



HealthSelectSM of Texas

Prescription Drug Program

**HealthSelectSM of Texas Prescription
Drug Program**

**Consumer Directed HealthSelectSM
Prescription Drug Program**

Preferred Drug List

Effective: July 1, 2025

Administered by Express Scripts, Inc.



This list includes information accurate at the time Express Scripts compiled it and may not reflect coverage changes made later. Express Scripts publishes an updated preferred drug list every six months, in January and July.

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List of Abbreviations

ACA: Affordable Care Act.

E: Excluded from coverage. In some cases there may be lower cost alternatives available.

M: Maintenance Medication – Medications used for long periods of time to treat chronic conditions, for example, cholesterol–stabilizing or hypertension medications.

PA: Prior Authorization – Your doctor is required to provide additional information to determine if the drug will be covered by your prescription drug plan.

QL: Quantity Limit – Limits the amount of a medication that will be covered under your prescription drug plan.

SP: Specialty Medication – Drugs that are used in the treatment of rare or complex conditions and are typically injected or infused, are high cost, have special delivery and storage requirements, or require close monitoring or care coordination with your doctor.

ST: Step Therapy – Requires you to first try a cost-effective medication before the more expensive medication will be covered.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	2	
AMBISOME	3	
<i>amphotericin b</i>	1	
<i>amphotericin b liposome</i>	1	
ANCOBON	3	
BREXAFEMME	3	ST; QL
CANCIDAS	3	
<i>caspofungin</i>	1	
<i>clotrimazole</i>	1	
CRESEMBA	2	PA
DIFLUCAN	3	
ERAXIS (WATER DILUENT)	2	
<i>fluconazole in nacl (iso-osm)</i>	1	PA
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	QL
<i>ketoconazole</i>	1	
<i>micafungin</i>	1	
MICAFUNGIN IN 0.9 % SODIUM CHL	3	
MYCAMINE	3	
NOXAFIL INTRAVENOUS	3	PA
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	E	E
<i>nystatin</i>	1	
ORAVIG	3	
<i>posaconazole</i>	1	PA
REZZAYO	3	
SPORANOX	3	QL
<i>terbinafine hcl</i>	1	
TOLSURA	E	E
VFEND	3	PA
VFEND IV	3	PA

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Drug Name	Drug Tier	Requirements / Limits
VIVJOA	3	PA; SP; QL
<i>voriconazole</i>	1	PA
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir</i>	1	
ACYCLOVIR IN 0.9 % SODIUM CHLR	3	
<i>acyclovir sodium</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	M
APRETUDE	2	SP
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	E	E
BEYFORTUS	0	ACA
BIKTARVY	2	
CABENUVA	2	SP; QL
<i>cidofovir</i>	1	
CIMDUO	2	
COMPLERA	E	E
<i>darunavir</i>	1	
DELSTRIGO	E	E
DESCOVY	2	
DOVATO	2	

Drug Name	Drug Tier	Requirements / Limits
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofov</i>	1	
<i>efavirenz-lamivu-tenofov disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	ACA
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
<i>entecavir</i>	1	
EPCLUSA	2	PA; SP; QL
EPIVIR	3	
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	QL
FLUMADINE	3	
<i>fosamprenavir</i>	1	
<i>foscarnet</i>	1	
FOSCAVIR	3	
FUZEON	2	QL
<i>ganciclovir sodium</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
GENVOYA	2	
HARVONI	2	PA; SP; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA	3	
LAGEVRIO (EUA)	2	QL
<i>lamivudine</i>	1	
<i>lamivudine- zidovudine</i>	1	
LEDIPASVIR- SOFOSBUVIR	E	E; SP
LIVTENCITY	3	PA; QL
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
MAVYRET	E	E; SP
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PAXLOVID	2	QL

Drug Name	Drug Tier	Requirements / Limits
PIFELTRO	E	E
PREVYMIS INTRAVENOUS	2	
PREVYMIS ORAL PELLETS IN PACKET	2	
PREVYMIS ORAL TABLET	2	QL
PREZCOBIX	E	E
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	
RAPIVAB (PF)	2	
RELENZA DISKHALER	3	QL
RETROVIR INTRAVENOUS	2	
RETROVIR ORAL	3	
REYATAZ ORAL CAPSULE	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation</i>	1	PA
<i>ribavirin oral</i>	1	SP
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
RUKOBIA	E	E
SELZENTRY ORAL SOLUTION	2	
SELZENTRY ORAL TABLET	3	
SOFOSBUVIR-VELPATASVIR	E	E; SP
SOVALDI	E	E; SP
STRIBILD	E	E
SUNLENCA	3	SP
SYMFI	2	
SYMTUZA	2	
SYNAGIS	2	PA; SP
TAMIFLU	3	QL
TEMBEXA	3	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	
TRIUMEQ PD	2	
TROGARZO	2	PA; SP
TRUVADA	E	E
TYBOST	3	
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VALTREX	E	E
VEKLURY	2	PA

Drug Name	Drug Tier	Requirements / Limits
VEMLIDY	2	
VIRACEPT	2	
VIREAD ORAL POWDER	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	2	PA; SP; QL
XOFLUZA	3	QL
ZEPATIER	2	PA; SP; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
CEPHALOSPORINS		
AVYCAZ	2	
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
<i>cefazolin in 0.9% sod chloride</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefazolin in dextrose 5 %</i>	1	
CEFAZOLIN IN STERILE WATER	3	
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 3 gram, 300 gram, 500 mg</i>	1	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	
<i>cefdinir</i>	1	
CEFEPIME IN DEXTROSE 5 %	3	
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	
CEFEPIME INTRAVENOUS	3	
<i>cefixime</i>	1	
CEFOTAN	3	
<i>cefotaxime</i>	1	
<i>cefotetan</i>	1	
<i>cefoxitin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftazidime</i>	1	
<i>ceftriaxone in dextrose, iso-os</i>	1	
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous</i>	1	
<i>cefuroxime axetil</i>	1	
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
FETROJA	3	
<i>tazicef</i>	1	
TEFLARO	2	
ZERBAXA	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QL
<i>e.e.s. 400</i>	1	
E.E.S. GRANULES	3	

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Drug Name	Drug Tier	Requirements / Limits
ERYPED 200	3	
ERYPED 400	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
ERYTHROCIN	2	
<i>erythrocine (as stearate)</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	
<i>erythromycin lactobionate</i>	1	
ZITHROMAX	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
ALINIA ORAL TABLET	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>amikacin</i>	1	
ARAKODA	3	QL
ARIKAYCE	2	PA; SP
ARTESUNATE	3	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
AZACTAM	3	
<i>aztreonam</i>	1	
<i>bacitracin</i>	1	
BENZNIDAZOLE	2	QL
BETHKIS	3	PA; SP; QL
BILTRICIDE	3	
CAYSTON	2	PA; SP; QL
<i>chloramphenicol sodium succinate</i>	1	
<i>chloroquine phosphate</i>	1	
CLEOCIN	3	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
CLINDAMYCIN IN 0.9 % SOD CHLOR	3	
<i>clindamycin in 5 % dextrose</i>	1	
<i>clindamycin pediatric</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate</i>	1	
COARTEM	2	QL
<i>colistin (colistimethate na)</i>	1	
COLY-MYCIN M PARENTERAL	3	
<i>cycloserine</i>	1	
DALVANCE	2	
<i>dapsone</i>	1	
DAPTOMYCIN IN 0.9 % SOD CHLOR	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM	3	PA; SP
EMVERM	2	QL
<i>ertapenem</i>	1	
<i>ethambutol</i>	1	
<i>gentamicin</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	
<i>gentamicin sulfate (ped) (pf)</i>	1	
HUMATIN	3	SP
<i>hydroxychloroquine</i>	1	M
<i>imipenem-cilastatin</i>	1	
IMPAVIDO	2	PA; QL
<i>isoniazid</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL
<i>ivermectin oral tablet 6 mg</i>	1	PA
KIMYRSA	3	
KITABIS PAK	2	PA; SP; QL
KRINTAFEL	3	QL
LAMPIT	E	E
LIKMEZ	E	E
LINCOCIN	3	
<i>lincomycin</i>	1	
<i>linezolid</i>	1	
<i>linezolid in dextrose 5%</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>linezolid-0.9% sodium chloride</i>	1	
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	
MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM	3	
MEROPENEM-0.9% SODIUM CHLORIDE	2	
<i>metro i.v.</i>	1	
<i>metronidazole in nacl (iso-os)</i>	1	
<i>metronidazole oral capsule</i>	1	
METRONIDAZOLE ORAL TABLET 125 MG	E	E
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT	3	QL
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL
ORBACTIV	2	

Drug Name	Drug Tier	Requirements / Limits
PASER	3	
PENTAM	3	
<i>pentamidine inhalation</i>	1	QL
<i>pentamidine injection</i>	1	
PLAQUENIL	E	E; M
<i>polymyxin b sulfate</i>	1	
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL
PRIMAXIN IV	3	
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	1	PA
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
RECARBRIO	3	
<i>rifabutin</i>	1	
RIFADIN	3	
<i>rifampin</i>	1	
SIRTURO	2	PA
SIVEXTRO INTRAVENOUS	3	
SIVEXTRO ORAL	E	E
SOLOSEC	2	QL
SOVUNA	E	E; M
STREPTOMYCIN	2	
STROMEKTOL	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>tigecycline</i>	1	
<i>tinidazole</i>	1	QL
TOBI	E	E; SP
TOBI PODHALER	2	PA; SP; QL
<i>tobramycin</i>	1	PA; SP; QL
<i>tobramycin in 0.225 % nacl</i>	1	PA; SP; QL
<i>tobramycin sulfate</i>	1	
TOBRAMYCIN WITH NEBULIZER	3	PA; SP; QL
TRECATOR	3	
TYGACIL	3	
VABOMERE	3	
XACDURO	3	
XENLETA	3	
XIFAXAN	2	PA; QL
ZEMDRI	3	
ZYVOX	3	
PENICILLINS		
<i>amoxicillin</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN	2	
AUGMENTIN ES-600	3	
AUGMENTIN XR	3	

Drug Name	Drug Tier	Requirements / Limits
BICILLIN C-R	2	
BICILLIN L-A	2	
<i>dicloxacillin</i>	1	
EXTENCILLINE	3	
LENTOCILIN S	3	
MOXATAG	3	
<i>nafcillin</i>	1	
<i>nafcillin in dextrose iso-osm</i>	1	
<i>oxacillin</i>	1	
<i>oxacillin in dextrose(iso-osm)</i>	1	
PENICILLIN G POT IN DEXTROSE	2	
<i>penicillin g potassium</i>	1	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	
<i>pfizerpen-g</i>	1	
<i>piperacillin-tazobactam</i>	1	
UNASYN	3	
ZOSYN IN DEXTROSE (ISO-OSM)	2	
QUINOLONES		
AVELOX IN NACL (ISO-OSMOTIC)	3	

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Drug Name	Drug Tier	Requirements / Limits
BAXDELA INTRAVENOUS	2	
BAXDELA ORAL	2	QL
CIPRO	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl</i>	1	
<i>ciprofloxacin in 5 % dextrose</i>	1	
<i>levofloxacin</i>	1	
<i>levofloxacin in d5w</i>	1	
<i>moxifloxacin</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER	2	
<i>moxifloxacin-sod.chloride(iso)</i>	1	
<i>ofloxacin</i>	1	
SULFAS & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
BENZODOX 30	E	E
BENZODOX 60	E	E
<i>demeclocycline</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DORYX	E	E
DORYX MPC	E	E
<i>doxy-100</i>	1	
<i>doxycycline hyclate intravenous</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG	E	E
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
EMROSI	E	E
MINOCIN	2	
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	E	E
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxylene nl</i>	1	
MORGIDOX 1X 50	3	ST
MORGIDOX 1X100	3	ST
NUZYRA INTRAVENOUS	3	
NUZYRA ORAL	3	QL
ORACEA	E	E
SEYSARA	3	ST
TARGADOX	3	ST
<i>tetracycline oral capsule</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tetracycline oral tablet</i>	1	ST
XERAVA	3	
XIMINO	E	E
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	
MACROBID	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	E	E
PRIMSOL	3	
<i>trimethoprim</i>	1	
VANCOMYCIN		
FIRVANQ	E	E
VANCOCIN	3	QL

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	2	
<i>vancomycin in 0.9 % sodium chl intravenous solution 1 gram/250 ml, 1.25 gram/250 ml, 1.5 gram/250 ml, 1.5 gram/500 ml, 1.75 gram/500 ml, 2 gram/500 ml</i>	1	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1.75 GRAM/250 ML, 750 MG/150 ML, 750 MG/250 ML	2	
VANCOMYCIN IN DEXTROSE 5 %	2	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous recon soln 1,000 mg, 1.25 gram, 1.5 gram, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM, 2 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin oral</i>	1	QL
VANCOMYCIN-DILUENT COMBO NO.1	3	
VIBATIV	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	1	
ELITEK	2	
ETHYOL	3	
KEPIVANCE	2	SP
KHAPZORY	3	PA
<i>leucovorin calcium</i>	1	
<i>levoleucovorin calcium</i>	1	PA
<i>mesna</i>	1	
MESNEX INTRAVENOUS	3	
MESNEX ORAL	2	
VISTOGARD	2	PA; SP; QL
VORAXAZE	2	
XGEVA	2	PA; SP; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA	3	PA; SP
<i>abiraterone</i>	1	PA; SP; QL
<i>abirtega</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ABRAXANE	3	SP
ADAKVEO	2	PA; SP
ADCETRIS	2	PA; SP
ADRIAMYCIN	3	
<i>adrucil</i>	1	
AFINITOR	E	E; SP
AFINITOR DISPERZ	E	E; SP
AKEEGA	E	E; SP
ALECENSA	2	PA; SP; QL
ALIMTA	3	
ALIQOPA	2	PA; SP
ALKERAN	3	
ALKERAN (AS HCL)	3	
ALUNBRIG	2	PA; SP; QL
ALYMSYS	E	E; SP
AMTAGVI	2	PA; SP
<i>anastrozole</i>	1	M
ARIMIDEX	E	E; M
AROMASIN	3	M
ARRANON	3	SP
<i>arsenic trioxide</i>	1	PA
ASPARLAS	3	PA; SP
ASTAGRAF XL	3	PA
AUCATZYL	3	PA; SP
AUGTYRO	3	PA; SP
AVASTIN	E	E; SP
AXTLE	E	E

Drug Name	Drug Tier	Requirements / Limits
AYVAKIT	3	PA; SP; QL
<i>azacitidine</i>	1	SP
AZASAN	3	
<i>azathioprine</i>	1	
<i>azathioprine sodium</i>	1	
BALVERSA	2	PA; SP
BAVENCIO	2	PA; SP
BELEODAQ	3	PA; SP
BELRAPZO	3	PA; SP
<i>bendamustine intravenous recon soln</i>	1	PA; SP
BENDAMUSTINE INTRAVENOUS SOLUTION	3	PA; SP
BENDEKA	2	PA; SP
BESPONSA	2	PA; SP
<i>bevacizumab</i>	3	
<i>bexarotene</i>	1	PA; SP
<i>bicalutamide</i>	1	M
BICNU	3	PA
BIZENGRI	2	PA; SP
<i>bleomycin</i>	1	
BLINCYTO	2	PA; SP
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	2	PA; SP
<i>bortezomib injection recon soln 3.5 mg</i>	1	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
BORTEZOMIB INTRAVENOUS	2	PA; SP
BORUZU	E	E; SP
BOSULIF	2	PA; SP; QL
BRAFTOVI	2	PA; SP; QL
BREYANZI	3	PA; SP
BRUKINSA	2	PA; SP
<i>busulfan</i>	1	
BUSULFEX	3	
CABOMETYX	2	PA; SP; QL
CALQUENCE (ACALABRUTINIB MAL)	2	PA; SP; QL
CAMCEVI (6 MONTH)	E	E; SP
CAMPTOSAR	3	
<i>capecitabine</i>	1	PA; SP; QL
CAPRELSA	2	PA; SP; QL
<i>carboplatin</i>	1	
<i>carmustine intravenous recon soln 100 mg</i>	1	PA
CARMUSTINE INTRAVENOUS RECON SOLN 300 MG	3	PA
CARVYKTI	2	PA; SP
CASODEX	3	M
CELLCEPT	3	
CELLCEPT INTRAVENOUS	3	

Drug Name	Drug Tier	Requirements / Limits
CISPLATIN INTRAVENOUS RECON SOLN	3	
<i>cisplatin intravenous solution</i>	1	
<i>cladribine</i>	1	
<i>clofarabine</i>	1	
COLUMVI	E	E; SP
COMETRIQ	2	PA; SP; QL
COPIKTRA	3	PA; SP; QL
COSELA	3	PA; SP
COTELLIC	2	PA; SP; QL
<i>cyclophosphamide intravenous recon soln</i>	1	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	3	
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine</i>	1	
<i>cyclosporine modified</i>	1	
CYRAMZA	2	PA; SP
<i>cytarabine</i>	1	
<i>cytarabine (pf)</i>	1	
<i>dacarbazine</i>	1	
<i>dactinomycin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DANYELZA	3	PA; SP
DANZITEN	2	PA; SP
DARZALEX	2	PA; SP
DARZALEX FASPRO	3	PA; SP
<i>dasatinib</i>	1	PA; SP; QL
DATROWAY	3	PA; SP
<i>daunorubicin</i>	1	
DAURISMO	3	PA; SP; QL
<i>decitabine</i>	1	PA; SP
<i>docetaxel</i>	1	
DOCIVYX	E	E
DOXIL	3	
<i>doxorubicin</i>	1	
<i>doxorubicin, peg-liposomal</i>	1	
DROXIA	2	
ELAHERE	3	PA; SP
ELIGARD	2	PA; SP
ELIGARD (3 MONTH)	2	PA; SP
ELIGARD (4 MONTH)	2	PA; SP
ELIGARD (6 MONTH)	2	PA; SP
ELLECE	3	
ELREXFIO	3	PA; SP
ELZONRIS	2	PA; SP
EMPLICITI	3	PA; SP
ENHERTU	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ENSPRYNG	2	PA; SP
ENVARBUS XR	E	E
<i>epirubicin</i>	1	
EPKINLY	E	E; SP
ERBITUX	2	PA; SP
<i>eribulin</i>	1	PA; SP
ERIVEDGE	2	PA; SP; QL
ERLEADA	2	PA; SP; QL
<i>erlotinib</i>	1	PA; SP; QL
ERWINASE	3	ST; SP
ETOPOPHOS	2	
<i>etoposide</i>	1	
EULEXIN	3	M
<i>everolimus (antineoplastic)</i>	1	PA; SP; QL
<i>everolimus (immunosuppressive)</i>	1	
EVOMELA	3	SP
<i>exemestane</i>	1	M
FARESTON	3	M
FASLODEX	3	PA; M
FEMARA	3	M
FENSOLVI	2	PA; SP
FIRMAGON KIT W DILUENT SYRINGE	2	PA; SP
<i>floxuridine</i>	1	
<i>fludarabine</i>	1	
<i>fluorouracil</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FOLOTYN	2	PA; SP
FOTIVDA	E	E; SP
FRINDOVYX	3	
FRUZAQLA	E	PA; E; SP
<i>fulvestrant</i>	1	PA; M
FYARRO	3	PA; SP
GAMIFANT	2	PA; SP
GAVRETO	2	PA; SP; QL
GAZYVA	2	PA; SP
<i>gefitinib</i>	1	PA; SP; QL
<i>gemcitabine intravenous recon soln</i>	1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	
<i>gengraf</i>	1	
GILOTTRIF	2	PA; SP; QL
GLEEVEC	E	E; SP
GLEOSTINE	2	
GLIADEL WAFER	3	
GOMEKLI	3	PA; SP
GRAFAPEX	E	PA; E

