 YRS) 52 MG	4	ST; ACA PV; SP
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (7 YRS) 52 MG	4	ACA PV; SP
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	4	ACA PV; SP
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	4	ACA PV; SP
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	4	ACA PV

### ESTROGENS & PROGESTINS

ACTIVELLA ORAL TABLET 1-0.5 MG	4	
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	4	
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	4	
AYGESTIN ORAL TABLET 5 MG	4	
BIJUVA ORAL CAPSULE 1-100 MG	EX	
<i>camila oral tablet 0.35 mg</i>	1	ACA PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR	EX	
CLIMARA 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	4	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	4	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA PV
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	ACA PV
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	4	ACA PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	ACA PV
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %), 1.25 MG/1.25 GRAM (0.1 %)	2	
<i>dotti 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>	1	
DUAVEE ORAL TABLET 0.45-20 MG	4	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION	EX	
<i>errin oral tablet 0.35 mg</i>	1	ACA PV
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	4	
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM)	EX	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION	EX	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	4	
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG	4	
FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR	EX	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA PV
<i>hydroxyprogesterone (pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	3	SP
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	3	SP
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG	4	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG	4	
<i>incassia oral tablet 0.35 mg</i>	1	ACA PV
<i>jencycla oral tablet 0.35 mg</i>	1	ACA PV
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA PV
<i>lyllana 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>	1	
<i>lyza oral tablet 0.35 mg</i>	1	ACA PV



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML	4	SP
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA PV
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA PV
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	4	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	4	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MINIVELLE 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	EX	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA PV
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA PV
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	ACA PV
PREFEST ORAL TABLET 1 MG (15)/1 MG-0.09 MG (15)	4	
PREMARIN INJECTION RECON SOLN 25 MG	4	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/0.625MG-5MG(14)	4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
<i>progesterone intramuscular oil 50 mg/ml</i>	3	SP; Vac
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	4	

Drug Name	Drug Tier	Requirements / Limits
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA PV
<i>tulana oral tablet 0.35 mg</i>	1	ACA PV
VAGIFEM VAGINAL TABLET 10 MCG	EX	
VIVELLE-DOT TRANSDERMAL PATCH SEMI-WEEKLY 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	EX	
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA PV
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG	4	
CLEOCIN VAGINAL CREAM 2 %	4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	4	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA PV
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>gynol ii vaginal gel 3 %</i>	1	ACA PV
INTRAROSA VAGINAL INSERT 6.5 MG	4	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30)	4	PA; SP; Vac
LYSTEDA ORAL TABLET 650 MG	4	
METROGEL VAGINAL VAGINAL GEL 0.75 %	4	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	4	PA; ST; QL (30 per 30 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	4	ACA PV; SP; Vac
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	4	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
NUVESSA VAGINAL GEL 1.3 %	4	
OSPHENA ORAL TABLET 60 MG	4	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	2	ACA PV
PREPIDIL VAGINAL GEL 0.5 MG/3 G	4	
RELAGARD VAGINAL GEL 0.9-0.025 %	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	4	ACA PV
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	4	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	4	ACA PV
<i>vandazole vaginal gel 0.75 %</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	4	ACA PV
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	4	ACA PV
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA PV
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>after pill oral tablet 1.5 mg</i>	4	ACA PV
AFTERA ORAL TABLET 1.5 MG	2	ACA PV
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>amethia oral tablets,dose pack,3 month 0.15 mg- 30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	ACA PV
<i>apri oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<b>BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7)</b>	4	ACA PV
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<b>BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)</b>	4	ACA PV
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA PV
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA PV
<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>	4	ACA PV
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA PV
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA PV
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA PV
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
ELLA ORAL TABLET 30 MG	2	ACA PV
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	4	ACA PV
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA PV
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	4	ACA PV
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	4	ACA PV
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	1	ACA PV
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 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>	1	ACA PV
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA PV
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA PV
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA PV
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA PV
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	4	ACA PV
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	4	ACA PV
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	4	ACA PV
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	4	ACA PV
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	4	ACA PV
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA PV
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA PV
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7)	4	ACA PV
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA PV
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA PV
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA PV
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	4	ACA PV
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
MINASTRIN 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	4	ACA PV
MIRCETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	4	ACA PV
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>my choice oral tablet 1.5 mg</i>	4	ACA PV
<i>my way oral tablet 1.5 mg</i>	1	ACA PV
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	4	ACA PV
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>new day oral tablet 1.5 mg</i>	1	ACA PV
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	ACA PV
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<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>	1	ACA PV
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA PV
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	4	ACA PV
<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>	1	ACA PV
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA PV
<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>	1	ACA PV