Drug Name	Drug Tier	Requirements / Limits
HALAVEN	2	PA; SP
HEPZATO (50 MM CATHETER)	3	SP
HERCEPTIN	E	E; SP
HERCEPTIN HYLECTA	E	E; SP
HERCESSI	E	E; SP
HERZUMA	E	E; SP
HYCAMTIN	2	PA; SP
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	2	PA; SP; QL
ICLUSIG	2	PA; SP; QL
IDAMYCIN PFS	3	
<i>idarubicin</i>	1	
IDHIFA	2	PA; SP; QL
IFEX	3	
<i>ifosfamide</i>	1	
<i>imatinib</i>	1	PA; SP; QL
IMBRUVICA	2	PA; SP; QL
IMDELLTRA	3	PA; SP
IMFINZI	2	PA; SP
IMJUDO	3	PA; SP
IMKELDI	2	PA; SP
IMLYGIC	3	PA; SP
IMURAN	3	
INFUGEM	3	
INLYTA	2	PA; SP; QL
INQOVI	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
INREBIC	E	E; SP
IODOPEN	2	
IRESSA	3	PA; SP; QL
<i>irinotecan</i>	1	
ISTODAX	2	PA; SP
ITOVEBI	E	E; SP
IVRA	E	E
IWILFIN	2	PA; SP
IXEMPRA	2	PA; SP
JAKAFI	2	PA; SP; QL
JAYPIRCA	E	E; SP
JELMYTO	3	PA; SP
JEMPERLI	3	PA; SP
JEVTANA	2	PA; SP
JYLAMVO	E	E
KADCYLA	2	PA; SP
KANJINTI	2	PA; SP
<i>kemoplat</i>	1	
KEYTRUDA	2	PA; SP
KIMMTRAK	2	PA; SP
KISQALI	2	PA; SP; QL
KLISYRI (250 MG)	E	E
KOSELUGO	3	PA; SP
KRAZATI	E	E; SP
KYMRIAH	2	PA; SP
KYPROLIS	2	PA; SP
<i>lanreotide</i>	1	PA; SP; QL
<i>lapatinib</i>	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
LAZCLUZE	3	PA; SP
<i>lenalidomide</i>	1	PA; SP; QL
LENVIMA	2	PA; SP; QL
<i>letrozole</i>	1	M
LEUKERAN	2	
<i>leuprolide</i>	1	PA; SP
LIBTAYO	2	PA; SP
LONSURF	2	PA; SP
LOQTORZI	2	PA; SP
LORBRENA	2	PA; SP; QL
LUMAKRAS	3	PA; SP
LUNSUMIO	2	PA; SP
LUPKYNIS	2	PA; SP; QL
LUPRON DEPOT	2	PA; SP
LUPRON DEPOT (3 MONTH)	2	PA; SP
LUPRON DEPOT (4 MONTH)	2	PA; SP
LUPRON DEPOT (6 MONTH)	2	PA; SP
LUPRON DEPOT-PED	E	E; SP
LUPRON DEPOT-PED (3 MONTH)	E	E; SP
LYNPARZA	2	PA; SP; QL
LYSODREN	2	SP
LYTGOBI	2	PA; SP
MARGENZA	3	PA; SP
MATULANE	2	SP
<i>megestrol</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MEKINIST	2	PA; SP; QL
MEKTOVI	2	PA; SP; QL
<i>melphalan hcl</i>	1	
<i>mercaptopurine oral suspension</i>	1	SP
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitomycin</i>	1	
<i>mitoxantrone</i>	1	SP
MONJUVI	3	PA; SP
MVASI	3	PA; SP
MYCAPSSA	3	PA; SP; QL
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate mofetil (hcl)</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYHIBBIN	2	
MYLERAN	2	
MYLOTARG	2	PA; SP
<i>nelarabine</i>	1	SP
NEMLUVIO	E	PA; E
NEORAL	3	
NERLYNX	2	PA; SP
NEXAVAR	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
NIKTIMVO	E	E; M
NILANDRON	3	PA; M
<i>nilutamide</i>	1	PA; M
NINLARO	2	PA; SP; QL
NIPENT	3	
NUBEQA	2	PA; SP; QL
NULOJIX	2	
<i>octreotide acetate</i>	1	PA; SP
<i>octreotide, microspheres</i>	1	PA; SP; QL
ODOMZO	2	PA; SP; QL
OGIVRI	E	E; SP
OGSIVEO	3	PA; SP
OJEMDA	2	PA; SP
OJJAARA	E	E; SP
ONCASPAR	2	PA
ONIVYDE	2	PA; SP
ONTRUZANT	E	E; SP
ONUREG	E	E; SP
OPDIVO	2	PA; SP
OPDIVO QVANTIG	2	PA; SP
OPDUALAG	2	PA; SP
ORGOVYX	3	PA; QL
ORSERDU	2	PA; SP; QL
<i>oxaliplatin</i>	1	
<i>paclitaxel</i>	1	
<i>paclitaxel protein-bound</i>	1	SP
PADCEV	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>paraplatin</i>	1	
<i>pazopanib</i>	1	PA; SP; QL
PEMAZYRE	2	PA; SP; QL
PEMETREXED	3	
<i>pemetrexed disodium intravenous recon soln</i>	1	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	3	
PEMFEXY	3	
PEMRYDI RTU	3	
PERJETA	2	PA; SP
PHESGO	2	PA; SP
PHOTOFRIN	2	
PIQRAY	2	PA; SP
POLIVY	3	PA; SP
POMALYST	2	PA; SP
POTELIGEO	2	PA; SP
PRALATREXATE	2	PA; SP
PROGRAF INTRAVENOUS	2	
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	2	SP
QINLOCK	E	E; SP
RETEVMO	3	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
REVLIMID	2	PA; SP; QL
REVUFORJ	2	PA; SP
REZLIDHIA	E	E; SP
REZUROCK	3	PA; QL
RIABNI	E	E; SP
RITUXAN	E	E; SP
RITUXAN HYCELA	E	E; SP
<i>romidepsin intravenous recon soln</i>	1	PA; SP
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA; SP
ROMVIMZA	3	PA; SP
ROZLYTREK	2	PA; SP; QL
RUBRACA	E	E; SP
RUXIENCE	2	PA; SP
RYBREVANT	3	PA; SP
RYDAPT	2	PA; SP; QL
RYLAZE	3	PA; SP
RYTELO	E	E; SP
SANDIMMUNE	3	
SANDOSTATIN	3	PA; SP
SANDOSTATIN LAR DEPOT	E	E; SP
SAPHNELO	3	PA; SP
SARCLISA	3	PA; SP
SCEMBLIX	2	PA; SP; QL
SIGNIFOR	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
SIGNIFOR LAR	E	E; SP
SIKLOS	E	E
SIMULECT	2	
<i>sirolimus</i>	1	
SOLTAMOX	3	M
SOMATULINE DEPOT	2	PA; SP; QL
<i>sorafenib</i>	1	PA; SP; QL
SPRYCEL	3	SP; QL
STIVARGA	2	PA; SP; QL
<i>sunitinib malate</i>	1	PA; SP; QL
SUPPRELIN LA	E	PA; E; SP
SUTENT	3	PA; SP; QL
SYLVANT	2	PA; SP
TABLOID	3	
TABRECTA	2	PA; SP
<i>tacrolimus</i>	1	
TAFINLAR	2	PA; SP; QL
TAGRISSO	2	PA; SP; QL
TALVEY	3	PA; SP
TALZENNA	2	PA; SP; QL
<i>tamoxifen</i>	1	M
TARGRETIN ORAL	E	E; SP
TARGRETIN TOPICAL	3	PA; SP
TASIGNA	2	PA; SP; QL
TAZVERIK	3	PA; SP
TECARTUS	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
TECELRA	2	PA; SP
TECENTRIQ	2	PA; SP
TECENTRIQ HYBREZA	E	PA; E; SP
TECVAYLI	3	PA; SP
TEMODAR	2	SP
<i>temozolomide</i>	1	PA; SP
<i>temsirolimus</i>	1	PA; SP
TEPADINA	3	PA
TEPMETKO	E	E; SP
TEVIMBRA	2	PA; SP
THALOMID	2	PA; SP; QL
<i>thiotepa</i>	1	PA
TIBSOVO	2	PA; SP
TIVDAK	3	PA; SP
<i>topotecan</i>	1	PA; SP
<i>toremifene</i>	1	M
TORISEL	3	PA; SP
<i>torpenz</i>	1	PA; SP; QL
TRAZIMERA	2	PA; SP
TREANDA	3	PA; SP
TRELSTAR	E	E
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	
TRIPTODUR	2	PA; SP
TRISENOX	3	PA
TRODELVY	3	PA; SP
TRUQAP	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
TRUXIMA	E	E; SP
TUKYSA	3	PA; SP; QL
TURALIO	3	PA; SP; QL
TYKERB	3	SP; QL
UNITUXIN	2	PA; SP
UPLIZNA	E	E; SP
VANFLYTA	E	E; SP
VECTIBIX	2	PA; SP
VEGZELMA	E	E; SP
VELCADE	3	PA; SP
VENCLEXTA	2	PA; QL
VENCLEXTA STARTING PACK	2	PA; QL
VERZENIO	2	PA; SP; QL
VIDAZA	3	SP
VIJOICE	2	PA; SP; QL
<i>vinblastine</i>	1	
<i>vincasar pfs</i>	1	
<i>vincristine</i>	1	
<i>vinorelbine</i>	1	
VITRAKVI	2	PA; SP; QL
VIVIMUSTA	E	E; SP
VIZIMPRO	2	PA; SP; QL
VONJO	2	PA; SP; QL
VORANIGO	3	PA; SP
VOTRIENT	3	PA; SP; QL
VYLOY	2	PA; SP
VYXEOS	2	PA; SP
WELIREG	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
XALKORI	2	PA; SP; QL
XATMEP	E	E
XELODA	3	PA; SP; QL
XERMELO	2	PA; SP; QL
XOSPATA	2	PA; SP; QL
XPOVIO	E	E; SP
XROMI	E	E
XTANDI	2	PA; SP; QL
YERVOY	2	PA; SP
YESCARTA	2	PA; SP
YONDELIS	2	SP
YONSA	2	PA; SP; QL
ZALTRAP	2	PA; SP
ZEJULA	E	E; SP
ZELBORAF	2	PA; SP; QL
ZEPZELCA	3	PA; SP
ZEVALIN (Y-90)	2	
ZIIHERA	E	E; SP
ZIRABEV	2	PA; SP
ZOLADEX	2	PA; SP
ZOLINZA	2	PA; SP; QL
ZORTRESS	3	
ZYDELIG	2	PA; SP; QL
ZYKADIA	2	PA; SP; QL
ZYNLONTA	3	PA; SP
ZYNYZ	2	PA; SP
ZYTIGA	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM	3	M
BANZEL ORAL SUSPENSION	E	E; M
BANZEL ORAL TABLET 200 MG	E	E
BANZEL ORAL TABLET 400 MG	E	E; M
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	ST; M
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG	3	
CARBATROL	3	
CELONTIN	3	M

Drug Name	Drug Tier	Requirements / Limits
CEREBYX	3	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	M
DEPAKOTE	3	ST; M
DEPAKOTE ER	3	ST; M
DEPAKOTE SPRINKLES	3	ST; M
DIACOMIT	2	PA; SP
<i>diazepam</i>	1	
DILANTIN	2	M
DILANTIN EXTENDED	3	M
DILANTIN INFATABS	3	M
DILANTIN-125	3	M
<i>divalproex</i>	1	M
ELEPSIA XR	3	ST; M
EPIDIOLEX	2	PA; SP
<i>epitol</i>	1	
EPRONTIA	E	E
EQUETRO	3	
<i>ethosuximide</i>	1	M
<i>felbamate</i>	1	M
FELBATOL	3	M
FINTEPLA	E	E; SP
<i>fosphenytoin</i>	1	
FYCOMPA	2	
<i>gabapentin oral capsule</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral solution</i>	1	M
<i>gabapentin oral tablet</i>	1	M
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST; M
GABARONE	E	E; M
GRALISE	3	ST; M
KEPPRA INTRAVENOUS	E	E
KEPPRA ORAL	E	E; M
KEPPRA XR	E	E; M
KLONOPIN	E	E; M
<i>lacosamide intravenous</i>	1	
<i>lacosamide oral</i>	1	M
LAMICTAL	E	E; M
LAMICTAL ODT	E	E; M
LAMICTAL ODT STARTER (BLUE)	E	E; M
LAMICTAL ODT STARTER (GREEN)	E	E; M
LAMICTAL ODT STARTER (ORANGE)	E	E; M
LAMICTAL STARTER (BLUE) KIT	E	E; M

Drug Name	Drug Tier	Requirements / Limits
LAMICTAL STARTER (GREEN) KIT	E	E; M
LAMICTAL STARTER (ORANGE) KIT	E	E; M
LAMICTAL XR	E	E; M
LAMICTAL XR STARTER (BLUE)	3	ST; M
LAMICTAL XR STARTER (GREEN)	3	ST; M
LAMICTAL XR STARTER (ORANGE)	3	ST; M
<i>lamotrigine</i>	1	M
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	1	
LEVETIRACETAM IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK 250 MG/50 ML	3	
<i>levetiracetam intravenous</i>	1	
<i>levetiracetam oral solution</i>	1	M
<i>levetiracetam oral tablet</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	1	M
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	ST; M
LYRICA	E	E; M
LYRICA CR	E	E; M
<i>methsuximide</i>	1	M
MOTPOLY XR	E	E
MYSOLINE	3	M
NAYZILAM	2	PA; QL
NEURONTIN	E	E; M
ONFI	E	E
<i>oxcarbazepine oral suspension</i>	1	M
<i>oxcarbazepine oral tablet</i>	1	M
<i>oxcarbazepine oral tablet extended release 24 hr</i>	1	
OXTELLAR XR	3	ST
<i>phenobarbital</i>	1	M
PHENYTEK	3	M
<i>phenytoin</i>	1	M
<i>phenytoin sodium</i>	1	
<i>phenytoin sodium extended</i>	1	M
<i>pregabalin oral capsule</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral solution</i>	1	M
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA; M
PRIMIDONE ORAL TABLET 125 MG	E	E; M
<i>primidone oral tablet 250 mg, 50 mg</i>	1	M
<i>roweepra</i>	1	M
<i>rufinamide oral suspension</i>	1	PA; M
<i>rufinamide oral tablet 200 mg</i>	1	PA
<i>rufinamide oral tablet 400 mg</i>	1	PA; M
SABRIL	E	E; SP; M
SPRITAM	3	ST; M
<i>subvenite</i>	1	M
<i>subvenite starter (blue) kit</i>	1	M
<i>subvenite starter (green) kit</i>	1	M
<i>subvenite starter (orange) kit</i>	1	M
SYMPAZAN	3	PA
TEGRETOL	3	
TEGRETOL XR	3	
<i>tiagabine oral tablet 12 mg, 4 mg</i>	1	M
<i>tiagabine oral tablet 16 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TOPAMAX	E	E; M
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	M
TOPIRAMATE ORAL CAPSULE, SPRINKLE 50 MG	E	E; M
<i>topiramate oral capsule, extended release 24hr</i>	1	ST; M
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST; M
<i>topiramate oral tablet</i>	1	M
TRILEPTAL	E	E; M
TROKENDI XR	3	ST; M
<i>valproate sodium</i>	1	
<i>valproic acid</i>	1	M
<i>valproic acid (as sodium salt)</i>	1	M
VALTOCO	2	PA; QL
<i>vigabatrin</i>	1	PA; SP; M; QL
<i>vigadrone</i>	1	PA; SP; M; QL
VIGAFYDE	E	E; SP
VIMPAT INTRAVENOUS	E	E
VIMPAT ORAL	E	E; M
XCOPRI	3	M; QL
XCOPRI MAINTENANCE PACK	3	M; QL

Drug Name	Drug Tier	Requirements / Limits
XCOPRI TITRATION PACK	3	M; QL
ZARONTIN	3	M
ZONEGRAN	E	E; M
ZONISADE	E	E
<i>zonisamide</i>	1	M
ZTALMY	2	PA; SP
ANTIPARKINSONISM AGENTS		
APOKYN	E	E; SP
<i>apomorphine</i>	1	PA; SP; QL
AZILECT	3	ST; M
<i>benztropine injection</i>	1	
<i>benztropine oral</i>	1	M
<i>bromocriptine</i>	1	M
<i>carbidopa</i>	1	PA; M
<i>carbidopa-levodopa</i>	1	M
<i>carbidopa-levodopa-entacapone</i>	1	M
CREXONT	E	E; M
DHIVY	E	E; M
DUOPA	3	PA; SP
<i>entacapone</i>	1	M
GOCOVRI	E	E; SP; M
INBRIJA	2	PA; SP; M; QL
LODOSYN	3	PA; M
NEUPRO	3	M
NOURIANZ	3	PA; SP; M; QL
ONAPGO	E	E; SP
ONGENTYS	3	PA; M; QL

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Drug Name	Drug Tier	Requirements / Limits
OSMOLEX ER	E	PA; E; SP; M
<i>pramipexole</i>	1	M
<i>rasagiline</i>	1	M
<i>ropinirole</i>	1	M
RYTARY	3	M
<i>selegiline hcl</i>	1	M
SINEMET	3	M
TASMAR	3	PA; M
<i>tolcapone</i>	1	PA; M
<i>trihexyphenidyl</i>	1	M
VYALEV	E	E; SP
XADAGO	E	E; M
ZELAPAR	E	E; M

MIGRAINE & CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	2	PA; M; QL
AJOVY AUTOINJECTOR	2	PA; M; QL
AJOVY SYRINGE	2	PA; M; QL
<i>almotriptan malate</i>	1	ST; M; QL
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL
ELYXYB	E	E
EMGALITY PEN	2	PA; M; QL

Drug Name	Drug Tier	Requirements / Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; M; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL
<i>frovatriptan</i>	1	ST; QL
IMITREX	E	E
IMITREX STATDOSE PEN	E	E
IMITREX STATDOSE REFILL	E	E
MAXALT	E	E
MAXALT-MLT	E	E
<i>migergot</i>	1	
MIGRANAL	3	ST; QL
MIGRANOW	E	E
<i>naratriptan</i>	1	QL
NURTEC ODT	2	PA; QL
ONZETRA XSAIL	E	E
QULIPTA	2	PA; M; QL
RELPAK	E	E
REYVOW	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate</i>	1	QL
<i>sumatriptan-naproxen</i>	1	QL
TOSYMRA	3	ST; QL
TREXIMET	E	E
TRUDHESA	E	E
UBRELVY	2	PA; QL
VYEPTI	E	E; SP
ZAVZPRET	E	E
ZEMBRACE SYMTOUCH	3	ST; QL
ZOLMITRIPTAN NASAL SPRAY, NON- AEROSOL 2.5 MG	3	ST; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral</i>	1	QL
ZOMIG NASAL SPRAY, NON- AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY, NON- AEROSOL 5 MG	3	ST; QL
ZOMIG ORAL	E	E
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	3	ST; M

Drug Name	Drug Tier	Requirements / Limits
AMONDYS-45	E	E; SP
AMPYRA	E	E; SP
AMVUTTRA	E	PA; E; SP
ARICEPT	3	ST; M
AUSTEDO	2	PA; SP; QL
AUSTEDO XR	2	PA; SP; QL
AUSTEDO XR TITRATION KT(WK1-4)	2	PA; SP; QL
<i>dalfampridine</i>	1	PA; SP; QL
DAYBUE	E	E; SP
<i>dichlorphenamide</i>	1	PA; SP
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	M
<i>donepezil oral tablet 23 mg</i>	1	ST; M
<i>donepezil oral tablet, disintegrating</i>	1	M
<i>edaravone</i>	1	PA; SP
EVRYSDI	3	PA; SP; QL
EXELON PATCH	3	ST; M
EXONDYS-51	E	E; SP
FIRDAPSE	2	PA; SP
<i>galantamine</i>	1	M
HORIZANT	3	ST; M
INGREZZA	3	PA; SP; QL
INGREZZA INITIATION PK(TARDIV)	3	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
INGREZZA SPRINKLE	3	PA; SP; QL
KEVEYIS	E	E; SP
KISUNLA	E	E; SP
LEQEMBI	E	E; SP
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	M
<i>memantine oral solution</i>	1	M
<i>memantine oral tablet</i>	1	M
MEMANTINE ORAL TABLETS, DOSE PACK	3	M
<i>memantine-donepezil</i>	1	ST; M
MIPLYFFA	E	E; SP
NAMENDA TITRATION PAK	3	M
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR	E	E; M
NAMZARIC	2	ST; M
NUEDEXTA	2	PA
NULIBRY	3	PA; SP
ONPATRO	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
<i>ormalvi</i>	1	PA; SP
RADICAVA	2	PA; SP
RADICAVA ORS STARTER KIT SUSP	2	PA; SP
<i>rivastigmine</i>	1	M
<i>rivastigmine tartrate</i>	1	M
SKYCLARYS	E	E; SP
SKYSONA	2	PA; SP
SPINRAZA (PF)	2	PA; SP; QL
<i>tetrabenazine</i>	1	PA; SP; QL
TYSABRI	2	PA; SP; QL
VILTEPSO	E	E; SP
VYONDYS-53	E	E; SP
WAINUA	E	E; SP
XENAZINE	E	E; SP
ZEPOSIA	2	PA; SP; QL
ZEPOSIA STARTER KIT (28-DAY)	2	PA; SP; QL
ZEPOSIA STARTER PACK (7-DAY)	2	PA; SP; QL
ZOLGENSMA	2	PA; SP
ZUNVEYL	E	E; M
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	E	E
<i>atracurium</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	E	E
<i>baclofen oral solution 5 mg/5 ml</i>	1	
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
BLOXIVERZ	3	
BRIDION	3	
<i>carisoprodol</i>	1	
<i>carisoprodol-aspirin</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	1	PA
<i>cyclobenzaprine oral tablet</i>	1	
CYCLOTENS REFILL	E	E
CYCLOTENS STARTER	E	E
DANTRIUM	3	
<i>dantrolene</i>	1	
FEXMID	3	PA
FLEQSUVY	E	E
LORZONE	3	PA
<i>meprobamate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MESTINON	E	E; M
MESTINON TIMESPAN	E	E; M
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
METAXALONE ORAL TABLET 640 MG	E	E
<i>methocarbamol</i>	1	
<i>neostigmine in sterile water</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SYRINGE 2 MG/2 ML (1 MG/ML), 4 MG/4 ML (1 MG/ML)	3	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
NIMBEX	3	
NORGESIC	3	
NORGESIC FORTE	3	
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>orphengesic forte</i>	1	
OZOBAX	E	E
OZOBAX DS	E	E
PREVDUO	3	
<i>pyridostigmine bromide oral syrup</i>	1	M
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	M
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	M
<i>pyridostigmine bromide oral tablet extended release</i>	1	M
<i>regonol</i>	1	
<i>revonto</i>	1	
ROBAXIN	3	
RYANODEX	3	
RYSTIGGO	E	E; SP
SOMA	3	
SUGAMMADEX	3	
<i>tanlor</i>	1	
<i>tizanidine</i>	1	
<i>vanadom</i>	1	
VYVGART	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	E	PA; E; SP; M
ZANAFLEX	3	
ZILBRYSQ	E	E; SP
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	
<i>acetaminophen-codeine</i>	1	
<i>ascomp with codeine</i>	1	
BELBUCA	2	ST; QL
BRIXADI	2	SP
<i>buprenorphine</i>	1	ST
<i>buprenorphine hcl</i>	1	
<i>butalbital-acetaminop-caf-cod</i>	1	
<i>butalbital-acetaminophen</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
BUTRANS	E	E
<i>codeine sulfate</i>	1	
<i>codeine-bitalbital-asa-caff</i>	1	
DEMEROL	3	
DEMEROL (PF)	3	
DILAUDID	3	

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Drug Name	Drug Tier	Requirements / Limits
DILAUDID (PF)	3	
<i>diskets</i>	1	ST
DSUVIA	3	
<i>duramorph (pf)</i>	1	
<i>endocet</i>	1	
<i>fentanyl</i>	1	ST; QL
<i>fentanyl (pf)-bupivacaine-nacl injection prefilled pump reservoir</i>	1	
<i>fentanyl (pf)-bupivacaine-nacl injection solution 2 mcg/ml- 0.0625 %, 2 mcg/ml- 0.1 %, 2 mcg/ml- 0.125 %</i>	1	
FENTANYL (PF)-BUPIVACAINE-NACL INJECTION SOLUTION 4 MCG/ML- 0.125 %	3	
<i>fentanyl citrate</i>	1	ST; QL
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf) intravenous pt controlled analgesia syring 1,000 mcg/20 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>	1	
FENTANYL CITRATE (PF) INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,250 MCG/25 ML (50 MCG/ML), 1,500 MCG/30 ML (50 MCG/ML), 2,750 MCG/55 ML (50 MCG/ML)	3	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
FENTANYL CITRATE (PF) INTRAVENOUS SYRINGE 250 MCG/5 ML (50 MCG/ML)	3	
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PREFILLED PUMP RESERVOIR	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf)-0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i>	1	
FENTANYL CITRATE (PF)-0.9%NACL INJECTION PT CONTROLLED ANALGESIA SYRING 550 MCG/55 ML	3	
FENTANYL CITRATE (PF)-0.9%NACL INJECTION SOLUTION	3	
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 1,000 MCG/20 ML (50 MCG/ML), 1,000 MCG/50 ML (20 MCG/ML), 500 MCG/50 ML (10 MCG/ML)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf)-0.9%nacl intravenous pt controlled analgesia syring 1,500 mcg/30 ml (50 mcg/ml), 2,500 mcg/50 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml, 50 mcg/5 ml (10 mcg/ml)</i>	1	
FENTANYL CITRATE (PF)-0.9%NACL INTRAVENOUS SYRINGE 100 MCG/10 ML (10 MCG/ML), 20 MCG/2 ML (10 MCG/ML), 250 MCG/5 ML (50 MCG/ML), 50 MCG/ML	3	
FENTANYL-ROPIVACAINE-NACL (PF) INJECTION PREFILLED PUMP RESERVOIR	3	
<i>fentanyl-ropivacaine-nacl (pf) injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FIORICET	3	ST
FIORICET WITH CODEINE	3	
<i>hydrocodone bitartrate</i>	1	ST; QL
<i>hydrocodone-acetaminophen</i>	1	
<i>hydrocodone-ibuprofen</i>	1	
HYDROMORPHONE (PF) IN WATER	3	
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone (pf) injection syringe</i>	1	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	
<i>hydromorphone (pf)-0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml), 15 mg/30 ml (0.5 mg/ml), 25 mg/50 ml (0.5 mg/ml), 30 mg/30 ml (1 mg/ml)</i>	1	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 25 MG/25 ML (1 MG/ML), 50 MG/50 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML), 6 MG/30 ML (0.2 MG/ML)	3	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHO NE (PF)-0.9 % NACL INTRAVENOUS SYRINGE	3	
<i>hydromorphone in 0.9 % nacl injection</i>	1	
<i>hydromorphone in 0.9 % nacl intravenous prefilled pump reservoir 10 mg/50 ml (0.2 mg/ml)</i>	1	
HYDROMORPHO NE IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR 20 MG/100 ML (0.2 MG/ML), 50 MG/50 ML (1 MG/ML)	3	
<i>hydromorphone injection solution</i>	1	
HYDROMORPHO NE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	3	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	
<i>hydromorphone oral tablet</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; QL
<i>hydromorphone rectal</i>	1	
HYDROMORPHO NE(PF)-NACL,ISO-OSM INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/ML	3	
<i>hydromorphone(pf)-nacl,iso-osm injection syringe 2 mg/10 ml (0.2 mg/ml)</i>	1	
HYDROMORPHO NE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	3	
<i>hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syringe 6 mg/30 ml (0.2 mg/ml)</i>	1	
HYDROMORPHO NE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SYRINGE	3	
HYSINGLA ER	2	ST; QL
INFUMORPH P/F	2	
<i>levorphanol tartrate</i>	1	
<i>meperidine</i>	1	
<i>meperidine (pf)</i>	1	
<i>methadone</i>	1	ST
METHADONE IN 0.9 % SOD.CHLORID	3	
METHADONE IN SOD CHLOR,ISO-OSM	3	
<i>methadose</i>	1	ST
MITIGO (PF)	3	
MORPHINE (PF) IN 0.9 % SOD CHL INJECTION	3	
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PATIENT CONTROL.ANALGESIA SOLN	3	
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PREFILLED PUMP RESERVOIR	3	

Drug Name	Drug Tier	Requirements / Limits
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 150 MG/30 ML (5 MG/ML), 25 MG/25 ML (1 MG/ML), 55 MG/55 ML (1 MG/ML)	3	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	
<i>morphine (pf) in 0.9 % sod chl intravenous solution</i>	1	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 1 mg/ml, 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
MORPHINE (PF) IN 0.9 % SOD CHL INTRAVENOUS SYRINGE 2 MG/ML, 4 MG/ML	3	
<i>morphine (pf) injection</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	
MORPHINE (PF) INTRAVENOUS SYRINGE	3	
<i>morphine concentrate</i>	1	
MORPHINE IN 0.9 % SODIUM CHLOR INJECTION	3	
<i>morphine in 0.9 % sodium chlor intravenous prefilled pump reservoir</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syring</i>	1	
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	3	
MORPHINE INJECTION SOLUTION	3	
MORPHINE INJECTION SYRINGE 2 MG/ML	3	

Drug Name	Drug Tier	Requirements / Limits
<i>morphine injection syringe 4 mg/ml</i>	1	
MORPHINE INTRAMUSCULAR	3	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	
MORPHINE INTRAVENOUS SOLUTION 8 MG/ML	3	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; QL
<i>morphine oral capsule,extend.relea se pellets</i>	1	ST; QL
<i>morphine oral solution</i>	1	
<i>morphine oral tablet</i>	1	
<i>morphine oral tablet extended release</i>	1	ST; QL
<i>morphine rectal</i>	1	
MS CONTIN	3	ST; QL

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
NALOCET	3	
<i>oxycodone oral capsule</i>	1	
<i>oxycodone oral concentrate</i>	1	
<i>oxycodone oral solution</i>	1	
<i>oxycodone oral tablet</i>	1	
OXYCODONE ORAL TABLET, ORAL ONLY	E	E
OXYCODONE ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	E	E
<i>oxycodone-acetaminophen</i>	1	
OXYCONTIN	2	ST; QL
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; QL
PERCOCET	E	E
PRIMLEV	E	E
PROLATE ORAL SOLUTION	E	E
<i>prolate oral tablet</i>	1	
ROXICODONE	3	
ROXYBOND	E	E

Drug Name	Drug Tier	Requirements / Limits
SUBLOCADE	2	SP
<i>tencon</i>	1	
TREZIX	3	
XTAMPZA ER	E	E
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	0	ACA
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin childrens</i>	0	ACA
<i>aspirin oral tablet 325 mg</i>	E	E
<i>aspirin oral tablet 81 mg</i>	0	ACA
<i>aspirin oral tablet, chewable</i>	0	ACA
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	E	E
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	0	ACA
<i>aspirin, buffd-calcium carb-mag</i>	E	E
<i>bayer aspirin</i>	E	E
BAYER CHEWABLE ASPIRIN	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>bayer low dose aspirin</i>	0	ACA
<i>bufferin</i>	E	E
<i>buprenorphine-naloxone</i>	1	
<i>butorphanol injection</i>	1	
<i>butorphanol nasal</i>	1	QL
CALDOLOR INTRAVENOUS PIGGYBACK	3	
CALDOLOR INTRAVENOUS RECON SOLN	2	
CAPSFENAC PAK	E	E
CAPSINAC	E	E
CELEBREX	E	E
<i>celecoxib</i>	1	
CONZIP	E	E
COXANTO	E	E
DAYPRO	3	ST
DERMACINRX LEXITRAL	E	E
DICLOFENAC EPOLAMINE	E	E
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical gel</i>	E	E
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL
DICLOFENAC SUBMICRONIZED	E	E
<i>diclofenac-misoprostol</i>	1	
DICLOFEX DC	E	E
DICLOFONO	E	E
DICLOGEN	E	E
DICLOPR	E	E
DICLOSAICIN	E	E
DICLOTRAL	E	E
DICLOTREX	E	E
<i>diflunisal</i>	1	
DIMENTHO	E	E
DISALCID	3	
DITHOL	E	E
DOLOBID	E	E
DUROLANE	E	E
EC-NAPROSYN	3	ST
<i>ecotrin</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>ecotrin low strength</i>	0	ACA
<i>etodolac</i>	1	
EUFLEXXA	E	E
FENOPROFEN ORAL CAPSULE 200 MG	E	E
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
FENOPRON	E	E
FENOVAR	E	E
FLECTOR	2	ST; QL
<i>flurbiprofen</i>	1	
FROTEK	E	E
<i>ibu</i>	1	
IBUPAK	E	E
<i>ibuprofen</i>	1	
<i>ibuprofen-famotidine</i>	1	
ICLOFENAC CP	E	E
INDOCIN	E	E
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	E	E
<i>indomethacin rectal suppository 50 mg</i>	1	
INFLAMMA-K	E	E
JOURNAVX	E	E
KERAXA	E	E
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr</i>	1	ST
<i>ketorolac injection</i>	1	
<i>ketorolac intramuscular</i>	1	
<i>ketorolac oral</i>	1	QL
<i>kiprofen</i>	1	ST
KLOXXADO	2	QL
LEXTOL	E	E
LICART	2	ST; QL
LIFEMS NALOXONE	E	E
LIXOFEN	E	E
LODINE	3	ST
<i>lofena</i>	1	ST
<i>lofexidine</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
LOTREXONE	3	
LUCEMYRA	E	E
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
MELOXICAM ORAL SUSPENSION	E	E
<i>meloxicam oral tablet</i>	1	QL
<i>meloxicam submicronized</i>	1	ST; QL
MONOVISC	2	PA
<i>nabumetone</i>	1	
<i>nalbuphine</i>	1	
NALFON ORAL CAPSULE	E	E
NALFON ORAL TABLET	3	ST
NALMEFENE	3	
<i>naloxone injection</i>	1	
<i>naloxone nasal</i>	E	E
NALTREX	3	
<i>naltrexone</i>	1	M
NAPRELAN CR	3	ST
NAPROSYN	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen sodium oral tablet</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg</i>	1	
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 500-20 mg</i>	E	E
NARCAN	3	QL
NUCYNTA	E	E
NUCYNTA ER	E	E
OLINVYK	3	
OPVEE	3	
ORTHOVISC	2	PA
OXAPROZIN ORAL CAPSULE	E	E
<i>oxaprozin oral tablet</i>	1	
PENNSAID	E	E
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	
PROFINAC	E	E
RELAFEN DS	E	E
REXTOVY	2	QL
ROAOXIA	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>salsalate</i>	1	
SPRIX	3	ST; SP; QL
<i>st joseph aspirin</i>	0	ACA
<i>st. joseph aspirin</i>	0	ACA
SUBOXONE	E	E
<i>sulindac</i>	1	
TOLECTIN 600	3	ST
<i>tolmetin</i>	1	ST
TORONOVA II SUIK	E	E
TORONOVA SUIK	E	E
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	E	E
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75	E	E
TRAMADOL ORAL SOLUTION	E	E
<i>tramadol oral tablet 100 mg, 50 mg</i>	1	QL
TRAMADOL ORAL TABLET 25 MG, 75 MG	E	E
<i>tramadol oral tablet extended release 24 hr</i>	1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>tramadol-acetaminophen</i>	1	QL
TRESNI	E	E
<i>tri-buffered aspirin</i>	E	E
VAROPHEN (DICLOFENAC)	E	E
VENNGEL II	E	E
VENNGEL ONE	E	E
VIMOVO	E	E
VISCO-3	E	E
VIVITROL	2	
VIVLODEX	E	E
XRYLIX (DICLOFENAC-KINES TAPE)	E	E
ZICLOCIN	E	E
ZICLOPRO	E	E
ZIMHI	E	E
ZIPSOR	E	E
ZORVOLEX	E	E
ZUBSOLV	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY	E	E
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	
ADASUVE	3	
ADDERALL	E	E
ADDERALL XR	E	E

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Drug Name	Drug Tier	Requirements / Limits
ADDYI	3	PA
ADZENYS XR-ODT	3	ST
<i>alprazolam</i>	1	
<i>alprazolam intensol</i>	1	
AMBIEN	E	E
AMBIEN CR	E	E
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	
APLENZIN	E	E; M
APTENSIO XR	E	E
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet, disintegrating</i>	1	QL
ARISTADA	2	
ARISTADA INITIO	2	
<i>armodafinil</i>	1	PA; QL
<i>asenapine maleate</i>	1	QL
ATIVAN	3	
<i>atomoxetine</i>	1	M
AUVELITY	3	ST; M; QL
AZSTARYS	2	ST
BELSOMRA	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet</i>	1	M
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	M; QL
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	E	E; M
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	M; QL
<i>buspirone</i>	1	M
BYFAVO	3	
CAPLYTA	3	QL
CELEXA	E	E; M
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
CITALOPRAM ORAL CAPSULE	E	E; M
<i>citalopram oral solution</i>	1	M
<i>citalopram oral tablet</i>	1	M; QL
<i>clomipramine</i>	1	
<i>clonidine hcl</i>	1	M
<i>clorazepate dipotassium</i>	1	
<i>clozapine</i>	1	
CLOZARIL	3	

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Drug Name	Drug Tier	Requirements / Limits
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG	E	E; M
COBENFY ORAL CAPSULE 50-20 MG	E	E
COBENFY STARTER PACK	E	E
CONCERTA	E	E
COTEMPLA XR-ODT	3	ST
DAYTRANA	3	ST
DAYVIGO	3	ST; QL
<i>desipramine</i>	1	
DESOXYN	3	
DESVENLAFAXIN E	3	ST; M; QL
<i>desvenlafaxine succinate</i>	1	ST; M; QL
DEXEDRINE SPANSULE	3	ST
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine sulfate</i>	1	
<i>dextroamphetamine-amphetamine</i>	1	
<i>diazepam</i>	1	
<i>diazepam intensol</i>	1	
DORAL	E	E
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin oral tablet</i>	1	ST; QL
DRIZALMA SPRINKLE	E	E; M
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	M; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; M; QL
DULOXICAIN	E	E
DYANA VEL XR	E	E
EDLUAR	3	ST; QL
EFFEXOR XR	E	E; M
EMSAM	3	
<i>ergoloid</i>	1	M
ERZOFRI	2	
<i>escitalopram oxalate oral solution</i>	1	ST; M
<i>escitalopram oxalate oral tablet</i>	1	M; QL
<i>estazolam</i>	1	QL
<i>eszopiclone</i>	1	QL
EVEKEO	E	E
FANAPT	E	E
FANAPT TITRATION PACK A	E	E
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	2	ST; M; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	M; QL
<i>fluoxetine oral capsule 20 mg</i>	1	M
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	ST; M; QL
<i>fluoxetine oral solution</i>	1	M
<i>fluoxetine oral tablet 10 mg</i>	1	ST; M; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST; M
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>flurazepam</i>	1	QL
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; M; QL
<i>fluvoxamine oral tablet</i>	1	M; QL
FOCALIN	E	E
FOCALIN XR	E	E
FORFIVO XL	E	E; M
GEODON INTRAMUSCULAR	3	

Drug Name	Drug Tier	Requirements / Limits
GEODON ORAL	3	QL
<i>guanfacine</i>	1	M
HALCION	3	QL
HALDOL DECANOATE	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	3	PA; SP; QL
HETLIOZ LQ	3	PA; SP; QL
IGALMI	3	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INTUNIV ER	E	E; M
INVEGA	3	QL
INVEGA HAFYERA	E	E
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	ST
LATUDA	E	E
LEXAPRO	E	E; M
<i>lisdexamfetamine oral capsule</i>	1	
<i>lisdexamfetamine oral tablet, chewable</i>	1	ST
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LITHOBID	3	
lorazepam	1	
lorazepam intensol	1	
LOREEV XR	E	E
loxapine succinate	1	
LUMRYZ	2	ST; SP; QL
LUMRYZ STARTER PACK	2	ST; SP
LUNESTA	E	E
lurasidone	1	QL
LYBALVI	3	QL
MARPLAN	3	
METADATE CD	3	ST
methamphetamine	1	
METHYLIN	3	
methylphenidate	1	ST
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	ST
methylphenidate hcl oral capsule, er biphasic 30-70	1	
methylphenidate hcl oral capsule,er biphasic 50-50	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	

Drug Name	Drug Tier	Requirements / Limits
methylphenidate hcl oral tablet extended release	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	E	E
methylphenidate hcl oral tablet,chewable	1	
midazolam (pf)	1	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS PREFILLED PUMP RESERVOIR	3	
midazolam (pf) in 0.9 % nacl intravenous solution	1	
MIDAZOLAM (PF) IN 0.9 % NACL INTRAVENOUS SYRINGE	3	
MIDAZOLAM IN 0.9 % SOD CHLORID	3	
MIDAZOLAM IN NACL, ISO-OSMOTIC	3	

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Drug Name	Drug Tier	Requirements / Limits
MIDAZOLAM IN NACL, ISO-OSMO(PF)	3	
<i>midazolam injection</i>	1	
MIDAZOLAM INTRAVENOUS	3	
<i>midazolam oral</i>	1	
<i>mirtazapine</i>	1	M
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	PA; QL
<i>molindone</i>	1	
MYDAYIS	3	ST
NARDIL	3	
<i>nefazodone</i>	1	M
<i>nortriptyline</i>	1	
NUPLAZID	3	PA; SP; QL
NUVIGIL	E	E
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
ONYDA XR	E	E; M
OPIPZA	E	E
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	

Drug Name	Drug Tier	Requirements / Limits
PARNATE	3	
<i>paroxetine hcl oral suspension</i>	1	ST; M
<i>paroxetine hcl oral tablet</i>	1	M; QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; M; QL
<i>paroxetine mesylate(menop.sym)</i>	1	ST; M; QL
PAXIL CR	3	ST; M; QL
PAXIL ORAL SUSPENSION	3	ST; M
PAXIL ORAL TABLET	3	ST; M; QL
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PERSERIS	3	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
PRISTIQ	E	E; M
<i>procentra</i>	1	
<i>protriptyline</i>	1	
PROVIGIL	E	E
PROZAC	E	E; M
QELBREE	3	ST; M
QUAZEPAM	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	E	E
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER	E	E
QUILLIVANT XR	E	E
QUVIVIQ	3	ST; QL
RALDESY	E	E; M
<i>ramelteon</i>	1	QL
RELEXXII	E	E
REMERON	3	M
REMERON SOLTAB	3	M
RESTORIL	3	QL
REXULTI	3	QL
RISPERDAL CONSTA	3	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	QL
<i>risperidone microspheres</i>	1	
<i>risperidone oral solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN	E	E
RITALIN LA	E	E
ROZEREM	E	E
RYKINDO	2	
SAPHRIS	E	E
SECUADO	3	QL
SEROQUEL	E	E
SEROQUEL XR	E	E
SERTRALINE ORAL CAPSULE	E	E; M
<i>sertraline oral concentrate</i>	1	M
<i>sertraline oral tablet</i>	1	M; QL
SILENOR	3	ST; QL
SODIUM OXYBATE	2	SP; QL
SPRAVATO	E	E
SUNOSI	2	PA; QL
<i>tasimelteon</i>	1	PA; SP; QL
<i>temazepam</i>	1	QL
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranlycypromine</i>	1	
<i>trazodone</i>	1	M
<i>triazolam</i>	1	QL
<i>trifluoperazine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; M; QL
UZEDY	2	
VALIUM	E	E
VENLAFAXINE BESYLATE	E	E; M
<i>venlafaxine oral capsule, extended release 24hr</i>	1	M; QL
<i>venlafaxine oral tablet</i>	1	M; QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; M; QL
VERSACLOZ	3	
VIIBRYD	E	E; M
<i>vilazodone</i>	1	ST; M; QL
VRAYLAR	3	QL
VYLEESI	3	PA; SP; QL
VYVANSE	3	ST
WAKIX	3	PA; SP; QL
WELLBUTRIN SR	E	E; M
WELLBUTRIN XL	E	E; M
XANAX	E	E
XANAX XR	E	E
XELSTRYM	E	E
XYREM	E	E; SP
XYWAV	2	ST; SP; QL
<i>zaleplon</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QL
<i>ziprasidone mesylate</i>	1	
ZOLOFT	E	E; M
ZOLPIDEM ORAL CAPSULE	E	E
<i>zolpidem oral tablet</i>	1	QL
<i>zolpidem oral tablet, ext release multiphase</i>	1	QL
<i>zolpidem sublingual</i>	1	QL
ZURZUVAE	2	PA; SP; QL
ZYPREXA	3	QL
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	E	E; SP
AVONEX	2	PA; SP; QL
BAFIERTAM	2	PA; SP; QL
BETASERON	2	PA; SP; QL
BRIUMVI	E	E; SP
COPAXONE	E	E; SP
<i>dimethyl fumarate</i>	1	PA; SP; QL
<i>fingolimod</i>	1	PA; SP; QL
GILENYA	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>glatiramer</i>	1	PA; SP; QL
<i>glatopa</i>	1	PA; SP; QL
KESIMPTA PEN	2	PA; SP; QL
LEMTRADA	3	PA; SP; QL
MAVENCLAD (10 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (4 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (5 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (6 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (7 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (8 TABLET PACK)	3	PA; SP; QL
MAVENCLAD (9 TABLET PACK)	3	PA; SP; QL
MAYZENT	2	PA; SP; QL
MAYZENT STARTER (FOR 1MG MAINT)	2	PA; SP; QL
MAYZENT STARTER (FOR 2MG MAINT)	2	PA; SP; QL
OCREVUS	2	PA; SP; QL
OCREVUS ZUNOVO	E	PA; E; SP
PLEGRIDY	2	PA; SP; QL
PONVORY	E	E; SP
PONVORY 14-DAY STARTER PACK	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
REBIF (WITH ALBUMIN)	2	PA; SP; QL
REBIF REBIDOSE	2	PA; SP; QL
REBIF TITRATION PACK	2	PA; SP; QL
TASCENSO ODT	E	E; SP
TECFIDERA	E	E; SP
<i>teriflunomide</i>	1	PA; SP; QL
VUMERITY	2	PA; SP; QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	1	
<i>amiodarone intravenous</i>	1	
<i>amiodarone oral</i>	1	M
BETAPACE	3	M
BETAPACE AF	3	M
<i>disopyramide phosphate</i>	1	M
<i>dofetilide</i>	1	M
<i>flecainide</i>	1	M
<i>lidocaine (pf)</i>	1	
<i>lidocaine in 5 % dextrose (pf)</i>	1	
<i>mexiletine</i>	1	M
MULTAQ	2	M
NEXTERONE	3	
NORPACE	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
NORPACE CR	E	E; M
<i>pacerone</i>	1	M
<i>procainamide</i>	1	
<i>propafenone</i>	1	M
<i>quinidine gluconate</i>	1	M
<i>quinidine sulfate</i>	1	M
<i>sotalol af</i>	1	M
SOTALOL INTRAVENOUS	3	
<i>sotalol oral</i>	1	M
SOTYLIZE	2	M
TIKOSYN	E	E
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	M
ACCURETIC	3	M
<i>acebutolol</i>	1	M
ALDACTONE	3	M
<i>aliskiren</i>	1	M
ALTACE	3	M
<i>amiloride</i>	1	M
<i>amiloride-hydrochlorothiazide</i>	1	M
<i>amlodipine</i>	1	M
<i>amlodipine-benazepril</i>	1	M
<i>amlodipine-olmesartan</i>	1	M
<i>amlodipine-valsartan</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan-hcthiazid</i>	1	M
ATACAND	E	E; M
ATACAND HCT	E	E; M
<i>atenolol</i>	1	M
<i>atenolol-chlorthalidone</i>	1	M
AURLUMYN	3	
AVALIDE	E	E; M
AVAPRO	E	E; M
AZOR	E	E; M
<i>benazepril</i>	1	M
<i>benazepril-hydrochlorothiazide</i>	1	M
BENICAR	E	E; M
BENICAR HCT	E	E; M
<i>betaxolol</i>	1	M
BIDIL	E	E; M
<i>bisoprolol fumarate</i>	1	M
<i>bisoprolol-hydrochlorothiazide</i>	1	M
BREVIBLOC	3	
BREVIBLOC IN NACL (ISO-OSM)	3	
<i>bumetanide injection</i>	1	
<i>bumetanide oral</i>	1	M
BYSTOLIC	E	E; M
<i>candesartan</i>	1	M
<i>candesartan-hydrochlorothiazid</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>captopril</i>	1	M
<i>captopril-hydrochlorothiazide</i>	1	M
CARDIZEM	3	M
CARDIZEM CD	3	M
CARDIZEM LA	3	M
CARDURA	3	M; QL
CARDURA XL	3	M; QL
CAROSPIR	E	E; M
<i>cartia xt</i>	1	M
<i>carvedilol</i>	1	M
<i>carvedilol phosphate</i>	1	M
CATAPRES-TTS-1	3	M; QL
CATAPRES-TTS-2	3	M; QL
CATAPRES-TTS-3	3	M; QL
<i>chlorothiazide sodium</i>	1	
<i>chlorthalidone</i>	1	M
<i>clonidine</i>	1	M; QL
<i>clonidine hcl oral tablet</i>	1	M
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	E	E; M
CONJUPRI	E	E; M
CONSENSI	3	
COREG	E	E; M
COREG CR	3	M
COZAAR	E	E; M

Drug Name	Drug Tier	Requirements / Limits
DEMSER	3	PA
DIBENZYLINE	3	PA; M
<i>diltiazem</i>	1	M
<i>dilt-xr</i>	1	M
DIOVAN	E	E; M
DIOVAN HCT	E	E; M
DIURIL	3	M
<i>doxazosin</i>	1	M; QL
DYRENIUM	3	M
EDARBI	E	E; M
EDARBYCLOR	E	E; M
EDECIN	3	ST; M
<i>enalapril maleate</i>	1	M
<i>enalaprilat</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	M
EPANED	E	E; M
<i>epplerenone</i>	1	M
<i>epoprostenol</i>	1	PA; SP
<i>eprosartan</i>	1	M
<i>esmolol</i>	1	
<i>esmolol in nacl (iso-osm)</i>	1	
ESMOLOL IN STERILE WATER	3	
<i>ethacrynate sodium</i>	1	
<i>ethacrynic acid</i>	1	M
EXFORGE	E	E; M
EXFORGE HCT	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>felodipine</i>	1	M
FLOLAN	2	PA; SP
<i>fosinopril</i>	1	M
<i>fosinopril-hydrochlorothiazide</i>	1	M
FUROSCIX	E	E
FUROSEMIDE IN 0.9 % NACL	3	
<i>furosemide injection</i>	1	
<i>furosemide oral</i>	1	M
<i>guanfacine</i>	1	M
HEMANGEOL	E	PA; E; SP; M
<i>hydralazine injection</i>	1	
<i>hydralazine oral</i>	1	M
<i>hydrochlorothiazide</i>	1	M
HYZAAR	E	E; M
<i>indapamide</i>	1	M
INDERAL LA	E	E; M
INDERAL XL	E	E; M
INNOPRAN XL	E	E; M
INSPIRA	3	M
INZIRQO	E	E; M
<i>irbesartan</i>	1	M
<i>irbesartan-hydrochlorothiazide</i>	1	M
<i>isosorbide-hydralazine</i>	1	M
<i>isradipine</i>	1	M
KAPSPARGO SPRINKLE	E	E; M