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	ACA PV
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA PV
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA PV
<i>opcicon one-step oral tablet 1.5 mg</i>	4	ACA PV
<i>option-2 oral tablet 1.5 mg</i>	1	ACA PV
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	ACA PV
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	ACA PV
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	4	ACA PV
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA PV
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA PV
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7)	4	ACA PV
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	4	ACA PV
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA PV
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA PV
SLYND ORAL TABLET 4 MG (28)	2	ACA PV
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA PV
TAKE ACTION ORAL TABLET 1.5 MG	2	ACA PV
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA PV
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA PV
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	4	ST; ACA PV
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA PV
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	4	ACA PV
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA PV
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA PV
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA PV
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA PV
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	4	ACA PV

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	ACA PV
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA PV
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA PV
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA PV
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA PV
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA PV
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	ACA PV
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA PV
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA PV
YASMIN (28) ORAL TABLET 3-0.03 MG	4	ACA PV
YAZ (28) ORAL TABLET 3-0.02 MG	4	ACA PV
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA PV
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	ACA PV
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA PV
<b>OXYTOCICS</b>		
<i>methergine oral tablet 0.2 mg</i>	4	
<i>methylergonovine oral tablet 0.2 mg</i>	1	
<i>oxytocin injection solution 10 unit/ml</i>	4	
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	2	
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 %	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	EX	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	4	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	1	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	4	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	4	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	4	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML	4	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
TOBREX OPHTHALMIC (EYE) DROPS 0.3 %	4	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	4	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	4	
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	4	

## **ANTIVIRALS**

Drug Name	Drug Tier	Requirements / Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	4	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	EX	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	4	
<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 %, 0.5 %	EX	
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	EX	
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 %	EX	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 %	4	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS 1-1-2.5 %	4	

Drug Name	Drug Tier	Requirements / Limits
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	4	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 %	4	
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	4	
PAREMYD OPHTHALMIC (EYE) DROPS 1- 0.25 %	4	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	4	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	4	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	4	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	4	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	EX	
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	EX	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	4	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	4	ST
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	EX	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	4	PA; ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	4	
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	4	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
FLUORESCHEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	4	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	4	
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	4	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	4	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	4	
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 %	EX	
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	4	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; ST; SP; Vac
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 %	4	
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 %	4	
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	4	
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	4	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	4	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	4	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	4	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	4	

Drug Name	Drug Tier	Requirements / Limits
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	4	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	4	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	4	PA
VITRASE INJECTION SOLUTION 200 UNIT/ML	4	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	PA; ST; QL (60 per 30 days)
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	EX	
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	4	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	4	
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	EX	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	4	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	4	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	EX	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	4	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>acetazolamide sodium injection recon soln 500 mg</i>	4	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	EX	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	4	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2- 0.5 %	4	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	4	
COSOPT OPHTHALMIC (EYE) DROPS 22.3- 6.8 MG/ML	EX	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	4	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	4	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3- 6.8 mg/ml</i>	1	
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	4	PA; ST
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	4	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	4	ST
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG	4	ST
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	PA; ST
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	PA; ST
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	4	
TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.005 %	4	

Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	4	
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.005 %	4	
TIMOLOL-LATANOPROST(PF) OPHTHALMIC (EYE) DROPS 0.5-0.005 %	4	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	EX	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	4	
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	EX	
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	EX	
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	EX	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	EX	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	4	
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	4	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit/g-1%</i>	1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	4	
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	4	
PREDNISOLONE ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.5 %	2	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	4	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1- 0.5 %	4	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	4	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	4	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	4	
<b>STERIODS</b>		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	EX	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	4	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	4	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	4	
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	4	PA; ST
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	EX	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	EX	
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	EX	
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 %	EX	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	4	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 %	4	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	4	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	4	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	EX	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	4	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	EX	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	4	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 %	4	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	4	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
<b>SULFONAMIDES</b>		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	4	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	4	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	4	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	4	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	EX	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	EX	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	EX	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET 5 MG	EX	
<i>clemastine oral syrup 0.5 mg/5 ml</i>	EX	
<i>clemastine oral tablet 2.68 mg</i>	EX	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	PA; ST; QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	PA; ST; QL (30 per 30 days)
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	EX	
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	4	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION 1 MG/ML (1 ML)	2	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	4	
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	4	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	4	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML	EX	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	
<i>levocetirizine oral tablet 5 mg</i>	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML	4	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	4	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5 ML	EX	
RYVENT ORAL TABLET 6 MG	EX	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	4	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	4	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	4	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	4	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	2	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	4	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	4	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaitussin ac oral liquid 10-100 mg/5 ml</i>	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	2	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	2	
HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG	4	PA
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	PA
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	4	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	4	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	4	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	4	
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	4	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	4	
OBREDON ORAL SOLUTION 2.5-200 MG/5 ML	4	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	4	