Drug Name	Drug Tier	Requirements / Limits
KATERZIA	E	E; M
KERENDIA	2	PA; M; QL
<i>labetalol intravenous solution</i>	1	
LABETALOL INTRAVENOUS SYRINGE	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	M
LABETALOL ORAL TABLET 400 MG	E	E; M
LASIX	3	ST; M
LEVAMLODIPINE	E	E; M
<i>lisinopril</i>	1	M
<i>lisinopril-hydrochlorothiazide</i>	1	M
LOPRESSOR	3	M
<i>losartan</i>	1	M
<i>losartan-hydrochlorothiazide</i>	1	M
LOTENSIN	3	M
LOTENSIN HCT	3	M
LOTREL	E	E; M
<i>matzim la</i>	1	M
<i>methyldopa</i>	1	M
<i>methyldopa-hydrochlorothiazide</i>	1	M
<i>methyldopate</i>	1	
<i>metolazone</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol succinate</i>	1	M
<i>metoprolol ta-hydrochlorothiaz</i>	1	M
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral</i>	1	M
<i>metirosine</i>	1	PA
MICARDIS	E	E; M
MICARDIS HCT	E	E; M
<i>minoxidil</i>	1	M
<i>moexipril</i>	1	M
<i>nadolol</i>	1	M
<i>nebivolol</i>	1	M
NEXICLON XR	E	E; M
<i>nicardipine</i>	1	M
<i>nifedipine</i>	1	M
<i>nimodipine oral capsule</i>	1	M
<i>nimodipine oral solution</i>	1	
<i>nisoldipine</i>	1	M
NORLIQVA	E	E; M
NORVASC	E	E; M
NYMALIZE	3	
<i>olmesartan</i>	1	M
<i>olmesartan-amlodipin-hcthiiazid</i>	1	M
<i>olmesartan-hydrochlorothiazide</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM	3	PA; SP; QL
ORENITRAM MONTH 1 TITRATION KT	3	PA; SP; QL
ORENITRAM MONTH 2 TITRATION KT	3	PA; SP; QL
ORENITRAM MONTH 3 TITRATION KT	3	PA; SP; QL
<i>papaverine</i>	1	
<i>perindopril erbumine</i>	1	M
<i>phenoxybenzamine</i>	1	PA; M
<i>pindolol</i>	1	M
<i>prazosin</i>	1	M
PRESTALIA	3	M
PROCARDIA XL	3	M
<i>propranolol intravenous</i>	1	
<i>propranolol oral</i>	1	M
<i>propranolol-hydrochlorothiazid</i>	1	M
QBRELIS	E	E; M
<i>quinapril</i>	1	M
<i>quinapril-hydrochlorothiazide</i>	1	M
<i>ramipril</i>	1	M
RAPIBLYK	3	
REMODULIN	3	PA; SP
SOAANZ	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>spironolactone</i>	1	M
<i>spironolacton-hydrochlorothiaz</i>	1	M
SULAR	3	M
TEKTURNA	E	E; M
<i>telmisartan</i>	1	M
<i>telmisartan-amlodipine</i>	1	M
<i>telmisartan-hydrochlorothiazid</i>	1	M
TENORETIC 100	3	M
TENORETIC 50	3	M
TENORMIN	3	M
<i>terazosin</i>	1	M; QL
TEZRULY	E	E; M
THALITONE	E	E; M
<i>tiadylt er</i>	1	M
TIAZAC	3	M
<i>timolol maleate</i>	1	M
TOPROL XL	E	E; M
<i>torse mide</i>	1	M
<i>trandolapril</i>	1	M
<i>trandolapril-verapamil</i>	1	M
<i>treprostinil sodium</i>	1	PA; SP
<i>triamterene</i>	1	M
<i>triamterene-hydrochlorothiazid</i>	1	M
TRIBENZOR	E	E; M

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI INTRAVENOUS	3	SP
UPTRAVI ORAL	2	PA; SP; QL
VALSARTAN ORAL SOLUTION	E	E; M
<i>valsartan oral tablet</i>	1	M
<i>valsartan-hydrochlorothiazide</i>	1	M
VASERETIC	3	M
VASOTEC	3	M
<i>veletri</i>	1	PA; SP
<i>verapamil</i>	1	M
ZESTORETIC	3	M
ZESTRIL	3	M
CARDIAC GLYCOSIDES		
<i>digoxin</i>	1	M
LANOXIN	3	M
COAGULATION THERAPY		
ADVATE	2	PA; SP
ADYNOVATE	2	PA; SP
ADZYNMA	3	PA; SP
AFSTYLA	2	PA; SP
AGGRASTAT CONCENTRATE	3	
ALHEMO PEN	E	E; SP
ALPHANATE	2	PA; SP
ALPHANINE SD	2	PA; SP
ALPROLIX	2	PA; SP
ALTUVIIIIO	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
ALVAIZ	E	E; SP
AMICAR	3	
<i>aminocaproic acid</i>	1	
ANDEXXA	3	
ARGATROBAN	3	
<i>argatroban in 0.9 % sod chlor</i>	1	
ARIKTRA	3	SP
<i>aspirin-dipyridamole</i>	1	M
BALFAXAR	3	
BENEFIX	2	PA; SP
<i>bivalirudin intravenous recon soln</i>	1	
BIVALIRUDIN INTRAVENOUS SOLUTION	3	
BRILINTA	2	M
CABLIVI	2	PA; SP
CEPROTIN (BLUE BAR)	2	PA; SP
CEPROTIN (GREEN BAR)	2	PA; SP
<i>cilostazol</i>	1	M
<i>clopidogrel</i>	1	M
COAGADEX	2	PA; SP
CORIFACT	2	PA; SP
CYKLOKAPRON	3	
<i>dabigatran etexilate</i>	1	M
DEFITELIO	3	

Drug Name	Drug Tier	Requirements / Limits
<i>dipyridamole</i>	1	M
DOPTLET (15 TAB PACK)	2	PA; SP; QL
EFFIENT	3	M
ELIQUIS	2	M
ELIQUIS DVT-PE TREAT 30D START	2	M
ELOCTATE	2	PA; SP
<i>enoxaparin</i>	1	SP
ENOXILUV	E	E
<i>eptifibatide</i>	1	
ESPEROCT	2	PA; SP
FEIBA NF	2	PA; SP
FIBRYGA	3	PA; SP
<i>fondaparinux</i>	1	SP
FRAGMIN	2	SP
HEMGENIX	2	PA; SP
HEMLIBRA	2	PA; SP
HEMOFIL M HIGH	2	PA; SP
HEMOFIL M LOW	2	PA; SP
HEMOFIL M MID	2	PA; SP
HEMOFIL M SUPER HIGH	2	PA; SP
<i>hep flush-10 (pf)</i>	1	
<i>heparin (porcine)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) in 0.9% nacl intravenous parenteral solution 2,500 unit/500 ml (5 unit/ml)</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS SYRINGE	3	
<i>heparin lock flush (porcine)</i>	1	
<i>heparin lockflush(porcine)(pf)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
HUMATE-P	2	PA; SP
HYMPAVZI PEN	E	E; SP
IDELVION	2	PA; SP
IXINITY	E	E; SP
<i>jantoven</i>	1	
JIVI	2	PA; SP
KCENTRA	3	

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Drug Name	Drug Tier	Requirements / Limits
KENGREAL	3	
KOATE	3	PA; SP
KOGENATE FS	2	PA; SP
KOVALTRY	2	PA; SP
LOVENOX	E	E; SP
MULPLETA	E	E; SP
NOVOEIGHT	2	PA; SP
NOVOSEVEN RT	E	E; SP
NPLATE	2	PA; SP
NUWIQ	E	E; SP
OBIZUR	2	SP
<i>pentoxifylline</i>	1	M
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
<i>phytonadione (vitamin k1) injection syringe</i>	1	
PHYTONADIONE (VITAMIN K1) ORAL TABLET 100 MCG	E	E
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
PLAVIX	E	E; M

Drug Name	Drug Tier	Requirements / Limits
PRADAXA ORAL CAPSULE	E	E; M
PRADAXA ORAL PELLETS IN PACKET	E	E; SP
<i>prasugrel hcl</i>	1	M
PRAXBIND	3	
PROFILNINE	2	PA; SP
PROMACTA	2	PA; SP
<i>protamine</i>	1	
QFITLIA	E	PA; E; SP
QFITLIA PEN	E	PA; E; SP
REBINYN	E	E; SP
RECOMBINATE	E	E; SP
RIASTAP	2	PA; SP
<i>rivaroxaban</i>	1	M
RIXUBIS	E	E; SP
ROCTAVIAN	2	PA; SP
SAVAYSA	E	E; M
SEVENFACT	2	PA; SP
TAVALISSE	2	PA; SP; QL
<i>ticagrelor</i>	1	M
<i>tirofiban-0.9% sodium chloride</i>	1	
<i>tranexamic acid</i>	1	
<i>tranexamic acid in nacl,iso-os</i>	1	
TRETTEN	2	PA; SP
<i>vitamin k</i>	1	
<i>vitamin k1</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VONVENDI	2	PA; SP
<i>warfarin</i>	1	
WILATE	2	PA; SP
XARELTO	2	M
XARELTO DVT-PE TREAT 30D START	2	
XYNTHA	2	PA; SP
XYNTHA SOLOFUSE	2	PA; SP
YOSPRALA	E	E
ZONTIVITY	3	PA; M
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	E	E; M
<i>amlodipine-atorvastatin</i>	1	M; QL
ATORVALIQ	E	E; M
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	M; ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	M; QL
CADUET	3	ST; M; QL
<i>cholestyramine (with sugar)</i>	1	M
<i>cholestyramine light</i>	1	M
<i>colesevelam</i>	1	M
COLESTID	3	M
<i>colestipol</i>	1	M
CRESTOR	E	E; M
EVKEEZA	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
EZALLOR SPRINKLE	E	E; M
<i>ezetimibe</i>	1	M
EZETIMIBE-ROSUVASTATIN	E	E; M
<i>ezetimibe-simvastatin</i>	1	M; QL
<i>fenofibrate micronized oral capsule 130 mg</i>	1	ST; M
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	M
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	E	E; M
<i>fenofibrate nanocrystallized</i>	1	M
FENOFIBRATE ORAL CAPSULE	E	E; M
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST; M
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	M
<i>fenofibric acid</i>	1	M
<i>fenofibric acid (choline)</i>	1	M
FIBRICOR	3	ST; M
FLOLIPID	3	ST; M; QL
<i>fluvastatin</i>	1	M; QL
<i>gemfibrozil</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>icosapent ethyl</i>	1	PA; M
JUXTAPID	2	PA; SP
LEQVIO	E	E; SP
LESCOL XL	3	ST; M; QL
LIPITOR	E	E; M
LIPOFEN	E	E; M
LIVALO	3	M; QL
LOPID	3	M
<i>lovastatin</i>	0	M; ACA; QL
LOVAZA	E	E; M
NEXLETOL	2	PA; M
NEXLIZET	2	PA; M
<i>niacin</i>	1	M
NIACOR	3	M
<i>omega-3 acid ethyl esters</i>	1	PA; M
<i>pitavastatin calcium</i>	1	M; QL
PRALUENT PEN	E	E
<i>pravastatin</i>	1	M; QL
<i>prevalite</i>	1	M
QUESTRAN	3	M
QUESTRAN LIGHT	3	M
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<i>rosuvastatin</i>	1	M; QL

Drug Name	Drug Tier	Requirements / Limits
ROSZET	3	ST; M; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	M; ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	M; QL
TRICOR	E	E; M
TRYNGOLZA	3	PA; SP
VASCEPA	2	PA; M
VYTORIN 10-10	E	E; M
VYTORIN 10-20	E	E; M
VYTORIN 10-40	E	E; M
VYTORIN 10-80	E	E; M
WELCHOL	E	E; M
ZETIA	E	E; M
ZOCOR	E	E; M
ZYPITAMAG	3	ST; M; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE	E	E; M
ATTRUBY	2	PA; SP
CAMZYOS	2	PA; SP; QL
CORLANOR ORAL SOLUTION	E	E; SP
CORLANOR ORAL TABLET	E	E; M
ENTRESTO	2	M; QL
ENTRESTO SPRINKLE	2	M; QL

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Drug Name	Drug Tier	Requirements / Limits
FILSPARI	E	E; SP
GIAPREZA	3	
<i>isoproterenol hcl</i>	1	
<i>ivabradine</i>	1	PA; M
LODOCO	E	E; M
<i>ranolazine</i>	1	M
TRYVIO	E	E; M
VANRAFIA	E	PA; E; SP
VECAMYL	3	PA
VERQUVO	2	M; QL
VYNDAMAX	2	PA; SP
VYND AQEL	2	PA; SP
NITRATES		
GONITRO	3	
ISORDIL	3	M
ISORDIL TITRADOSE	3	M
<i>isosorbide dinitrate</i>	1	M
<i>isosorbide mononitrate</i>	1	M
<i>nitro-bid</i>	1	M
NITRO-DUR	3	M
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal</i>	1	M
<i>nitroglycerin translingual</i>	1	M
NITROLINGUAL	3	M
NITROMIST	3	

Drug Name	Drug Tier	Requirements / Limits
NITROSTAT	3	
<i>nitro-time</i>	1	M
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	
ANALPRAM-HC	3	ST
BIMZELX	E	E; SP
BIMZELX AUTOINJECTOR	E	E; SP
<i>calcipotriene scalp</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM	E	E
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	QL
<i>calcitriol</i>	1	
COSENTYX	E	E; SP
COSENTYX (2 SYRINGES)	E	E; SP
COSENTYX PEN	E	E; SP
COSENTYX PEN (2 PENS)	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
COSENTYX UNOREADY PEN	E	E; SP
DIOCHLOY	E	E
DIOOXIA	E	E
<i>drithocrema hp</i>	E	E
ENSTILAR	2	ST; QL
EPIFOAM	3	ST
HYDROCORTISON E-PRAMOXINE TOPICAL CREAM 2.35-1 %	E	ST; E
<i>hydrocortisone- pramoxine topical cream 2.5-1 %</i>	1	ST
ILUMYA	E	E; SP
OTULFI	E	E; SP
OVACE	3	
OVACE PLUS	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS WASH	3	
PLENURA	E	E
PLEXION NS	3	
PRAMOSONE	3	ST
PURAZIL	E	E
PYZCHIVA	E	E; SP
SCYTERA	E	E
SELARSDI INTRAVENOUS	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
SELARSDI SUBCUTANEOUS	2	PA; SP; QL
<i>selenium sulfide</i>	1	
SILIQ	E	E; SP
SKYRIZI	2	PA; SP; QL
SORILUX	E	E
SOTYKTU	2	PA; SP; QL
SPEVIGO INTRAVENOUS	2	PA; SP
SPEVIGO SUBCUTANEOUS	3	PA; SP
STELARA INTRAVENOUS	2	PA; SP
STELARA SUBCUTANEOUS	2	PA; SP; QL
STEQEYMA	E	E; SP
STEQEYMA I.V.	E	E; SP
<i>sulfacetamide sodium</i>	1	
TACLONEX	3	QL
TALTZ AUTOINJECTOR	2	PA; SP; QL
TALTZ AUTOINJECTOR (2 PACK)	2	PA; SP; QL
TALTZ AUTOINJECTOR (3 PACK)	2	PA; SP; QL
TALTZ SYRINGE	2	PA; SP; QL
TERSI FOAM	3	
TREMFYA INTRAVENOUS	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
TREMFYA PEN INDUCTION PK-CROHN	2	PA; SP; QL
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; M
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	2	PA; SP
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	2	PA; SP
TRIONEX	E	E
USTEKINUMAB	E	PA; E; SP
USTEKINUMAB-TTWE INTRAVENOUS	2	PA; SP
USTEKINUMAB-TTWE SUBCUTANEOUS	2	PA; SP; QL
VECTICAL	3	
VTAMA	3	PA; QL
WEZLANA	E	E; SP
WEZLANA I.V.	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
WYNZORA	3	ST; QL
YESINTEK INTRAVENOUS	2	PA; SP
YESINTEK SUBCUTANEOUS	2	PA; SP; QL
ZITHRANOL	E	E
ZORYVE TOPICAL CREAM 0.15 %	E	ST; E
ZORYVE TOPICAL CREAM 0.3 %	3	PA; QL
ZORYVE TOPICAL FOAM	3	ST; QL
BURN THERAPY		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
<i>keralyt</i>	E	E
KERALYT RX	E	E
KERALYT SCALP	E	E
NENDRUX	E	E
PODOCON	E	E
RAYASAL	E	E
SALICATE	E	E
<i>salicylic acid</i>	E	E
<i>salicylic acid-ceramides no.1</i>	E	E
<i>salimez</i>	E	E
SALIMEZ FORTE	E	E
<i>salvax</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
SALVAX DUO PLUS	E	E
<i>salycim</i>	E	E
ULTRASAL-ER	E	E
VIRASAL	E	E
WAYZEN	E	E
XALIX	E	E
MISCELLANEOUS DERMATOLOGICALS		
<i>abravo</i>	E	E
ADBRY	2	PA; SP; QL
AMELUZ	3	
<i>ammonium lactate</i>	E	E
ATRAPRO CP	E	E
ATRAPRO HYDROGEL	E	E
<i>avo cream</i>	E	E
BIAFINE EMULSION	E	E
CANTHARIDIN IN ACETONE	3	
CARAC	E	E
<i>celacyn</i>	E	E
<i>cem-urea</i>	E	E
CERACADE	E	E
CERAMAX	E	E
CIBINQO	2	PA; QL
CONDYLOX	E	E
CORTANE-B	3	
DAZINIA	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>derma-r</i>	E	E
DERMASO PLUS	E	E
<i>diclofenac sodium</i>	1	PA; QL
<i>doxepin</i>	1	QL
DRYSOL DAB-O-MATIC	E	E
DUPIXENT PEN	2	PA; QL
DUPIXENT SYRINGE	2	PA; QL
EBGLYSS PEN	2	PA
EBGLYSS SYRINGE	2	PA
EFUDEX	3	
ELIDEL	E	E
ELYZIA	E	E
ELYZIA (WITH HYALURONATE)	E	E
<i>emulsion sb</i>	E	E
ENTTY	E	E
EPICERAM	E	E
EUCRISA	2	ST; QL
FLUOROURACIL TOPICAL CREAM 0.5 %	E	E
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HALUCORT	E	E
HAPRODERM	E	E

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Drug Name	Drug Tier	Requirements / Limits
HOVYN	E	ST; E
<i>hpr</i>	E	E
<i>hpr plus</i>	E	E
<i>hpr plus hydrogel</i>	E	E
HPR PLUS-MB HYDROGEL	E	E
HYDRO 35	E	E
HYDRO 40	E	E
HYFTOR	3	PA; SP
<i>imiquimod</i>	1	
IODOFLEX	3	
IODOSORB	3	
KAZURI	E	E
KERASTAT	E	E
KERIDA	E	E
KYNARA	E	E
LEVICYN ANTIPRURITIC	E	E
LEVICYN ANTIPRURITIC SG	E	E
LEVULAN	3	
LOUTREX	E	E
LOYON	E	E
LUXAMEND	E	E
<i>mb hydrogel</i>	E	E
<i>mb hydrogel (cyclomethicone)</i>	E	E
METDRAY	E	E
<i>methoxsalen</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methyl salicylate</i>	1	
MICURADERM	E	E
NEOSALUS	E	E
NUJO	E	ST; E
NUJU	E	E
NUTRASEB	E	E
OPZELURA	3	PA; QL
OXIANUJO	E	E
OXIANUJO (WITH HYALURONATE)	E	E
PANRETIN	3	PA
PHEODOYO	E	E
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox topical gel</i>	1	ST; QL
<i>podofilox topical solution</i>	1	
PRESERA	E	E
PROMISEB	E	E
PRONAL	E	E
<i>pruclair</i>	E	E
<i>prudoxin</i>	1	QL
<i>prumyx</i>	E	E
QBREXZA	E	E
QUIDROXZAR	E	E
QUIHOXAXIA	E	E
QUIHOXVAR	E	E
QUTENZA	E	E; SP
REGRANEX	2	QL
RYNODERM	E	E

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Drug Name	Drug Tier	Requirements / Limits
SCENESSE	3	PA; SP
SEBUDERM	E	E
<i>silver nitrate</i>	E	E
<i>silver nitrate applicators</i>	E	E
SOFDRA	E	E
SOLOX GEL	E	E
<i>sonafine</i>	E	E
<i>tacrolimus</i>	1	ST; QL
TOLAK	3	
URAMAXIN	E	E
<i>urea nail stick</i>	E	E
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	E	E
UREA TOPICAL CREAM 39.5 %	E	E
<i>urea topical foam</i>	E	E
<i>urea topical gel</i>	E	E
UREA TOPICAL LOTION	E	E
<i>ure-k</i>	E	E
UVADEX	2	
VALCHLOR	2	PA; SP
VEREGEN	E	E
VEVEN	E	E
VYJUVEK	3	PA; SP
WELERIS	E	E
<i>wintergreen oil</i>	1	
XCLAIR	E	E

Drug Name	Drug Tier	Requirements / Limits
XIRUN	E	E
XUREA	E	E
YCANTH	3	SP
ZONALON	3	ST; QL
ZYCLARA	E	E
THERAPY FOR ACNE		
ABENOR	E	E
ABENOR HP	E	E
ABSORICA	3	
ABSORICA LD	E	E
ACANYA	E	E
<i>accutane</i>	1	
ACIOXIAY	E	ST; E
ACZONE	3	ST
ADAINZOXIA	E	ST; E
ADALINA	E	ST; E
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.1 %</i>	E	E
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>adapalene-benzoyl peroxide</i>	1	
ADERMICA	E	ST; E
ADERMICA HP	E	ST; E
ADMIRAZOL	E	ST; E
ADMIRAZOL HP	E	ST; E
AKLIEF	3	ST
ALIXI	E	ST; E
ALIXI HP	E	ST; E
ALOMIRA	E	ST; E
ALOMIRA HP	E	ST; E
ALOMIRA LP	E	ST; E
ALTRENO	3	
ALURIS	E	ST; E
ALURIS HP	E	ST; E
ALURIS HP PLUS	E	ST; E
ALURIS LP	E	ST; E
ALURIS LP PLUS	E	ST; E
ALURIS PLUS	E	ST; E
ALUXOF	E	ST; E
ALUXOF HP	E	ST; E
ALVOX	E	E
ALVOX HP	E	E
<i>amnesteam</i>	1	
AMZEEQ	3	ST
APEXOL	E	ST; E
APEXOL HP	E	ST; E
APHORIA	E	ST; E
APORIX	E	ST; E

Drug Name	Drug Tier	Requirements / Limits
ARAZLO	3	PA
ARTILIS	E	ST; E
ARTILIS HP	E	ST; E
ATRALIN	E	E
AUGUSTIL	E	ST; E
<i>avar</i>	1	
AVAR LS	3	ST
AVAR-E	3	ST
AVEIDA	E	E
AVEIDAOXIA	E	E
AVIDORA	E	ST; E
AVIDORA HP	E	ST; E
AWANIS	E	ST; E
AZALTA	E	ST; E
AZALTA HP	E	ST; E
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZAMYCIN	3	ST
<i>benzebro</i>	1	
BENZEPRO (MICROSPHERES)	3	ST
<i>benzoyl peroxide</i>	1	
<i>bp 10-1</i>	1	ST
<i>brimonidine</i>	1	PA
CABTREO	E	E
<i>claravis</i>	1	
<i>cleansing wash</i>	E	ST; E
CLENIA PLUS	E	E
CLEOCIN T	3	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clindacin</i>	1	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
CLINDACIN PAC	3	ST
CLINDAGEL	E	E
<i>clindamycin phosphate topical foam</i>	1	ST; QL
<i>clindamycin phosphate topical gel</i>	1	QL
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL
<i>clindamycin phosphate topical lotion</i>	1	QL
<i>clindamycin phosphate topical solution</i>	1	QL
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone</i>	1	
DAZAVEIDAOXIA	E	E
DAZOMON	E	PA; E

Drug Name	Drug Tier	Requirements / Limits
DEOXIA	E	ST; E
DEOXIADEMTAR	E	ST; E
DEOXIATAR	E	ST; E
DEOXIAVAR	E	ST; E
DIADIMAXIA	E	ST; E
DIAOXIA	E	ST; E
DIASAXIATAR	E	ST; E
DIASDIMAXIA	E	ST; E
DIASOXIA	E	ST; E
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL	E	ST; E
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
DIMOXIA	E	ST; E
DRAXACE	E	ST; E
DRAXACEY	E	ST; E
DRIXECE	E	ST; E
ECEOXIA	E	E
EPIDUO FORTE	3	ST
EPSOLAY	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin-benzoyl peroxide</i>	1	
ETHOXIA	E	E
EVOCLIN	3	ST; QL
FABIOR	E	E
FINACEA	2	ST
IDARAN	E	E
IDYYXIATAR	E	ST; E
INZDEAXIATAR	E	ST; E
INZDEAXIAVAR	E	ST; E
INZDEOXIA	E	ST; E
<i>isotretinoin</i>	1	
ITHOXIA	E	E
<i>ivermectin</i>	1	QL
LOUNZDOMDIOX IATAR	E	ST; E
METROCREAM	3	ST
METROGEL	3	ST
<i>metronidazole</i>	1	
MIRVASO	2	PA
<i>neuac</i>	1	
NEUAC KIT	3	ST
NORITATE	E	E
ONEXTON	3	ST
ONZDEAXIADEM TAR	E	ST; E
ONZDEAXIADEM VAR	E	ST; E
ONZDEAXIATAR	E	ST; E

Drug Name	Drug Tier	Requirements / Limits
ONZDEAXIAVAR	E	ST; E
ONZDEAXIAZAR	E	ST; E
ONZDEOXIA	E	ST; E
OXIAICE	E	E
OXIATAR	E	ST; E
OXIAVARRY	E	ST; E
OXIAVARY	E	ST; E
OXIAZAR	E	ST; E
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
<i>refissa</i>	E	E
REMYDA	E	PA; E
RENOVA	E	E
RESTIMO	E	E
RETIN-A	3	
RETIN-A MICRO	E	E
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	E	E
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	
RHOFADE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSITARA	E	E
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
ROVIS	E	E
RUMILO	E	ST; E
SAROXIA	E	ST; E
SIRVANA	E	ST; E
SOOLANTRA	3	ST; QL
SORIXIA	E	ST; E
<i>sss 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>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	E	E
<i>sulfacetamide sod-sulfur-urea</i>	E	E
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
TARDEOXIA	E	ST; E
TARDIMAXIA	E	ST; E
TAROXIA	E	ST; E
<i>tazarotene topical cream</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
TAZAROTENE TOPICAL FOAM	E	E
<i>tazarotene topical gel</i>	1	PA
TAZORAC	E	E
<i>tretinoin</i>	1	
<i>tretinoin (emollient)</i>	E	E
<i>tretinoin microspheres</i>	1	
UNZDOMDIOXIA ZAR	E	ST; E
VANOXIDE-HC	3	ST
VARDIMAXIA	E	ST; E
VAROXIA	E	ST; E
VELTIN	E	E
WINLEVI	E	E
<i>zenatane</i>	1	
ZIANA	3	ST
ZILXI	E	E
ZMA CLEAR	E	E
TOPICAL ANESTHETICS		
AGONEAZE	E	E
ANASTIA	E	E
ANODYNE LPT	E	E
APRIZIO PAK	E	E
ASTERO	E	E
<i>bupivacaine (pf)</i>	1	
<i>bupivacaine-epinephrine (pf)</i>	1	
<i>chloroprocaine (pf)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
COCAINE	3	
<i>dermacinrx lidocan</i>	1	PA
DERMACINRX LIDOGEL	E	E
DERMACINRX LIDOREX	E	E
<i>dermacinrx prizopak</i>	E	E
DOLOTRANZ	E	E
<i>ethyl chloride</i>	E	E
EXPAREL (PF)	3	
GOPRELTO	3	
LDO PLUS	E	E
<i>lidocaine (pf)</i>	1	
<i>lidocaine hcl injection</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane</i>	1	
<i>lidocaine hcl topical</i>	E	E
<i>lidocaine hcl-hydrocortison ac</i>	1	
<i>lidocaine topical adhesive patch,medicated</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine (pf)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
LIDOCAINE-TETRACAINE	E	E
<i>lidocan iii</i>	1	PA
<i>lidocan iv</i>	1	PA
<i>lidocan v</i>	1	PA
<i>lidocort</i>	1	
LIDODERM	E	E
<i>lido-k</i>	E	E
<i>lidopin topical cream 3 %</i>	E	E
LIDOPIN TOPICAL CREAM 3.25 %	E	E
LIDO-PRILO CAINE PACK	E	E
LIDORX	E	E
<i>lido-sorb</i>	E	E
<i>lidotor</i>	E	E
LIDOTRAL	E	E
<i>lidozion</i>	E	E
LIDTOPIC	E	E
LIDTOPIC MAX	E	E
LIVIXIL PAK	E	E
MARCAINE-EPINEPHRINE	3	
MOXICAINE	E	E
NOLIRA	3	

Drug Name	Drug Tier	Requirements / Limits
NUMBONEX	E	E
NUMBRINO	3	
NYNUTEY	3	
PLIAGLIS	E	E
<i>polocaine-mpf</i>	1	
PRILO PATCH	E	E
<i>ropivacaine (pf)</i>	1	
TRANZAREL	E	E
<i>valladerm-90</i>	E	E
XARACOLL	3	
XYLOCAINE-MPF/EPINEPHRIN E	3	
ZILOVAL	E	E
<i>zionodil</i>	E	E
ZTLIDO	2	PA
TOPICAL ANTIBACTERIALS		
ALCORTIN A	E	E
ALTABAX	3	ST; QL
BASADROX	E	E
BATIZIA	E	E
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL
<i>corti-sav</i>	E	E
DERMAZENE	E	E
<i>gentamicin</i>	1	QL
<i>hydrocortisone-iodoquinl-aloe2</i>	E	E

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-iodoquinol</i>	E	E
<i>hydrocortisone-iodoquinol-aloe</i>	E	E
KLARON	3	ST
<i>lugols</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL
<i>mupirocin calcium</i>	1	ST; QL
NANRAN	E	E
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
QUINJA	E	E
SILVRSTAT	E	E
<i>strong iodine</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON	2	
VYTON	E	E
XEPI	3	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole</i>	E	E
<i>clotrimazole-betamethasone</i>	1	QL
DAFILOR	E	E
DELIBON	E	E
DENVITA	E	E
DERMACINRX THERAZOLE PAK	E	E
DIFMETIOXRIME	E	E
DIONARIS	E	E
DIVENDO	E	E
<i>econazole nitrate</i>	1	QL
ECOZA	E	E
ERTACZO	E	E
EXELDERM	3	QL
EXODERM	E	E
EXTINA	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
FENOVIA	E	E
FERVINA	E	ST; E
FIDILA	E	E
FILOMA	E	E
FRIVO	E	E
HAXCHLO	E	E
HAXCHLODREX	E	E
HAXDRAX	E	E
HEXIOUNYL	E	ST; E
HIXDEFRIMA	E	E
IMIOXIA	E	E
JUBLIA	3	ST
<i>ketconazole topical cream</i>	1	QL
<i>ketconazole topical foam</i>	1	ST; QL
<i>ketconazole topical shampoo</i>	1	QL
<i>ketodan</i>	1	ST; QL
<i>ketodan kit</i>	1	ST
<i>klayesta</i>	1	QL
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	QL
LULICONAZOLE	E	E
LUZU	E	E
MICONAZOLE NITRATE-ZINC OX-PET	E	E
<i>naftifine</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
NAFTIN	3	QL
<i>nyamyc</i>	1	QL
<i>nystatin</i>	1	QL
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	QL
<i>oxiconazole</i>	1	QL
OXISTAT	E	E
PHEDRAX	E	E
PHEOXIA	E	E
PHEYO	E	E
SULCONAZOLE	E	E
<i>tavaborole</i>	1	ST
VUSION	E	E
TOPICAL ANTIVIRALS		
<i>acyclovir</i>	1	PA; QL
DENAVIR	3	
<i>penciclovir</i>	1	
XERESE	E	E
ZOVIRAX TOPICAL CREAM	3	PA; QL
ZOVIRAX TOPICAL OINTMENT	E	E
TOPICAL CORTICOSTEROIDS		
ACIOXIA	E	E
ADVANCED ALLERGY COLLECT KIT	E	E
<i>ala-cort</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST
<i>apexicon e</i>	1	
<i>beser</i>	1	ST
BESER KIT	E	ST; E
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
CHLOHUX	E	ST; E
CHLOOXIA	E	ST; E
<i>clobetasol scalp</i>	1	QL
CLOBETASOL TOPICAL CREAM 0.025 %	E	E
<i>clobetasol topical cream 0.05 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX	3	ST; QL
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST; QL
CORDRAN TAPE LARGE ROLL	3	ST
DERMA-SMOOTH/FS BODY OIL	3	ST
DERMA-SMOOTH/FS SCALP OIL	3	ST
DERMAWERX SDS	E	E
<i>desonide topical cream</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
DESOWEN	3	ST
<i>desoximetasone</i>	1	ST
<i>diflorasone</i>	1	QL
DIPROLENE (AUGMENTED)	3	ST
DIVINIX	E	ST; E
DOMELA	E	ST; E
DUOBRII	3	ST; QL
DYNOMA	E	ST; E
ELLZIA PAK	E	E
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e</i>	1	QL
FLUOPAR	E	ST; E
FLUOXIA	E	ST; E

Drug Name	Drug Tier	Requirements / Limits
<i>flurandrenolide</i>	1	QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical cream</i>	1	
<i>halcinonide topical solution</i>	E	E
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
HYDROCORTISON E LOTION COMPLETE	E	ST; E
<i>hydrocortisone topical cream 1 %</i>	E	E
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion</i>	1	
<i>hydrocortisone topical ointment 1 %</i>	E	E
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone topical solution</i>	1	
<i>hydrocortisone valerate</i>	1	
HYDROXYM	E	ST; E
ILEXOR	E	ST; E
IMPOYZ	E	E
KENALOG	3	ST; QL
<i>mometasone</i>	1	
NOXIPAK	E	E
NUCORT	3	ST
OLUX	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT	E	ST; E

Drug Name	Drug Tier	Requirements / Limits
QUINIXIL	E	ST; E
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SERNIVO	E	E
SURE RESULT TAC PAK	E	E
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TELIORA	E	E
TETOXIA	E	ST; E
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
TOPICORT TOPICAL SPRAY, NON-AEROSOL	E	E
<i>tovet emollient</i>	1	ST; QL
TOVET KIT	E	ST; E
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
TRIASIL	E	E
<i>triderm</i>	1	ST
ULTRAVATE	E	E
VANOS	E	E
VERDESO	E	E
WHYTEDERM TDKAK	E	E
WHYTEDERM TRILASIL PAK	E	E
XILAPAK	E	ST; E
TOPICAL ENZYMES		
NEXOBRID	3	
SANTYL	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	

Drug Name	Drug Tier	Requirements / Limits
<i>malathion</i>	1	
NATROBA	E	E
OVIDE	3	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
ADIPEX-P	E	E
ALLI	E	E
<i>benzphetamine</i>	E	E
CONTRAVE	E	E; M
<i>diethylpropion</i>	E	E
IMCIVREE	E	PA; E; SP
LOMAIRA	E	E
ORLISTAT	E	E; M
<i>phendimetrazine tartrate</i>	E	E
<i>phentermine</i>	E	E
PLENITY (WELCOME KIT)	E	E; M
QSYMIA	E	E
SAXENDA	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML	2	PA; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 2.4 MG/0.75 ML	2	PA; M; QL
XENICAL	E	E; M
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML	E	E; M
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 12.5 MG/0.5 ML, 7.5 MG/0.5 ML	E	E
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 5 MG/0.5 ML	E	E; M
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML, 7.5 MG/0.5 ML	E	E
ANTIDOTES		

Drug Name	Drug Tier	Requirements / Limits
PROVAYBLUE	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ADVIN COVID-19 AG HOME TEST	E	E
BD VERITOR SARS-COV-2, FLU A-B	E	E
BD VERITOR SYSTEM SARS- COV-2	E	E
BINAXNOW COVD AG CARD HOME TST	E	E
BINAXNOW COVID-19 AG CARD	E	E
BINAXNOW COVID-19 AG SELF TEST	E	E
CARESTART COVID-19 AG HOME TST	E	E
CLINITEST COVID-19 HOME TEST	E	E
CORDX COVID-19 AG HOME TEST	E	E
COVID-19 AT- HOME TEST	E	E
COVID19 TEST ADM.BY PHARMACIST	E	E

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Drug Name	Drug Tier	Requirements / Limits
ELLUME COVID-19 HOME TEST	E	E
EUA PATIENT ASSESSMENT	E	E
FASTEP COVID-19 AG HOME TEST	E	E
FLOWFLEX COVID-19 AG HOME TEST	E	E
FLOWFLEX PLUS COVID-19 AND FLU	E	E
GENABIO COVID-19 RAPID AT-HOME	E	E
GOTOKNOW COVID-19 AG HOME TEST	E	E
ID NOW COVID-19 TEST KIT	E	E
IHEALTH COVID-19 AG HOME TEST	E	E
INDICAID COVID-19 AG HOME TEST	E	E
INTELISWAB COVID-19 HOME TEST	E	E
LUCIRA CHECK-IT COVID HOME TST	E	E
ON-GO COVID-19 AG AT HOME TEST	E	E

Drug Name	Drug Tier	Requirements / Limits
PILOT COVID-19 AT-HOME TEST	E	E
PIXEL COVID19 HOME COLLECT KIT	E	E
QUICKVUE AT-HOME COVID-19 TEST	E	E
QUICKVUE SARS ANTIGEN	E	E
RAPID SARS-COV-2 AG HOME TEST	E	E
SOFIA SARS ANTIGEN FIA	E	E
SOFIA2 FLU-SARS ANTIGEN FIA	E	E
SPEEDYSWAB COVID-19 AND FLU	E	E
SPEEDYSWAB COVID-19 HOME TEST	E	E
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's</i>	1	
SORBITOL	3	
SORBITOL-MANNITOL	3	

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Drug Name	Drug Tier	Requirements / Limits
VASHE	E	E
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
<i>acetic acid</i>	1	
AGRYLIN	3	M
AMMONUL	3	
AMPHADASE	3	
<i>anagrelide</i>	1	M
ARALAST NP	E	PA; E; SP
BKEMV	E	E; SP
BUPHENYL	3	PA; SP
<i>caffeine citrate</i>	1	
CARBAGLU	2	PA; SP
<i>carglumic acid</i>	1	PA; SP
CARNITOR (SUGAR-FREE)	3	M
CARNITOR INTRAVENOUS	3	
CARNITOR ORAL	3	M
<i>cevimeline</i>	1	M
CHEMET	2	PA
<i>curity sterile water</i>	E	E
CUVRIOR	E	E; SP
DEFENCATH	3	
<i>deferasirox</i>	1	PA; SP
<i>deferiprone</i>	1	PA; SP
<i>disulfiram</i>	1	
<i>droxidopa</i>	1	PA; SP
DUVYZAT	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
EMPAVELI	2	PA; SP
ENDARI	3	PA; SP
ENJAYMO	2	PA; SP
EPYSQLI	3	PA; SP
EVOXAC	3	M
EXJADE	E	E; SP
FABHALTA	2	PA; SP
FERRIPROX (2 TIMES A DAY)	2	PA; SP
FERRIPROX ORAL SOLUTION	2	PA; SP
FERRIPROX ORAL TABLET	3	PA; SP
FERRLECIT	3	PA
<i>finasteride</i>	E	E; M
GIVLAARI	3	PA; SP
GLASSIA	E	PA; E; SP
<i>glutamine (sickle cell)</i>	1	PA; SP
HYLENEX	3	
INCRELEX	2	PA; SP
JADENU	E	E; SP
JADENU SPRINKLE	E	E; SP
JOENJA	3	PA; SP; QL
KORSUVA	3	SP
LAMZEDE	2	PA; SP
<i>levocarnitine (with sugar)</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>levocarnitine intravenous</i>	1	
<i>levocarnitine oral</i>	1	M
LITFULO	3	PA; SP; QL
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	1	PA; SP
NITYR	2	PA; SP
NORTHERA	E	E; SP
OLPRUVA	3	PA; SP
OMISIRGE	3	
ORFADIN	3	PA; SP
PEDMARK	2	
PHEBURANE	2	PA; SP
PIASKY	E	E; SP
PROLASTIN-C	2	PA; SP
PROPECIA	E	E; M
PYRUKYND	3	PA; SP; QL
RADIOGARDASE	3	
RAVICTI	E	E; SP
RECLAST	3	SP
REVCovi	2	PA; SP
REZDIFFRA	2	PA; SP; QL
RILUTEK	3	PA; M
<i>riluzole</i>	1	PA; M
<i>risedronate</i>	1	M; QL
RYONCIL	3	PA

Drug Name	Drug Tier	Requirements / Limits
<i>sodium benzoate-sodium phenylacetate</i>	1	
<i>sodium chlor 0.9% bacteriostat</i>	1	
<i>sodium chloride</i>	1	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium ferric gluconate-sucrose</i>	1	PA
<i>sodium phenylbutyrate</i>	1	PA; M
SOHONOS	3	PA; SP; QL
SOLIRIS	2	PA; SP
SYPRINE	3	PA; M
TAVNEOS	3	PA; SP; QL
TEGLUTIK	3	PA; SP
THIOLA	E	E; SP
THIOLA EC	3	PA; SP
TIGLUTIK	3	PA; SP
<i>tiopronin</i>	1	PA; SP
<i>trientine oral capsule 250 mg</i>	1	PA; M
TRIENTINE ORAL CAPSULE 500 MG	E	E; M
ULTOMIRIS	3	PA; SP
VAFSEO	E	E
<i>venxxiva</i>	1	PA; SP
VEOPOZ	3	PA; SP
VOYDEYA	2	PA; SP
VYKAT XR	E	PA; E; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>water for irrigation, sterile</i>	1	
XENPOZYME	2	PA; SP
XURIDEN	2	PA; SP
ZEMAIRA	E	E; SP
ZOKINVY	3	PA; SP; QL
<i>zoledronic acid-mannitol-water</i>	1	SP
ZYNRELEF	3	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	0	ACA
CHANTIX	0	ACA
CHANTIX CONTINUING MONTH BOX	0	ACA
CHANTIX STARTING MONTH BOX	0	ACA
NICODERM CQ	0	ACA
NICORETTE BUCCAL GUM 2 MG	0	ACA
<i>nicorette buccal gum 4 mg</i>	0	ACA
NICORETTE BUCCAL LOZENGE	0	ACA
NICORETTE BUCCAL MINI LOZENGE	0	ACA
<i>nicotine</i>	0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex) buccal gum</i>	0	ACA
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	0	
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	0	ACA
<i>nicotine (polacrilex) buccal mini lozenge</i>	0	ACA
NICOTROL NS	0	ACA
<i>quit 2</i>	0	ACA
<i>quit 4</i>	0	ACA
<i>stop smoking aid</i>	0	ACA
<i>varenicline tartrate</i>	0	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN	3	SP
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	E	E
<i>chlorhexidine gluconate</i>	1	
CLINPRO 5000	E	E; M
DEBACTEROL	E	E
<i>denta 5000 plus</i>	E	E; M
<i>denta 5000 plus sensitive</i>	E	E; M
<i>dentagel</i>	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium)</i>	E	E; M
FLUORIDEX DAILY DEFENSE	E	E; M
FLUORIDEX SENSITIVITY RELIEF	E	E; M
FLUORIMAX 5000	E	E; M
FLUORIMAX 5000 SENSITIVE	E	E; M
<i>fraiche 5000</i>	E	E; M
FRAICHE 5000 PREVI	E	E; M
GELCLAIR	3	
GEL-KAM	E	E
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %)</i>	1	M; QL
<i>ipratropium bromide nasal spray, non-aerosol 42 mcg (0.06 %)</i>	1	QL
JUST RIGHT 5000	E	E; M
<i>kourzeq</i>	1	
MUGARD	3	SP
<i>olopatadine</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
ORAPEUTIC	E	E
<i>paroex oral rinse</i>	1	
PERIDEX	3	

Drug Name	Drug Tier	Requirements / Limits
<i>periogard</i>	1	
PHOS-FLUR	E	E
<i>pilocarpine hcl</i>	1	M
PREVIDENT	E	E; M
PREVIDENT 5000 BOOSTER PLUS	E	E; M
PREVIDENT 5000 ENAMEL PROTECT	E	E; M
PREVIDENT 5000 ORTHO DEFENSE	E	E; M
PREVIDENT 5000 PLUS	E	E; M
PREVIDENT 5000 SENSITIVE	E	E; M
PREVIDENT KIDS	E	E; M
PROTHELIAL	3	SP
Q-CARE RX Q4	E	E
SALAGEN (PILOCARPINE)	3	M
<i>sf</i>	E	E; M
<i>sf 5000 plus</i>	E	E; M
<i>sodium fluoride 5000 plus</i>	E	E; M
<i>sodium fluoride-pot nitrate</i>	E	E; M
<i>triamcinolone acetone</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CETRAXAL	E	E
<i>ciprofloxacin hcl</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	E	E
<i>ciprofloxacin-dexamethasone</i>	1	
CIPROFLOXACIN-FLUOCINOLONE	E	E
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc</i>	1	
OTOVEL	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; SP
ACTHAR SELFJECT	3	PA; SP
AGAMREE	E	E; SP
ALKINDI SPRINKLE	E	E
<i>betamethasone acet,sod phos</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CELESTONE SOLUSPAN	3	
CORTEF	3	
<i>cortisone</i>	1	
CORTROPHIN GEL	E	E; SP
CORTROSYN	3	
<i>cosyntropin</i>	1	
<i>deflazacort</i>	1	PA; SP
DEPO-MEDROL	3	
<i>dexabliss</i>	1	PA
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
<i>dexamethasone sodium phos (pf)</i>	1	
<i>dexamethasone sodium phosphate</i>	1	
EMFLAZA	E	E; SP
<i>fludrocortisone</i>	1	M
HEMADY	E	E
<i>hydrocortisone</i>	1	
KENALOG	3	
KENALOG-80	3	