Drug Name	Drug Tier	Requirements / Limits
TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	4	
TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	4	
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1	
<b>PULMONARY AGENTS</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG	4	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	4	
ADCIRCA ORAL TABLET 20 MG	EX	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; SP; Vac
ADRENALIN NASAL SOLUTION 1 MG/ML	4	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	EX	
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	EX	
<i>albuterol sulfate inhalation inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL (2 per 30 days)
<i>albuterol sulfate inhalation inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate inhalation oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate inhalation oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate inhalation oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	EX	
<i>alyq oral tablet 20 mg</i>	3	PA; SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	PA; SP; Vac
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	4	
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION	4	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	PA; 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)	4	PA; ST
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	2	
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	4	
BECONASE AQ NASAL SPRAY, NON-AEROSOL 42 MCG (0.042 %)	EX	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	4	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	PA; SP; Vac
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	4	
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	PA; SP; Vac; QL (10 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	EX	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	
BUDESONIDE-FORMOTEROL INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	4	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	4	
DALIRESP ORAL TABLET 250 MCG, 500 MCG	4	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	4	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	EX	
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	4	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	4	
ESBRIET ORAL CAPSULE 267 MG	3	PA; SP; Vac; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG, 801 MG	3	PA; SP; Vac; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	4	PA; SP; Vac
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; SP; Vac
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	EX	
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION	2	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION	2	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	4	
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	4	
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; SP; Vac
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	4	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	3	PA; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	
<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	
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML)	4	PA; SP; Vac
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	3	PA; SP; Vac
KALYDECO ORAL TABLET 150 MG	3	PA; SP; Vac
LETAIRIS ORAL TABLET 10 MG, 5 MG	EX	
<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>	EX	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	EX	
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	4	
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	4	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	EX	
<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	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; SP; Vac
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	4	PA; SP; Vac
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; Vac
OFEV ORAL CAPSULE 100 MG, 150 MG	3	PA; SP; Vac; QL (60 per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	EX	
OPSUMIT ORAL TABLET 10 MG	4	PA; SP; Vac
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; SP; Vac
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; SP; Vac
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; ST; SP; QL (28 per 28 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	4	
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 90 MCG/ACTUATION	EX	
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	4	QL (2 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	EX	
PROVENTIL HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	EX	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	4	PA; ST

Drug Name	Drug Tier	Requirements / Limits
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML	EX	
<i>pulmosal inhalation solution for nebulization 7 %</i>	4	
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	PA; SP; Vac
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION	EX	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	4	PA; SP; Vac
REVATIO ORAL TABLET 20 MG	4	PA; SP; Vac
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	3	PA; SP; Vac
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	3	SP
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; SP
SINGULAIR ORAL GRANULES IN PACKET 4 MG	EX	
SINGULAIR ORAL TABLET 10 MG	EX	
SINGULAIR ORAL TABLET,CHEWABLE 4 MG, 5 MG	EX	
SINUVA SINUS IMPLANT 1,350 MCG	4	SP
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	EX	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; SP; Vac
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML)	4	PA; SP; Vac
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	
<i>terbutaline subcutaneous solution 1 mg/ml</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG	4	PA; SP; Vac
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	3	PA; SP; Vac
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; SP; Vac
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	4	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; Vac
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; SP; Vac
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; SP; Vac
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML	4	PA; SP; Vac
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	4	QL (2 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<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	EX	
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	4	PA; ST; SP; Vac; QL (7 per 30 days)
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	EX	
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	EX	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	EX	
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	
ZETONNA NASAL HFA AEROSOL INHALER 37 MCG/ACTUATION	EX	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	ST
ZYFLO ORAL TABLET 600 MG	4	ST