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Drug Name	Drug Tier	Requirements / Limits
MEDROL	3	
MEDROL (PAK)	3	
<i>methylprednisolone</i>	1	
<i>methylprednisolone acetate</i>	1	
<i>millipred</i>	1	
<i>millipred dp</i>	1	
ORAPRED ODT	3	
<i>prednisolone</i>	1	
<i>prednisolone sodium phosphate</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	PA
TAPERDEX	3	PA
TARPEYO	3	PA; SP; QL
<i>triamcinolone acetonide</i>	1	
TRIESENCE (PF)	3	
XIPERE (PF)	3	SP
ZCORT	3	PA
ANTITHYROID AGENTS		
<i>methimazole</i>	1	M
POTASSIUM IODIDE ORAL DROPS	E	E
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil</i>	1	M
SSKI	3	

Drug Name	Drug Tier	Requirements / Limits
THYROSAFE	E	E
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
2TEK GLUCOSE/BLOOD PRESSURE	E	E
ACCU-CHEK AVIVA CONTROL SOLN	3	
ACCU-CHEK AVIVA PLUS TEST STRP	E	E; M
ACCU-CHEK GUIDE GLUCOSE METER	E	E; M
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	
ACCU-CHEK GUIDE ME GLUCOSE MTR	E	E; M
ACCU-CHEK GUIDE TEST STRIPS	E	E; M
ACCU-CHEK SMARTVIEW CONTRL SOL	3	M
ACCU-CHEK SMARTVIEW TEST STRIP	E	E; M
ACCUTREND GLUCOSE CONTROL	3	

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Drug Name	Drug Tier	Requirements / Limits
ACCUTREND GLUCOSE TEST STRIPS	E	E; M
ADVANCED GLUC METER TEST STRIP	E	E; M
ADVOCATE REDI-CODE PLUS	E	E; M
ADVOCATE REDI-CODE PLUS CTRL L	3	
AGAMATRIX AMP TEST STRIPS	E	E; M
AGAMATRIX CONTROL SOLN-HIGH	3	M
AGAMATRIX CONTROL SOLN-NORMAL	3	M
AGAMATRIX JAZZ TEST STRIPS	E	E; M
AGAMATRIX JAZZ WIRELESS 2 MNTR	E	E
AGAMATRIX PRESTO SYSTEM	E	E; M
AGAMATRIX PRESTO TEST STRIPS	E	E; M
ASSURE 4 CONTROL SOLUTION	3	
ASSURE 4 STRIPS	E	E; M

Drug Name	Drug Tier	Requirements / Limits
ASSURE DOSE NORMAL CONTROL	3	M
ASSURE PLATINUM GLUCOSE METER	E	E; M
ASSURE PLATINUM TEST STRIP	E	E; M
ASSURE PRISM CONTROL 1-2 SOLN	3	
ASSURE PRISM MULTI METER	E	E; M
ASSURE PRISM MULTI STRIP	E	E; M
AT HOME A1C	3	
BIGFOOT UNITY	E	E
BIONIME RIGHTEST GM300 SYSTEM	E	E
BIONIME RIGHTEST TEST STRIPS	E	E; M
BIOTEL CARE BGM-4 METER	E	E; M
BLOOD GLUCOSE CONTROL, NORMAL	3	M
BLOOD GLUCOSE TEST	E	E; M
BLOOD-GLUCOSE METER	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
BLULINK DIABETIC TEST BUNDLE	E	E
BLULINK GLUCOSE MONITOR SYSTEM	E	E; M
BLULINK GLUCOSE TEST STRIP	E	E; M
BREEZE 2 CONTROL SOLUTION,HIGH	3	M
CARESENS CONTROL A AND B	3	
CARESENS N	E	E; M
CARESENS N FELIZ GLUCOSE METER	E	E; M
CARESENS N TEST STRIPS	E	E; M
CARESENS N VOICE	E	E; M
CARETOUCH CONTROL SOLN L2-L3	3	
CARETOUCH GLUCOSE MONITORING	E	E
CARETOUCH TEST STRIP	E	E; M
CLEVER CHEK BLOOD GLUCOSE	E	E; M

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE GLUCOSE MONITOR	E	E; M
CLEVER CHOICE LEVEL 2 CONTROL	3	M
CLEVER CHOICE MICRO	E	E; M
CLEVER CHOICE MICRO TEST STRIP	E	E; M
CLEVER CHOICE PRO	E	E; M
CLEVER CHOICE TALK GLUCOSE SYS	E	E; M
CLEVER CHOICE TALK TEST	E	E; M
CLEVER CHOICE TEST STRIPS	E	E; M
CLEVER CHOICE VOICE PLUS TEST	E	E; M
CONTOUR CONTROL SOLUTION, NML	3	M
CONTOUR NEXT EZ METER	E	E; M
CONTOUR NEXT GEN METER	E	E
CONTOUR NEXT LEV 2 CONTROL SOL	3	M
CONTOUR NEXT LINK	E	E

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Drug Name	Drug Tier	Requirements / Limits
CONTOUR NEXT LINK 2.4	E	E
CONTOUR NEXT METER	E	E; M
CONTOUR NEXT ONE METER	E	E; M
CONTOUR NEXT TEST STRIPS	E	E; M
CONTOUR PLUS BLUE METER	E	E; M
CONTOUR PLUS TEST STRIP	E	E; M
CONTOUR TEST STRIPS	E	E; M
DEXCOM G6 RECEIVER	2	QL
DEXCOM G6 SENSOR	2	QL
DEXCOM G6 TRANSMITTER	2	M; QL
DEXCOM G7 RECEIVER	2	QL
DEXCOM G7 SENSOR	2	QL
DIATRUE CONTROL SOLN NORMAL	3	M
DIATRUE PLUS BLOOD GLUCOSE MET	E	E; M
DIATRUE PLUS TEST STRIP	E	E; M

Drug Name	Drug Tier	Requirements / Limits
EASY PLUS II HIGH CONTROL	3	M
EASY PLUS II TEST	E	E; M
EASY STEP	E	E; M
EASY STEP BLOOD GLUCOSE METER	E	E; M
EASY STEP HIGH CONTROL SOLN	3	M
EASY TALK GLUCOSE TEST	E	E; M
EASY TALK HIGH CONTROL	3	M
EASY TALK PLUS II LOW CONTROL	3	
EASY TALK PLUS II TEST STRIP	E	E; M
EASY TOUCH BLU CTRL SOLN-L1,L3	3	
EASY TOUCH BLULINK GLUC SYST	E	E; M
EASY TOUCH BLULINK TEST STRIP	E	E; M
EASY TOUCH GLUCOSE MONITOR	E	E; M
EASY TOUCH TEST STRIP	E	E; M
EASY TRAK GLUCOSE TEST	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
EASY TRAK II BLOOD GLUCOSE MTR	E	E; M
EASY TRAK II CTRL SOLN-NORMAL	3	M
EASY TRAK II TEST STRIP	E	E; M
EASY TRAK LOW CONTROL	3	
EASYGLUCO METER	E	E
EASYGLUCO TEST	E	E; M
EASYMAX	E	E; M
EASYMAX 15 LEVEL 2	3	M
EASYMAX NG	E	E
EASYMAX NORMAL CONTROL	3	M
EASYMAX T1	E	E
EASYMAX V SPEAKING GLUCOSE SYS	E	E; M
ELEMENT COMPACT GLUCOSE METER	E	E; M
ELEMENT COMPACT NORMAL CONTROL	3	M

Drug Name	Drug Tier	Requirements / Limits
ELEMENT COMPACT TEST STRIPS	E	E; M
ELEMENT COMPACT V GLUCOSE MTR	E	E; M
ELEMENT NORMAL CONTROL	3	M
ELEMENT PLUS BLOOD GLUCOSE KIT	E	E
ELEMENT TEST STRIPS	E	E; M
EMBRACE BLOOD GLUCOSE SYSTEM	E	E; M
EMBRACE EVO LEVEL 1	3	
EMBRACE EVO TEST STRIPS	E	E; M
EMBRACE GLUCOSE CONTROL LOW	3	
EMBRACE PRO GLUCOSE METER	E	E; M
EMBRACE PRO TEST STRIPS	E	E; M
EMBRACE TALK BLOOD GLUCOSE SYS	E	E
EMBRACE TALK CONTROL-LOW (L1)	3	

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Drug Name	Drug Tier	Requirements / Limits
EMBRACE TALK TEST STRIPS	E	E; M
EMBRACE WAVE PLUS GLUCOSE MTR	E	E; M
EVENCARE G2	E	E; M
EVENCARE G3 GLUCOSE METER	E	E
EVENCARE G3 TEST	E	E; M
EVENCARE MINI GLUCOSE TEST STR	E	E; M
EVENCARE MINI MONITOR SYSTEM	E	E; M
EVENCARE PROVIEW TEST STRIP	E	E; M
EVERSENSE 365 SENSOR	E	E
EVERSENSE 365 TRANSMITTER	E	E; M
EVOLUTION BLOOD GLUCOSE METER	E	E
EVOLUTION NORMAL CONTROL	3	M
EVOLUTION TEST STRIPS	E	E; M
EZ SMART PLUS SYSTEM	E	E

Drug Name	Drug Tier	Requirements / Limits
EZ SMART PLUS TEST	E	E; M
EZ SMART SYSTEM	E	E
EZ SMART TEST	E	E; M
FORA 6 CONNECT GLUCOSE STRIP	E	E; M
FORA 6CONN-GTEL-TN'G ADV STRIP	E	E; M
FORA D40D GLUCOSE-BP MONITOR	E	E
FORA D40-G31 TEST STRIPS	E	E; M
FORA G20 KIT	E	E
FORA G20 STRIP	E	E; M
FORA G30A	E	E; M
FORA GD50 BLOOD GLUCOSE SYSTEM	E	E; M
FORA GD50 TEST STRIPS	E	E; M
FORA GTEL GLUCOSE TEST STRIP	E	E; M
FORA GTEL MULTI-FUNCTN MONITOR	3	
FORA KETONE CONTROL SOLN-L1	3	

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Drug Name	Drug Tier	Requirements / Limits
FORA NORMAL CONTROL	3	M
FORA PREMIUM V10 GLUCOSE METER	E	E; M
FORA TEST N'GO VOICE METER	E	E; M
FORA TEST STRIP	E	E; M
FORA TN'G ADV MOBILE MULTI MTR	3	
FORA TN'G ADVAN PRO TEST STRIP	E	E; M
FORA TN'G ADVANCE MULTI-FN MTR	3	
FORA TN'G ADVANCE PRO MONITOR	3	
FORA TN'G VOICE METER	E	E; M
FORA TN'G VOICE TEST STRIPS	E	E; M
FORA V10	E	E; M
FORA V10-V12-D10-D20 STRIPS	E	E; M
FORA V12 BLOOD GLUCOSE SYSTEM	E	E; M
FORACARE GD20	E	E; M
FORACARE GD20 GLUCOSE METER	E	E; M

Drug Name	Drug Tier	Requirements / Limits
FORACARE GD40 TEST STRIPS	E	E; M
FORACARE GD40B GLUCOSE METER	E	E; M
FORACARE GDH LOW CONTROL	3	
FREESTYLE CONTROL	2	M
FREESTYLE FLASH SYSTEM	E	E
FREESTYLE FREEDOM	2	
FREESTYLE FREEDOM LITE	2	
FREESTYLE INSULINX	2	M
FREESTYLE INSULINX TEST STRIPS	2	M
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	QL
FREESTYLE LIBRE 2 PLUS SENSOR	2	QL
FREESTYLE LIBRE 2 READER	2	QL
FREESTYLE LIBRE 2 SENSOR	2	QL

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL
FREESTYLE LIBRE 3 READER	2	QL
FREESTYLE LIBRE 3 SENSOR	2	QL
FREESTYLE LITE METER	2	
FREESTYLE LITE STRIPS	2	M
FREESTYLE PRECISION NEO METER	E	E; M
FREESTYLE PRECISION NEO STRIPS	2	M
FREESTYLE SIDEKICK II	E	E
FREESTYLE SYSTEM KIT	E	E
FREESTYLE TEST	2	M
GE100 BLOOD GLUCOSE SYSTEM	E	E
GE100 BLOOD GLUCOSE TEST STRIP	E	E; M
GE100 CONTROL SOLUTION NORMAL	3	M
GE333 BLOOD GLUCOSE SYSTEM	E	E; M

Drug Name	Drug Tier	Requirements / Limits
GE333 BLOOD GLUCOSE TEST STRIP	E	E; M
GENSTRIP TEST STRIP	E	E; M
GLUCO NAVII GLUCOSE MONITOR	E	E
GLUCO NAVII TEST STRIP	E	E; M
GLUCOCARD 01 METER	E	E
GLUCOCARD 01 NORMAL CONTROL	3	M
GLUCOCARD 01 SENSOR PLUS	E	E; M
GLUCOCARD EXPRESSION	E	E; M
GLUCOCARD SHINE CONNEX METER	E	E; M
GLUCOCARD SHINE EXPRESS METER	E	E; M
GLUCOCARD SHINE METER	E	E; M
GLUCOCARD SHINE TEST STRIPS	E	E; M
GLUCOCARD SHINE XL METER	E	E; M
GLUCOCARD VITAL	E	E

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Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD VITAL SENSOR	E	E; M
GLUCOCARD VITAL TEST STRIPS	E	E; M
GLUCOCOM BLOOD GLUCOSE	E	E
GLUCOCOM CONTROL NORMAL	3	M
GLUCOCOM GLUCOSE	E	E; M
GLUCOSE CONTROL	3	M
GM100 KIT	E	E
GM100 STRIP	E	E; M
GOJJI BLOOD GLUCOSE TEST STRIP	E	E; M
GOJJI GLUCOSE CNTRL SOL-NORMAL	3	M
GOJJI KETONE CONTROL SOLN-L1	3	
GOJJI MULTI-FUNCTIONAL METER	3	
GUARDIAN 4 GLUCOSE SENSOR	3	QL
GUARDIAN 4 TRANSMITTER	3	M; QL

Drug Name	Drug Tier	Requirements / Limits
GUARDIAN LINK 3 TRANSMITTER	3	M; QL
GUARDIAN SENSOR 3	3	QL
HARMONY GLUCOSE TEST STRIP	E	E; M
HEALTHPRO GLUCOSE MONITOR	E	E; M
HEALTHPRO HIGH-LOW CONTROL	3	
HEALTHPRO TEST STRIPS	E	E; M
IHEALTH CONTROL SOLN LEVEL 2	3	M
IHEALTH GLUCO PLUS METER	E	E
IHEALTH GLUCOSE TEST STRIP	E	E; M
INFINITY CONTROL SOLUTION NORM	3	M
INFINITY STARTER KIT	E	E
INFINITY TEST STRIPS	E	E; M
MEDISENSE	2	
MEDISENSE GLUCOSE KETONE	2	

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Drug Name	Drug Tier	Requirements / Limits
MICRO BLOOD GLUCOSE	E	E; M
MICRODOT BLOOD GLUCOSE SYSTEM	E	E; M
MICRODOT XTRA BLOOD GLUCOSE	E	E; M
MYGLUCOHEALTH CONTROL SOLUTION	3	
MYGLUCOHEALTH KIT	E	E
MYGLUCOHEALTH STRIP	E	E; M
NEUTEK 2TEK TEST STRIPS	E	E; M
NOVA MAX GLUCOSE TEST	E	E; M
NOVA MAX PLUS GLUC-KETON METER	3	
NOVAMAX PLUS GLU-KET	3	
ON CALL EXPRESS CONTROL	3	
ON CALL EXPRESS METER	E	E
ON CALL EXPRESS TEST STRIP	E	E; M
ONETOUCH ULTRA CONTROL	2	M

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRA TEST	2	M
ONETOUCH ULTRA2 METER	2	M
ONETOUCH VERIO FLEX METER	2	M
ONETOUCH VERIO MID CONTROL	2	M
ONETOUCH VERIO REFLECT METER	2	M
ONETOUCH VERIO TEST STRIPS	2	M
OPTIUM EZ	E	E; M
OPTIUM TEST	E	E; M
PHARMACIST CHOICE	E	E; M
PHARMACIST CHOICE GLUCOSE SYS	E	E; M
PIP BLOOD GLUCOSE MONITOR	E	E; M
PIP BLOOD GLUCOSE TEST STRIP	E	E; M
PIP GLUCOSE CONTROL SOLN L1-L2	3	
PLATINUM TEST STRIP	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
PRECISION PCX PLUS TEST	E	E; M
PRECISION PCX TEST	E	E; M
PRECISION POINT OF CARE TEST	E	E; M
PRECISION Q-I-D TEST	E	E; M
PRECISION XTRA KETONE-GLUCOSE	2	
PRECISION XTRA MONITOR	2	M
PRECISION XTRA TEST	2	M
PREMIER BLU GLUCOSE METER	E	E; M
PREMIER CLASSIC GLUCOSE METER	E	E; M
PREMIER COMPACT GLUCOSE METER	E	E
PREMIER TEST STRIP	E	E; M
PREMIER VOICE GLUCOSE METER	E	E; M
PREMIUM BLOOD GLUCOSE MONITOR	E	E; M
PREMIUM V10	E	E; M
PRO VOICE V8-V9 TEST STRIP	E	E; M

Drug Name	Drug Tier	Requirements / Limits
PRO VOICE V9 GLUCOSE MONITOR	E	E; M
PRODIGY AUTOCODE METER	E	E
PRODIGY AUTOCODE MONITOR SYST	E	E; M
PRODIGY CONTROL SOLUTION, LOW	3	
PRODIGY CONTROL SOLUTION,HIGH	3	M
PRODIGY NO CODING	E	E; M
PRODIGY POCKET METER	E	E
PRODIGY VOICE GLUCOSE METER	E	E
QUINTET AC	E	E; M
QUINTET BLOOD GLUCOSE METER	E	E; M
REFUAH PLUS	E	E; M
REFUAH PLUS GLUCOSE CONTROL	3	M
REFUAH PLUS GLUCOSE MONITOR	E	E
RELION ALL-IN-ONE METER	E	E

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Drug Name	Drug Tier	Requirements / Limits
RELION CONFIRM	E	E
RELION CONFIRM-MICRO	E	E; M
RELION MICRO GLUCOSE MONITOR	E	E
RELION PRIME METER	E	E; M
RELION PRIME TEST STRIPS	E	E; M
RELION ULTIMA	E	E; M
REVEAL BLOOD GLUCOSE METER	E	E
REVEAL TEST STRIP	E	E; M
RIGHTEST CONTROL SOLUTION HIGH	3	M
RIGHTEST GM550 SYSTEM	E	E
RIGHTEST GS550 TEST STRIPS	E	E; M
RIGHTEST GT333 GLUCOSE METER	E	E; M
RIGHTEST GT333 TEST STRIP	E	E; M
SMART SENSE MONITORING SYSTEM	E	E; M
SMART SENSE TEST STRIPS	E	E; M
SMARTEST CONTROL	3	M

Drug Name	Drug Tier	Requirements / Limits
SMARTEST EJECT	E	E
SMARTEST PERSONA STARTER	E	E
SMARTEST PRONTO STARTER	E	E
SMARTEST PROTEGE	E	E
SMARTEST TEST	E	E; M
SOLUS V2 AUDIBLE METER	E	E; M
SOLUS V2 AUDIBLE METER KIT	E	E
SOLUS V2 CONTROL SOLUTION,HIGH	3	M
SOLUS V2 TEST STRIPS	E	E; M
SURE-TEST EASYPLUS MINI	E	E; M
SURE-TEST EASYPLUS MINI METER	E	E; M
TELCARE CONTROL	3	
TELCARE TEST STRIPS	E	E; M
TEMPO SMART BUTTON	E	E
TEMPO WELCOME KIT	E	E

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Drug Name	Drug Tier	Requirements / Limits
TEST N'GO BLOOD GLUCOSE SYSTEM	E	E; M
TEST N'GO TEST	E	E; M
TRUE METRIX AIR GLUCOSE METER	E	E; M
TRUE METRIX GLUCOSE METER	E	E; M
TRUE METRIX GLUCOSE TEST STRIP	E	E; M
TRUE METRIX GO GLUCOSE METER	E	E; M
TRUE METRIX LEVEL 1	3	
TRUERESULT BLOOD GLUCOSE SYSTM	E	E
TRUETEST TEST STRIPS	E	E; M
TRUETRACK BLOOD GLUCOSE SYSTEM	E	E
TRUETRACK SMART SYSTEM	E	E
TRUETRACK TEST	E	E; M
ULTIMA MONITOR	E	E; M
ULTRATRAK	E	E; M
ULTRATRAK GLUCOSE METER	E	E; M

Drug Name	Drug Tier	Requirements / Limits
ULTRATRAK ULTIMATE	E	E; M
UNISTRIIP LOW CONTROL	3	
UNISTRIIP1 TEST STRIP	E	E; M
VIVAGUARD INO CTRL SOLN-L1,2,3	3	
VIVAGUARD INO GLUCOSE METER	E	E; M
VIVAGUARD INO SMART GLUC METER	E	E; M
VIVAGUARD INO TEST STRIP	E	E; M
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL	3	
INSULIN SYRINGE- NEEDLE U-100	E	E; M
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	QL
<i>diazoxide</i>	1	M
GLUCAGON (HCL) EMERGENCY KIT	E	E
<i>glucagon emergency kit (human)</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
GVOKE	2	QL
GVOKE HYPOPEN 2-PACK	2	QL
GVOKE PFS 2-PACK SYRINGE	2	QL
PROGLYCEM	3	M
ZEGALOGUE AUTOINJECTOR	E	E
ZEGALOGUE SYRINGE	E	E
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE	2	
AUTOPEN 1 TO 21 UNITS	2	
AUTOSOFT 30	E	E
AUTOSOFT 90	E	E
AUTOSOFT XC INFUSION SET 23"	E	E
BD INTEGRA NEEDLE	2	M
BD MICROTAINER LANCET	2	M
BD SPECIALTY USE NEEDLES	2	M
CEQR SIMPLICITY	2	

Drug Name	Drug Tier	Requirements / Limits
GENTEEL VACUUM LANCING DEVICE	3	
ILET INFUSION KIT-INSET 23"	E	E
ILET INFUSION-CONTACT DTCH 23"	E	E
ILET INSULIN PUMP	E	E
ILET STARTER KIT-INSET	2	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
INPEN (NOVOLOG OR FIASP) PINK	3	
LANCETS	2	M
LANCING DEVICE	2	M
MEDTRONIC EXT INFUSION SET 23"	E	E
MINIMED 770G INSULIN PUMP	E	E
MINIMED MIO ADVANCE INF SET23"	E	E
MINIMED QUICK SET 43"	E	E
MINIMED SILHOUETTE 23"	E	E
MINIMED SURE T 32"	E	E

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Drug Name	Drug Tier	Requirements / Limits
NOVOPEN ECHO	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	QL
PEN NEEDLE, DIABETIC	E	E; M
T:FLEX	E	E
T:SLIM X2	E	E
T:SLIM X2 BASAL-IQ INSULIN PMP	E	E
T:SLIM X2 CONTROL-IQ	E	E
TANDEM MOBI AUTOSOFT 30 KT 23"	E	E
TANDEM MOBI AUTOSOFT XC KIT 5"	E	E
TANDEM MOBI SYSTEM	E	E
TANDEM MOBI TRUSTEEL KIT 23"	E	E