## UROLOGICALS

### ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG	EX	
DETROL ORAL TABLET 1 MG, 2 MG	EX	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	4	
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	EX	
GEMTESA ORAL TABLET 75 MG	4	PA; ST
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	4	ST
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	EX	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	EX	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	EX	
<i>trospium oral capsule, extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 1 MG/ML	4	
VESICARE ORAL TABLET 10 MG, 5 MG	EX	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
AVODART ORAL CAPSULE 0.5 MG	EX	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	4	
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	4	
PROSCAR ORAL TABLET 5 MG	4	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG	EX	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG	EX	
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alprostadil injection solution 500 mcg/ml</i>	4	



Drug Name	Drug Tier	Requirements / Limits
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	4	
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA; SP
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	4	
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	4	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	4	PA; SP
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	EX	
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	EX	
PROSTIN VR PEDIATRIC INJECTION SOLUTION 500 MCG/ML	4	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	4	
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG	4	
URELLE ORAL TABLET 81-10.8-40.8 MG	4	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG	4	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	4	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG)	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	4	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	4	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	4	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium 500 + d oral tablet, chewable 500 mg-10 mcg (400 unit)</i>	4	
<i>calcium carbonate-vitamin d3 oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)</i>	4	
<i>calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	4	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	4	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet, er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet, er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet, er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	4	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	4	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral solution 5 %</i>	1	
<i>oyster shell + d3 oral tablet 250 mg-3.125 mcg (125 unit)</i>	4	
POTABA ORAL CAPSULE 500 MG	4	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	4	PA; ST; SP; Vac
<b>VITAMINS &amp; HEMATINICS</b>		
ACCRUFER ORAL CAPSULE 30 MG	2	PA
<i>ascorbic acid (vitamin c) injection solution 500 mg/ml</i>	4	
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	4	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	4	
<i>bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg</i>	1	
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	4	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml)</i>	4	
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	4	
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	4	
<i>complete natal dha oral combo pack 29-1-250-200 mg</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	4	
CONCEPT OB ORAL CAPSULE 85-1 MG	4	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	4	
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG	4	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG	4	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	4	
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE 0.8 MG	4	ACA PV
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML	4	ACA PV
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	4	ACA PV
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	4	ACA PV
<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>	4	ACA PV
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	4	ACA PV
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
INFED INJECTION SOLUTION 50 MG/ML	4	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	4	
<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>	4	ACA PV

Drug Name	Drug Tier	Requirements / Limits
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	4	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG	4	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	4	ACA PV
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	4	ACA PV
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	4	ACA PV
<i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	4	ACA PV
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	EX	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET, CHEWABLE 28 MG IRON -1 MG	4	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	4	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG	4	
NEONATAL PLUS VITAMIN ORAL TABLET 27 MG IRON- 1 MG	4	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	4	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	4	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	4	
NESTABS ORAL TABLET 32-1,000 MG-MCG	4	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	4	
NOVAFERRUM ORAL DROPS 15 MG IRON/ML	4	ACA PV
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG	EX	
OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG	EX	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG	EX	
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	EX	
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	EX	
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	1	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg - 430 mg</i>	1	
<i>prenal chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	
<i>prenal pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1	
<i>prenal true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	4	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	4	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	4	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	4	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	4	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	4	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	4	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	4	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	4	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	4	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	4	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1	
<i>pretab oral tablet 29-1 mg</i>	1	
PRIMACARE ORAL CAPSULE 30-1-300 MG	4	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	4	
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG	4	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	4	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	4	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	4	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	4	
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	4	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	4	
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON	4	

Drug Name	Drug Tier	Requirements / Limits
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	4	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRINAZ ORAL TABLET 12-1 MG	4	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	4	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	4	ACA PV
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	4	
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	4	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	4	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	4	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	4	
VITAFOL-OB ORAL TABLET 65-1 MG	4	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	4	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	4	
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	4	
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	4	
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	4	
<i>vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)</i>	4	
<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>	4	ACA PV
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	4	
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	4	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VP-PNV-DHA ORAL CAPSULE 28 MG IRON-1 MG-200 MG	4	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	4	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	4	

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**ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-807-7310 (በስልክ ማገናኛ አገልግሎት: 711)።

**XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-807-7310 (TRS: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-807-7310 (رقم خدمة ترحيل الاتصالات للصم والبكم: 711).

**ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-807-7310 (TRS: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-807-7310 (TRS: 711).

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-807-7310 (TRS: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-807-7310 (TRS: 711).

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-807-7310 (SRT : 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-807-7310 (TRS: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-807-7310 (TRS: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-807-7310 (TRS: 711).

**توجہ:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-807-7310 (TRS: 711) تماس بگیرید.