Drug Name	Drug Tier	Requirements / Limits
TRUSTEEL INFUSION SET 23"	E	E
TWIIST REFILL KT(CSST-NDL- SYR)	E	E
TWIIST RFL(INFUS-CSST- NDL-SYR)	E	E
TWIIST STARTER KIT	2	
VARISOFT INFUSION SET 23"	E	E
V-GO 20	2	
V-GO 30	2	
V-GO 40	2	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN	E	E; M
ADMELOG U-100 INSULIN LISPRO	E	E; M
AFREZZA	E	E; M
APIDRA SOLOSTAR U-100 INSULIN	E	E; M
APIDRA U-100 INSULIN	E	E; M
BASAGLAR KWIKPEN U-100 INSULIN	E	E; M
BASAGLAR TEMPO PEN(U- 100)INSLN	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
FIASP FLEXTOUCH U-100 INSULIN	E	E; M
FIASP PENFILL U-100 INSULIN	E	E; M
FIASP PUMPCART	E	E; M
FIASP U-100 INSULIN	E	E; M
HUMALOG JUNIOR KWIKPEN U-100	2	M
HUMALOG KWIKPEN INSULIN	2	M
HUMALOG MIX 50-50 KWIKPEN	2	M
HUMALOG MIX 75-25 KWIKPEN	2	M
HUMALOG MIX 75-25(U-100)INSULN	2	M
HUMALOG TEMPO PEN(U-100)INSULN	2	M
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	M
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	E	E; M
HUMULIN 70/30 U-100 INSULIN	2	M

Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 KWIKPEN	2	M
HUMULIN N NPH INSULIN KWIKPEN	2	M
HUMULIN N NPH U-100 INSULIN	2	M
HUMULIN R REGULAR U-100 INSULN	2	M
HUMULIN R U-500 (CONC) INSULIN	2	M
HUMULIN R U-500 (CONC) KWIKPEN	2	M
INSULIN ASP PRT-INSULIN ASPART	E	E; M
INSULIN ASPART U-100	E	E; M
INSULIN DEGLUDEC	E	E; M
INSULIN GLARGINE U-300 CONC	E	E; M
INSULIN GLARGINE-YFGN	2	M
INSULIN LISPRO	2	M
INSULIN LISPRO PROTAMIN-LISPRO	2	M
LANTUS SOLOSTAR U-100 INSULIN	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
LANTUS U-100 INSULIN	E	E; M
LYUMJEV KWIKPEN U-100 INSULIN	2	M
LYUMJEV KWIKPEN U-200 INSULIN	2	M
LYUMJEV TEMPO PEN(U-100)INSULN	2	M
LYUMJEV U-100 INSULIN	2	M
MYXREDLIN	3	
NOVOLIN 70-30 FLEXPEN U-100	E	E; M
NOVOLIN N FLEXPEN	E	E; M
NOVOLIN R FLEXPEN	E	E; M
NOVOLOG FLEXPEN U-100 INSULIN	E	E; M
NOVOLOG MIX 70-30 U-100 INSULN	E	E; M
NOVOLOG MIX 70-30FLEXPEN U-100	E	E; M
NOVOLOG PENFILL U-100 INSULIN	E	E; M
NOVOLOG U-100 INSULIN ASPART	E	E; M

Drug Name	Drug Tier	Requirements / Limits
RELION NOVOLIN 70/30	E	E; M
RELION NOVOLIN N	E	E; M
RELION NOVOLIN R	E	E; M
REZVOGLAR KWIKPEN	E	E; M
SEMGLEE(INSULIN GLARGINE-YFGN)	2	M
SEMGLEE(INSULIN GLARG-YFGN)PEN	2	M
SOLIQUA 100/33	2	M; QL
TOUJEO MAX U-300 SOLOSTAR	2	M
TOUJEO SOLOSTAR U-300 INSULIN	2	M
TRESIBA FLEXTOUCH U-100	2	M
TRESIBA FLEXTOUCH U-200	2	M
TRESIBA U-100 INSULIN	2	M
XULTOPHY 100/3.6	E	E; M
MISCELLANEOUS HORMONES		
ALDURAZYME	2	PA; SP
ANDROGEL	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
AVEED	E	E; SP
AZMIRO	E	E
BRINEURA	2	PA; SP
<i>cabergoline</i>	1	M; QL
<i>calcitonin (salmon) injection</i>	1	
<i>calcitonin (salmon) nasal</i>	1	M
<i>calcitriol intravenous</i>	1	
<i>calcitriol oral capsule</i>	1	M
<i>calcitriol oral solution</i>	1	
CERDELGA	2	PA; SP; QL
CEREZYME	2	PA; SP
<i>cetrorelix</i>	1	SP
CETROTIDE	2	SP
CHORIONIC GONADOTROPIN, HUMAN INJECTION	3	ST
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	E	E; SP
<i>cinacalcet</i>	1	PA; M
<i>clomid</i>	1	
<i>clomiphene citrate</i>	1	
CRENESSITY	3	PA; SP
CRYSVITA	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>danazol</i>	1	
DDAVP	3	M
DEPO-TESTOSTERONE	3	PA
<i>desmopressin injection</i>	1	SP
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	M
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	M
<i>desmopressin oral</i>	1	M
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	M
ELAPRASE	2	PA; SP
ELELYSO	E	E; SP
ELFABRIO	2	PA; SP
FABRAZYME	2	PA; SP
FOLLISTIM AQ	E	E; SP
<i>fyremadel</i>	1	SP
GALAFOLD	3	PA; SP; QL
<i>ganirelix</i>	1	ST; SP
GONAL-F	2	ST; SP
GONAL-F RFF	2	ST; SP
GONAL-F RFF REDI-JECT	2	ST; SP

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Drug Name	Drug Tier	Requirements / Limits
HECTOROL	3	
ISTURISA	E	E; SP
JATENZO	3	PA; M; QL
<i>javygtor</i>	1	PA; SP
JYNARQUE	3	PA; SP; QL
KANUMA	2	PA; SP
KORLYM	E	E; SP
KUVAN	E	E; SP
KYZATREX	E	E; M
LUMIZYME	2	PA; SP
MENOPUR	2	SP
MEPSEVII	2	PA; SP
METHITEST	2	
<i>methyltestosterone</i>	1	M
MIACALCIN	3	
<i>mifepristone</i>	1	PA; SP
<i>miglustat</i>	1	PA; SP; QL
MYALEPT	2	PA; SP
NAGLAZYME	2	PA; SP
NATESTO	E	E; M
NEXVIAZYME	3	PA; SP
NOCDURNA (MEN)	3	PA; M; QL
NOCDURNA (WOMEN)	3	PA; M; QL
NOVAREL	2	SP; QL
OPFOLDA	3	PA; SP; QL
ORILISSA ORAL TABLET 150 MG	2	ST; M; QL

Drug Name	Drug Tier	Requirements / Limits
ORILISSA ORAL TABLET 200 MG	2	ST; QL
OVIDREL	2	SP
PALYNZIQ	2	PA; SP; QL
<i>pamidronate</i>	1	
PARICALCITOL HEMODIALYSIS PORT INJECTION	3	
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	M
PARSABIV	3	
POMBILITI	3	PA; SP
<i>prasterone (dhea)</i>	E	E
PREGNYL	3	ST; SP; QL
RAYALDEE	3	M
RECORLEV	E	E; SP
ROCALTROL	3	
SAMSCA	E	E; SP
<i>sapropterin</i>	1	PA; SP
SENSIPAR	E	E; M
SOMAVERT	2	PA; SP
STRENSIQ	2	PA; SP
SYNAREL	2	
TEPEZZA	3	PA; SP
TERLIVAZ	3	SP
TESTIM	E	E; M
TESTONE CIK	E	E
TESTOPEL	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
TESTOSTERONE IMPLANT	3	PA
<i>testosterone transdermal</i>	1	PA; M; QL
TLANDO	E	E; M
<i>tolvaptan</i>	1	PA; SP; QL
UNDECATREX	E	E; M
VAPRISOL IN 5 % DEXTROSE	3	
<i>vasopressin</i>	1	
VASOPRESSIN IN 0.9 % SOD CHLOR	3	
VASOPRESSIN IN DEXTROSE 5 %	3	
VIMIZIM	2	PA; SP
VOGELXO	3	PA; M; QL
VOXZOGO	3	PA; SP
VPRIV	E	E; SP
XYOSTED	2	PA; QL
YORVIPATH	3	PA; SP
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL	3	M
<i>zoledronic acid</i>	1	SP
<i>zoledronic acid-mannitol-water</i>	1	SP

Drug Name	Drug Tier	Requirements / Limits
ZOLEDRONIC AC-MANNITOL-0.9NACL	3	SP
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	M
ACTOPLUS MET	3	M; QL
ACTOS	3	M; QL
ALOGLIPTIN	E	E; M
ALOGLIPTIN-METFORMIN	E	E; M
ALOGLIPTIN-PIOGLITAZONE	E	E; M
BRENZAVVY	E	E; M
BYDUREON BCISE	2	PA; M; QL
CYCLOSET	3	M
DAPAGLIFLOZ PROPANED-METFORMIN	E	E; M
DAPAGLIFLOZIN PROPANEDIOL	E	E; M
DUETACT	3	M; QL
<i>exenatide</i>	1	PA; M; QL
FARXIGA	2	ST; M; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	M
GLIMEPIRIDE ORAL TABLET 3 MG	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	M
GLIPIZIDE ORAL TABLET 2.5 MG	E	E; M
<i>glipizide oral tablet extended release 24hr</i>	1	M
<i>glipizide-metformin</i>	1	M
<i>glyburide</i>	1	M
<i>glyburide micronized</i>	1	M
<i>glyburide-metformin</i>	1	M
GLYXAMBI	2	ST; M; QL
INPEFA	E	E; M
INVOKAMET	E	E; M
INVOKAMET XR	E	E; M
INVOKANA	E	E; M
JANUMET	2	ST; M; QL
JANUMET XR	2	ST; M; QL
JANUVIA	2	ST; M; QL
JARDIANCE	2	ST; M; QL
JENTADUETO	E	E; M
JENTADUETO XR	E	E; M
KAZANO	E	E; M
<i>liraglutide</i>	1	PA; E; M; QL
<i>metformin oral solution</i>	1	ST; M
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
METFORMIN ORAL TABLET 625 MG	E	E; M
<i>metformin oral tablet 750 mg</i>	1	ST; M
<i>metformin oral tablet extended release 24 hr</i>	1	M; QL
<i>metformin oral tablet extended release 24hr</i>	1	ST; M; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; M; QL
<i>miglitol</i>	1	M
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; M; QL
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	2	PA; QL
<i>nateglinide</i>	1	M
NESINA	E	E; M
OSENI	3	ST; M; QL

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Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	2	PA; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; M; QL
<i>pioglitazone</i>	1	M; QL
<i>pioglitazone-glimepiride</i>	1	M; QL
<i>pioglitazone-metformin</i>	1	M; QL
PRECOSE	3	M
<i>repaglinide</i>	1	M
RIOMET	3	ST; M
RYBELSUS	2	PA; M; QL
<i>saxagliptin</i>	1	ST; M; QL
<i>saxagliptin-metformin</i>	1	ST; M; QL
SEGLUROMET	E	E; M
SITAGLIPTIN	E	E; M
SITAGLIPTIN-METFORMIN	E	E; M
STEGLATRO	E	E; M
STEGLUJAN	E	E; M
SYNJARDY	2	ST; M; QL
SYNJARDY XR	2	ST; M; QL
TRADJENTA	E	E; M

Drug Name	Drug Tier	Requirements / Limits
TRIJARDY XR	2	ST; M
TRULICITY	2	PA; M; QL
VICTOZA 2-PAK	E	E; M
VICTOZA 3-PAK	E	E; M
XIGDUO XR	2	ST; M; QL
ZITUVIMET	E	E; M
ZITUVIMET XR	E	E; M
ZITUVIO	E	E; M
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	M
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	E	E; M
ARMOUR THYROID	2	M
CYTOMEL	E	E; M
ERMEZA	3	ST; M
<i>euthyrox</i>	1	M
<i>levo-t</i>	1	M
LEVOTHYROXINE INTRAVENOUS	3	
LEVOTHYROXINE ORAL CAPSULE	E	E; M
<i>levothyroxine oral tablet</i>	1	M
<i>levoxyl</i>	1	M
<i>liothyronine intravenous</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>liothyronine oral</i>	1	M
<i>niva thyroid</i>	1	M
<i>np thyroid</i>	1	M
SYNTHROID	2	M
THYQUIDITY	E	E; M
<i>thyroid (pork)</i>	1	M
TIROSINT	E	E; M
TIROSINT-SOL	E	E; M
<i>unithroid</i>	1	M

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>anti-diarrheal (loperamide)</i>	E	E
<i>atropine in 0.9 % sod chloride intravenous syringe 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
ATROPINE IN 0.9 % SOD CHLORIDE INTRAVENOUS SYRINGE 1 MG/2.5 ML (0.4 MG/ML), 1.2 MG/3 ML (0.4 MG/ML)	3	
<i>atropine injection</i>	1	
<i>atropine intravenous solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml), 0.8 mg/2 ml (0.4 mg/ml)</i>	1	
ATROPINE INTRAVENOUS SYRINGE 0.4 MG/ML	3	
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	E	E
DARTISLA	E	E; M
<i>dicyclomine</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL	3	
<i>ed-spaz</i>	1	
GLYCATE	3	M
<i>glycopyrrolate (pf)</i>	1	
GLYCOPYRROLAT E (PF) IN WATER INJECTION	3	
GLYCOPYRROLAT E (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<i>glycopyrrolate (pf) in water intravenous syringe 1 mg/5 ml (0.2 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate injection</i>	1	
<i>glycopyrrolate intravenous</i>	1	
<i>glycopyrrolate oral</i>	1	M
GLYRX-PF	3	
HYOSCYAMINE SULFATE INJECTION	3	
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	M
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
IMODIUM A-D	E	E
IMODIUM MULTI-SYMPTOM RELIEF	E	E
LEVBID	3	M
LEVSIN	3	
LEVSIN/SL	3	

Drug Name	Drug Tier	Requirements / Limits
LIBRAX (WITH CLIDINIUM)	E	E
LOMOTIL	3	
<i>loperamide</i>	E	E
<i>methscopolamine</i>	1	
MOTOFEN	3	
MYTESI	E	E; SP
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
PEPTO-BISMOL	E	E
PEPTO-BISMOL MAX ST	E	E
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
PROMELLA	E	E
ROBINUL	3	M
ROBINUL FORTE	3	M
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	M
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT)	3	

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Drug Name	Drug Tier	Requirements / Limits
AKYNZEO (NETUPITANT)	E	E
<i>alosetron</i>	1	M
<i>alvimopan</i>	1	
AMITIZA	E	E; M
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANTIVERT	E	E
<i>anucort-hc</i>	1	
ANUSOL-HC	E	E
APONVIE	3	
<i>aprepitant</i>	1	QL
APRISO	3	M
AVSOLA	E	E; SP
AZULFIDINE	3	M
AZULFIDINE EN-TABS	3	M
<i>balsalazide</i>	1	M
BARHEMSYS	3	
<i>betaine</i>	1	PA; SP
BONJESTA	E	E
<i>budesonide</i>	1	
BYLVAY	3	PA; SP; QL
CANASA	E	E; M
CHENODAL	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
CHOLBAM ORAL CAPSULE 250 MG	2	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	2	PA; SP; QL
CIMZIA	E	E; SP
CIMZIA POWDER FOR RECONST	E	E; SP
CINVANTI	E	E
<i>citrate of magnesia</i>	0	ACA
<i>citroma</i>	0	ACA
<i>clearlax</i>	0	ACA
CLENPIQ	E	E
COLAZAL	3	M
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CORTIFOAM	E	E
CREON	2	M
<i>cromolyn</i>	1	M
CTEXLI	2	PA; SP
CYSTADANE	E	E; SP
DICLEGIS	3	QL
<i>dimenhydrinate</i>	1	
DIPENTUM	E	E; M
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA
<i>droperidol</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>dulcolax (magnesium hydroxide)</i>	0	ACA
EMEND	E	E
EMEND (FOSAPREPITANT)	E	E
ENTYVIO	2	PA; SP
ENTYVIO PEN	E	E; SP
<i>enulose</i>	1	
EOHILIA	E	E
FOCINVEZ	E	E
<i>fosaprepitant</i>	1	
GASTROCROM	3	M
GATTEX 30-VIAL	3	PA; SP
<i>gavilax</i>	0	ACA
<i>gavilyte-c</i>	0	ACA
<i>gavilyte-g</i>	0	ACA
<i>gavilyte-n</i>	0	
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl)</i>	0	ACA
<i>gentle laxative (mag hydrox)</i>	0	
<i>gentlelax</i>	0	ACA
GIMOTI	E	E; SP
GOLYTELY	3	
<i>granisetron (pf)</i>	1	
<i>granisetron hcl intravenous</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>granisetron hcl oral</i>	1	QL
<i>hemmorex-hc</i>	1	
<i>hydrocortisone</i>	1	
<i>hydrocortisone acetate</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
HYDROCORTISON E-PRAMOXINE RECTAL SUPPOSITORY	E	E
IBSRELA	E	E; M
INFLECTRA	2	PA; SP
INFLIXIMAB	E	E; SP
IQIRVO	E	PA; E; SP
KINEVAC	2	
KRISTALOSE	3	
<i>lactulose</i>	1	
<i>laxative (bisacodyl) oral tablet</i>	E	E
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA
<i>laxative peg 3350</i>	0	
LIALDA	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	M; QL
LIVDELZI	E	PA; E; SP
LIVMARLI	3	PA; SP
LOTRONEX	E	E; M
<i>lubiprostone</i>	1	M; QL
<i>magnesium citrate</i>	0	ACA
MARINOL	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	E	E
<i>meclizine oral tablet 50 mg</i>	1	
<i>mesalamine</i>	1	M
<i>mesalamine with cleansing wipe</i>	1	M
<i>metoclopramide hcl</i>	1	
<i>milk of magnesia</i>	0	ACA
<i>milk of magnesia concentrated</i>	0	ACA
MOTEGRITY	E	E; M
MOVANTIK	2	M; QL

Drug Name	Drug Tier	Requirements / Limits
MOVIPREP	E	E
<i>natura-lax</i>	0	ACA
<i>nitroglycerin</i>	1	
NOVACORT	E	PA; E
OCALIVA	2	PA; SP; QL
OMVOH INTRAVENOUS	2	PA; SP
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; QL
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100M G /ML-200 MG/2ML)	2	PA; SP; M; QL
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100M G /ML-200 MG/2ML)	2	PA; SP; M; QL
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG	E	E
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL
<i>onelix magnesium citrate</i>	0	ACA
<i>oral saline laxative</i>	0	ACA
<i>palonosetron</i>	1	
PANCREAZE	2	M
<i>peg 3350-electrolytes</i>	0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	0	ACA
<i>peg-electrolyte soln</i>	0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	M
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	M
PERTZYE	E	E; M
<i>phosphate laxative</i>	0	ACA
PLENVU	E	E
<i>polyethylene glycol 3350</i>	0	ACA
POSFREA	3	
<i>powderlax</i>	0	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine</i>	1	
<i>prochlorperazine edisylate</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT	3	ST
PROCTOFOAM HC	E	E
<i>procto-med hc</i>	1	
<i>proctosol hc</i>	1	
<i>proctozone-hc</i>	1	
<i>prucalopride</i>	1	M; QL
<i>purelax</i>	0	ACA
REBYOTA	3	SP
RECTIV	2	
REGLAN	3	
RELISTOR ORAL	E	E; M
RELISTOR SUBCUTANEOUS	2	ST
RELTONE	E	E; M
REMICADE	E	E; SP
RENFLEXIS	E	E; SP
ROWASA	3	
SANCUSO	3	QL
<i>scopolamine base</i>	1	
SFROWASA	3	M
SINCALIDE	3	
SKYRIZI INTRAVENOUS	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
<i>smoothlax</i>	0	ACA
<i>sodium,potassium,mag sulfates</i>	0	ACA
SUCRAID	2	PA; SP
SUFLAVE	E	E
<i>sulfasalazine</i>	1	M
SUPREP BOWEL PREP KIT	E	E
SUSTOL	3	
SUTAB	E	E
SYMPROIC	2	M
SYNDROS	3	PA
TIGAN	3	
TRANSDERM-SCOP	E	E
<i>trimethobenzamide</i>	1	
TRULANCE	2	M
UCERIS	3	
URSO FORTE	3	M
<i>ursodiol</i>	1	M
VARUBI	2	QL
VELSIPITY	3	PA; SP; QL
VIBERZI	2	M
VIOKACE	2	M
VOWST	3	SP
<i>women's gentle laxative(bisac)</i>	0	ACA
ZENPEP	2	M

Drug Name	Drug Tier	Requirements / Limits
ZYMFENTRA	2	PA; SP; QL
ULCER THERAPY		
ACIPHEX	E	E; M
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
<i>bismuth subcit k-metronidz-tcn</i>	1	
CARAFATE	E	E; M
<i>cimetidine hcl</i>	1	M
<i>cimetidine oral tablet 200 mg</i>	E	E; M
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	M
CYTOTEC	3	PA; M; QL
DEXILANT	E	E; M
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	M; QL
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	M
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	E	E
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; M; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST; M
<i>esomeprazole sodium</i>	1	
<i>famotidine (pf)</i>	1	
<i>famotidine (pf)-nacl (iso-os)</i>	1	
<i>famotidine intravenous</i>	1	
<i>famotidine oral suspension for reconstitution</i>	1	M
<i>famotidine oral tablet 20 mg</i>	E	E; M
<i>famotidine oral tablet 40 mg</i>	1	M
KONVOMEF	E	E
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	E	E; M
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	1	M
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	1	ST; M; QL

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST; M
<i>misoprostol</i>	1	PA; M; QL
NEXIUM	E	E; M
NEXIUM 24HR	E	E
NEXIUM PACKET	E	E; M
<i>nizatidine</i>	1	M
OMECLAMOX-PAK	3	QL
<i>omeprazole magnesium</i>	E	E
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	M; QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	M
<i>omeprazole oral tablet, delayed release (dr/ec)</i>	E	E
<i>omeprazole oral tablet, disintegrat, delay rel</i>	E	E
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	E	PA; E; M
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA; M

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Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; M; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA; M
PANTOPRAZOLE IN 0.9% SOD CHLOR	3	
<i>pantoprazole intravenous</i>	1	
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST; M
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	M; QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	M
PEPCID ORAL TABLET 20 MG	E	E; M
PEPCID ORAL TABLET 40 MG	3	M
PREVACID	E	E; M
PREVACID 24HR	E	ST; E
PREVACID SOLUTAB	E	E; M
PRILOSEC	E	E; M
PRILOSEC OTC	E	ST; E

Drug Name	Drug Tier	Requirements / Limits
PROTONIX INTRAVENOUS	E	E
PROTONIX ORAL	E	E; M
PYLERA	E	E
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	E	E; M
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	M
<i>sucralfate</i>	1	M
TALICIA	2	QL
VOQUEZNA	3	ST
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
ZEGERID OTC	E	PA; E

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

APHEXDA	E	E; SP
ARANESP (IN POLYSORBATE)	E	E; SP
ARCALYST	3	PA; SP; QL
EPOGEN	E	E; SP
FULPHILA	2	PA; SP; QL
FYLNETRA	E	E; SP
GRANIX	E	E; SP
ILARIS (PF)	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
LEUKINE	2	PA; SP
MIRCERA	E	E; SP
MOZOBIL	3	SP
NEULASTA	E	E; SP
NEULASTA ONPRO	E	E; SP
NEUPOGEN	E	E; SP
NIVESTYM	2	PA; SP
NYPOZI	E	E; SP
NYVEPRIA	E	E; SP
<i>plerixafor</i>	1	SP
PROCRIT	2	PA; SP
PROLEUKIN	2	PA; SP
REBLOZYL	3	PA; SP
RELEUKO	E	E; SP
RETACRIT	2	PA; SP
ROLVEDON	E	E; SP
STIMUFEND	E	E; SP
UDENYCA	E	E; SP
UDENYCA AUTOINJECTOR	E	E; SP
UDENYCA ONBODY	E	E; SP
XOLREMDI	3	PA; SP
ZARXIO	E	E; SP
ZIEXTENZO	2	PA; SP; QL
ZYNTEGLO	2	PA; SP
GROWTH HORMONES		
EGRIFTA SV	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN	2	PA; SP
GENOTROPIN MINIQUICK	2	PA; SP
HUMATROPE	E	E; SP
NGENLA	2	PA; SP
NORDITROPIN FLEXPOR	E	E; SP
NUTROPIN AQ NUSPIN	E	E; SP
OMNITROPE	2	PA; SP
SEROSTIM	2	PA; SP
SKYTROFA	E	E; SP
SOGROYA	E	E; SP
ZOMACTON	E	E; SP
INTERFERONS		
ACTIMMUNE	2	PA; SP
ALFERON N	2	
BESREMI	E	E; SP
PEGASYS	2	SP; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	0	ACA
ACAM2000 (NATIONAL STOCKPILE)	2	
ACTHIB (PF)	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	ACA
ALYGLO	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
AREXVY (PF)	0	ACA
ASCENIV	3	PA; SP
ATGAM	2	PA
AUDENZ (NATIONAL STOCKPILE)	0	
AUDENZ(PF)(NATIONAL STOCKPILE)	0	
BABYBIG	3	
BCG VACCINE, LIVE (PF)	2	
BEXSERO	0	ACA
BIOTHRAX	E	E
BIVIGAM	3	PA; SP
BOOSTRIX TDAP	0	ACA
BOTOX	E	E
BOTOX COSMETIC	E	E
CAPVAXIVE	2	
COMIRNATY 2024-25 (12Y UP)(PF)	0	
CUTAQUIG	E	E; SP
CUVITRU	3	PA; SP
CYTOGAM	2	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF)	0	ACA
DAXXIFY	E	E; SP
DENG VAXIA (PF)	0	ACA
DYSPORT	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ENERGIX-B (PF)	0	ACA
ENERGIX-B PEDIATRIC (PF)	0	ACA
ERVEBO(PF)(NATIONAL STOCKPILE)	2	
FLEBOGAMMA DIF	3	PA; SP
GAMASTAN	2	SP
GAMMAGARD LIQUID	2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML)	2	PA; SP
GAMMAKED	E	E; SP
GAMMAPLEX	3	PA; SP
GAMMAPLEX (WITH SORBITOL)	3	PA; SP
GAMUNEX-C	2	PA; SP
GARDASIL 9 (PF)	0	ACA
GRASTEK	2	PA; M
HAVRIX (PF)	0	ACA
HEPAGAM B	2	
HEPLISAV-B (PF)	0	ACA
HIBERIX (PF)	0	ACA
HIZENTRA	3	PA; SP
HYPERHEP B	2	
HYPERHEP B NEONATAL	2	
HYPERRAB (PF)	2	
HYPERTET (PF)	2	

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Drug Name	Drug Tier	Requirements / Limits
HYQVIA	3	PA; SP
IMOGAM RABIES-HT (PF)	2	
IMOVAX RABIES VACCINE (PF)	E	E
INFANRIX (DTAP) (PF)	0	ACA
IPOL	0	ACA
IXCHIQ (PF)	2	
IXIARO (PF)	E	E
JEUVEAU	E	E
JYNNEOS (PF)	2	
KEDRAB (PF)	3	
KINRIX (PF)	0	ACA
MENQUADFI (PF)	0	ACA
MENVEO A-C-Y-W-135-DIP (PF)	0	ACA
M-M-R II (PF)	0	ACA
MODERNA COVID 24-25(6M-11Y)PF	0	
MRESVIA (PF)	2	
MYOBLOC	2	PA; SP
NABI-HB	3	
NOVAVAX COVID 2024-25(PF)(EUA)	0	
OCTAGAM	3	PA; SP
ODACTRA	2	PA; M
ORALAIR	2	PA
PALFORZIA (LEVEL 0)	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 1)	E	E; SP
PALFORZIA (LEVEL 2)	E	E; SP
PALFORZIA (LEVEL 3)	E	E; SP
PALFORZIA (LEVEL 4)	E	E; SP
PALFORZIA (LEVEL 5)	E	E; SP
PALFORZIA (LEVEL 6)	E	E; SP
PALFORZIA (LEVEL 7)	E	E; SP
PALFORZIA (LEVEL 8)	E	E; SP
PALFORZIA (LEVEL 9)	E	E; SP
PALFORZIA (LEVEL 10)	E	E; SP
PALFORZIA INITIAL (1-3 YRS)	E	E; SP
PALFORZIA INITIAL (4-17 YRS)	E	E; SP
PALFORZIA LEVEL 11 MAINTENANCE	E	E; SP
PANZYGA	3	PA; SP
PEDIARIX (PF)	0	ACA
PEDVAX HIB (PF)	0	ACA
PENBRAYA (PF)	2	

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Drug Name	Drug Tier	Requirements / Limits
PENTACEL (PF)	0	ACA
PFIZER COVID 2024-25(5Y-11Y)PF	0	
PFIZER COVID 2024-25(6MO-4Y)PF	0	
PNEUMOVAX-23	0	ACA
PREVNAR 20 (PF)	0	ACA
PRIORIX (PF)	0	ACA
PRIVIGEN	3	PA; SP
PROQUAD (PF)	0	ACA
QUADRACEL (PF)	0	ACA
RABAVERT (PF)	E	E
RAGWITEK	2	PA; M
RECOMBIVAX HB (PF)	0	ACA
ROTARIX	0	ACA
ROTATEQ VACCINE	0	ACA
SHINGRIX (PF)	0	ACA
SPIKEVAX 2024-2025(12Y UP)(PF)	0	
STAMARIL (PF)	E	E
TENIVAC (PF)	0	ACA
THYMOGLOBULIN	2	
TICE BCG	2	
TICOVAC	E	E
TRUMENBA	0	ACA
TWINRIX (PF)	0	ACA

Drug Name	Drug Tier	Requirements / Limits
TYPHIM VI	E	E
VAQTA (PF)	0	ACA
VARIVAX (PF)	0	ACA
VARIZIG	2	
VAXCHORA VACCINE	E	E
VAXELIS (PF)	0	ACA
VAXNEUVANCE (PF)	0	ACA
VIMKUNYA	2	
VIVOTIF	E	E
XEMBIFY	2	PA; SP
XEOMIN	E	E; SP
YF-VAX (PF)	E	E
ZINPLAVA	3	

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	1	M
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral capsule</i>	1	ST; M
<i>colchicine oral tablet</i>	1	M
COLCRYS	E	E; M
<i>febuxostat</i>	1	ST; M
GLOPERBA	3	
KRYSTEXXA	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
MITIGARE	2	ST; M
<i>probenecid</i>	1	M
<i>probenecid-colchicine</i>	1	M
ULORIC	E	E; M
ZYLOPRIM	3	M
OSTEOPOROSIS THERAPY		
ACTONEL	3	ST; M; QL
<i>alendronate</i>	1	M; QL
ATELVIA	3	ST; M; QL
BINOSTO	3	ST; M; QL
EVENITY	E	E; SP
EVISTA	3	M
FORTEO	E	E; SP
FOSAMAX	3	ST; M; QL
FOSAMAX PLUS D	3	ST; M; QL
<i>ibandronate intravenous</i>	1	SP
<i>ibandronate oral</i>	1	M; QL
PROLIA	E	E; SP
<i>raloxifene</i>	1	M
<i>risedronate</i>	1	M; QL
TERIPARATIDE	3	PA; SP; QL
TYMLOS	2	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ABRILADA(CF)	E	E; SP
ABRILADA(CF) PEN	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
ACTEMRA	2	PA; SP; QL
ACTPEN		
ACTEMRA INTRAVENOUS	2	PA; SP
ACTEMRA SUBCUTANEOUS	2	PA; SP; QL
ADALIMUMAB-AACF	E	E; SP
ADALIMUMAB-AACF(CF) PEN CROHNS	E	E; SP
ADALIMUMAB-AACF(CF) PEN PS-UV	E	E; SP
ADALIMUMAB-AATY	E	E; SP
ADALIMUMAB-ADAZ	2	PA; SP; QL
ADALIMUMAB-ADBIM	2	PA; SP; QL
ADALIMUMAB-ADBIM(CF) PEN CROHNS	2	PA; SP; QL
ADALIMUMAB-ADBIM(CF) PEN PS-UV	2	PA; SP; QL
ADALIMUMAB-FKJP	E	E; SP
ADALIMUMAB-RYVK	2	PA; SP; QL
AMJEVITA(CF)	E	E; SP
AMJEVITA(CF) AUTOINJECTOR	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
ARAVA	3	M; QL
AURANOFIN	2	M
BENLYSTA INTRAVENOUS	2	PA; SP
BENLYSTA SUBCUTANEOUS	2	PA; SP; QL
CUPRIMINE	E	E; M
CYLTEZO(CF)	2	PA; SP; QL
CYLTEZO(CF) PEN	2	PA; SP; QL
CYLTEZO(CF) PEN CROHN'S-UC-HS	2	PA; SP; QL
CYLTEZO(CF) PEN PSORIASIS-UV	2	PA; SP; QL
DEPEN TITRATABS	3	PA; M
ENBREL	2	PA; SP; QL
ENBREL MINI	2	PA; SP; QL
ENBREL SURECLICK	2	PA; SP; QL
HADLIMA	E	E; SP
HADLIMA PUSH TOUCH	E	E; SP
HADLIMA(CF)	E	E; SP
HADLIMA(CF) PUSH TOUCH	E	E; SP
HULIO(CF)	E	E; SP
HULIO(CF) PEN	E	E; SP
HUMIRA (ONLY NDCS STARTING WITH 00074)	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	E	E; SP
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	E	E; SP
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074)	E	E; SP
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	E	E; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	E	E; SP
HYRIMOZ PEN CROHN'S-UC STARTER	E	E; SP
HYRIMOZ PEN PSORIASIS STARTER	E	E; SP
HYRIMOZ(CF)	E	E; SP
HYRIMOZ(CF) PEDI CROHN STARTER	E	E; SP
HYRIMOZ(CF) PEN	E	E; SP
KEVZARA	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
KINERET	E	E; SP
LEFLUNICLO	E	E
<i>leflunomide</i>	1	M; QL
OLUMIANT	E	E; SP
ORENCIA	E	E; SP
ORENCIA (WITH MALTOSE)	E	E; SP
ORENCIA CLICKJECT	E	E; SP
OTEZLA	2	PA; SP; QL
OTEZLA STARTER	2	PA; SP; QL
OTREXUP (PF)	E	E; M
<i>penicillamine</i>	1	PA; M
RASUVO (PF)	2	ST; M
RIDAURA	2	M
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
SAVELLA	2	ST; M; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	2	PA; SP; QL
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	2	PA; SP; M; QL

Drug Name	Drug Tier	Requirements / Limits
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	2	PA; SP; M; QL
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; SP; QL
SIMPONI ARIA	3	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	E	E; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	E	E; SP
TOFIDENCE	E	E; SP
TYENNE	2	PA; SP
TYENNE AUTOINJECTOR	2	PA; SP
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
YUFLYMA(CF)	E	E; SP

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
YUFLYMA(CF) AI CROHN'S-UC-HS	E	E; SP
YUFLYMA(CF) AUTOINJECTOR	E	E; SP
YUSIMRY(CF) PEN	E	E; SP

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	0	ACA
DUREX AVANTI BARE REAL FEEL	0	ACA
DUREX TROPICAL CONDOM	0	
FC2 FEMALE CONDOM	0	ACA
FEMCAP	0	ACA
KYLEENA	E	E; ACA
LILETTA	E	E; ACA
MIRENA	E	E; ACA
PARAGARD T 380A	E	E; ACA
SKYLA	E	E; ACA
TRUSTEX-RIA NON-LUB CONDOMS	0	ACA
WIDE-SEAL DIAPHRAGM	0	ACA

Drug Name	Drug Tier	Requirements / Limits
ESTROGENS & PROGESTINS		
ACTIVELLA	3	PA; M
ANGELIQ	3	M
BIJUVA	E	E; M
<i>camila</i>	0	ST; M; ACA
CLIMARA	3	PA; M; QL
CLIMARA PRO	E	E; M
COMBIPATCH	2	PA; M
<i>covaryx</i>	1	M
<i>covaryx h.s.</i>	1	M
CRINONE VAGINAL GEL 4 %	E	E
CRINONE VAGINAL GEL 8 %	2	SP
<i>deblitane</i>	0	ST; M; ACA
DELESTROGEN	3	PA
DEPO-ESTRADIOL	2	PA
DEPO-PROVERA	3	M; QL
DEPO-SUBQ PROVERA 104	0	M; ACA; QL
DIVIGEL	E	E; M
<i>dotti</i>	1	PA; M; QL
DUAVEE	2	M
<i>eemt</i>	1	M
<i>eemt hs</i>	1	M
ELESTRIN	E	E; M
<i>emzahh</i>	0	ST; M; ACA
ENDOMETRIN	E	E
<i>errin</i>	0	ST; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
ESTRACE ORAL	3	PA; M
ESTRACE VAGINAL	E	E; M
ESTRADIOL IMPLANT	3	PA
<i>estradiol oral</i>	1	PA; M
<i>estradiol transdermal</i>	1	PA; M; QL
<i>estradiol vaginal</i>	1	M
<i>estradiol valerate</i>	1	PA
<i>estradiol-norethindrone acet</i>	1	PA; M
ESTRATEST F.S.	3	M
ESTRATEST H.S.	3	M
ESTRING	E	E; M
ESTROGEL	E	E; M
<i>estrogens-methyltestosterone</i>	1	M
EVAMIST	3	PA; M; QL
FEMRING	E	E; M
<i>fyavolv</i>	1	PA; M
<i>gallifrey</i>	1	M
<i>heather</i>	0	ST; M; ACA
IMVEXXY MAINTENANCE PACK	E	E; M
IMVEXXY STARTER PACK	E	E; M
<i>incassia</i>	0	ST; M; ACA
<i>jencycla</i>	0	ST; M; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>jinteli</i>	1	PA; M
<i>lyleq</i>	0	ST; M; ACA
<i>lyllana</i>	1	PA; M; QL
<i>lyza</i>	0	ST; M; ACA
<i>medroxyprogesteron e intramuscular</i>	0	M; ACA; QL
<i>medroxyprogesteron e oral</i>	1	M
MENEST	E	E; M
MENOSTAR	3	PA; M; QL
<i>mimvey</i>	1	PA; M
MINIVELLE	E	E; M
<i>nora-be</i>	0	ST; M; ACA
<i>norethindrone (contraceptive)</i>	0	ST; M; ACA
<i>norethindrone acetate</i>	1	M
<i>norethindrone ac-eth estradiol</i>	1	PA; M
OPILL	2	ST
PREMARIN INJECTION	2	PA
PREMARIN ORAL	E	E; M
PREMARIN VAGINAL	2	M
PREMPHASE	E	E; M
PREMPRO	E	E; M
<i>progesterone</i>	1	SP
<i>progesterone micronized</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
PROMETRIUM	3	M
PROVERA	3	M
<i>sharobel</i>	0	ST; M; ACA
<i>tulana</i>	0	ST; M; ACA
VAGIFEM	E	E; M
VIVELLE-DOT	E	E; M
<i>yuvaferm</i>	1	M
MISCELLANEOUS OB/GYN		
ANNOVERA	0	ACA; QL
CERVIDIL	3	
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>eluryng</i>	0	M; ACA
<i>enilloring</i>	0	M; ACA
<i>etonogestrel-ethinyl estradiol</i>	0	M; ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>haloette</i>	0	M; ACA
INTRAROSA	E	E; M
<i>metronidazole</i>	1	
<i>miconazole-3</i>	1	
MIFEPREX	E	E
<i>mifepristone</i>	E	E
MYFEMBREE	2	PA; M
NEXPLANON	E	E; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norelgestromin-ethin.estradiol</i>	0	M; ACA
NUVARING	E	E; M
NUVESSA	3	
ORIAHNN	2	PA; M
OSPHENA	E	E; M
PHEXXI	E	E
PREPIDIL	3	
RELAGARD	3	
<i>terconazole</i>	1	
<i>tranexamic acid</i>	1	
TRIMO-SAN JELLY	2	
TWIRLA	E	E; M
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	0	ACA
VCF CONTRACEPTIVE GEL	0	ACA
VEOZAH	3	M
XACIATO	2	
<i>xulane</i>	0	M; ACA
<i>zafemy</i>	0	M; ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	0	ST; M; ACA
<i>after pill</i>	0	ST; M; ACA; QL

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Drug Name	Drug Tier	Requirements / Limits
AFTERA	3	ST; M; QL
<i>altavera (28)</i>	0	ST; M; ACA
<i>alyacen 1/35 (28)</i>	0	ST; M; ACA
<i>alyacen 7/7/7 (28)</i>	0	ST; M; ACA
<i>amethia</i>	0	ST; M; ACA
<i>amethyst (28)</i>	0	ST; M; ACA
<i>apri</i>	0	ST; M; ACA
<i>aranelle (28)</i>	0	ST; M; ACA
<i>ashlyna</i>	0	ST; M; ACA
<i>aubra</i>	0	ST; M; ACA
<i>aubra eq</i>	0	ST; M; ACA
<i>aurovela 1.5/30 (21)</i>	0	ST; M; ACA
<i>aurovela 1/20 (21)</i>	0	ST; M; ACA
<i>aurovela 24 fe</i>	0	ST; M; ACA
<i>aurovela fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>aurovela fe 1-20 (28)</i>	0	ST; M; ACA
<i>aviane</i>	0	ST; M; ACA
<i>ayuna</i>	0	ST; M; ACA
<i>azurette (28)</i>	0	ST; M; ACA
BALCOLTRA	E	E; M
<i>balziva (28)</i>	0	ST; M; ACA
BEYAZ	3	ST; M
<i>blisovi 24 fe</i>	0	ST; M; ACA
<i>blisovi fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>blisovi fe 1/20 (28)</i>	0	ST; M; ACA
<i>briellyn</i>	0	ST; M; ACA
<i>camrese</i>	0	ST; M; ACA
<i>camrese lo</i>	0	ST; M; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>caziant (28)</i>	0	ST; M; ACA
<i>charlotte 24 fe</i>	0	ST; M; ACA
<i>chateal eq (28)</i>	0	ST; M; ACA
<i>cryselle (28)</i>	0	ST; M; ACA
<i>cyred</i>	0	ST; M; ACA
<i>cyred eq</i>	0	ST; M; ACA
<i>dasetta 1/35 (28)</i>	0	ST; M; ACA
<i>dasetta 7/7/7 (28)</i>	0	ST; M; ACA
<i>daysee</i>	0	ST; M; ACA
<i>desog-e.estradiol/e.estradiol</i>	0	ST; M; ACA
<i>dolishale</i>	0	ST; M; ACA
<i>drospirenone-e.estradiol-lm.fa</i>	0	ST; M; ACA
<i>drospirenone-ethinyl estradiol</i>	0	ST; M; ACA
<i>econtra ez</i>	0	ST; M; ACA; QL
<i>econtra one-step</i>	0	ST; M; ACA; QL
<i>elinest</i>	0	ST; M; ACA
ELLA	0	ST; M; ACA; QL
<i>enpresse</i>	0	ST; M; ACA
<i>enskyce</i>	0	ST; M; ACA
<i>estarylla</i>	0	ST; M; ACA
<i>ethynodiol diac-eth estradiol</i>	0	ST; M; ACA
<i>falmina (28)</i>	0	ST; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>feirza</i>	0	ST; M; ACA
FEMLYV	E	E; M
<i>finzala</i>	0	ST; M; ACA
<i>gemmily</i>	0	ST; M; ACA
<i>hailey</i>	0	ST; M; ACA
<i>hailey 24 fe</i>	0	ST; M; ACA
<i>hailey fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>hailey fe 1/20 (28)</i>	0	ST; M; ACA
<i>iclevia</i>	0	ST; M; ACA
<i>isibloom</i>	0	ST; M; ACA
<i>jaimiess</i>	0	ST; M; ACA
<i>jasmiel (28)</i>	0	ST; M; ACA
<i>jolessa</i>	0	ST; M; ACA
<i>joyeaux</i>	0	ST; M; ACA
<i>juleber</i>	0	ST; M; ACA
<i>junel 1.5/30 (21)</i>	0	ST; M; ACA
<i>junel 1/20 (21)</i>	0	ST; M; ACA
<i>junel fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>junel fe 1/20 (28)</i>	0	ST; M; ACA
<i>junel fe 24</i>	0	ST; M; ACA
<i>kaitlib fe</i>	0	ST; M; ACA
<i>kalliga</i>	0	ST; M; ACA
<i>kariva (28)</i>	0	ST; M; ACA
<i>kelnor 1/35 (28)</i>	0	ST; M; ACA
<i>kelnor 1/50 (28)</i>	0	ST; M; ACA
<i>kurvelo (28)</i>	0	ST; M; ACA
<i>l norgest/e.estradiol-e.estradiol</i>	0	ST; M; ACA
<i>larin 1.5/30 (21)</i>	0	ST; M; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>larin 1/20 (21)</i>	0	ST; M; ACA
<i>larin 24 fe</i>	0	ST; M; ACA
<i>larin fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>larin fe 1/20 (28)</i>	0	ST; M; ACA
<i>leena 28</i>	0	ST; M; ACA
<i>lessina</i>	0	ST; M; ACA
<i>levonest (28)</i>	0	ST; M; ACA
<i>levonorgest-eth.estradiol-iron</i>	0	ST; M; ACA
<i>levonorgestrel</i>	0	ST; M; ACA; QL
<i>levonorgestrel-ethinyl estrad</i>	0	ST; M; ACA
<i>levonorg-eth estrad triphasic</i>	0	ST; M; ACA
<i>levora-28</i>	0	ST; M; ACA
LO LOESTRIN FE	E	E; M
LOESTRIN 1.5/30 (21)	E	E; M
LOESTRIN 1/20 (21)	E	E; M
LOESTRIN FE 1.5/30 (28-DAY)	E	E; M
LOESTRIN FE 1/20 (28-DAY)	E	E; M
<i>lojaimiess</i>	0	ST; M; ACA
<i>loryna (28)</i>	0	ST; M; ACA
<i>low-ogestrel (28)</i>	0	ST; M; ACA
<i>lo-zumandimine (28)</i>	0	ST; M; ACA
<i>luteru (28)</i>	0	ST; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>marlissa (28)</i>	0	ST; M; ACA
<i>merzee</i>	0	ST; M; ACA
<i>mibelas 24 fe</i>	0	ST; M; ACA
<i>microgestin 1.5/30 (21)</i>	0	ST; M; ACA
<i>microgestin 1/20 (21)</i>	0	ST; M; ACA
<i>microgestin fe 1.5/30 (28)</i>	0	ST; M; ACA
<i>microgestin fe 1/20 (28)</i>	0	ST; M
<i>mili</i>	0	ST; M; ACA
<i>minzoya</i>	0	ST; M; ACA
<i>mono-lynyah</i>	0	ST; M; ACA
<i>my choice</i>	0	ST; M; ACA; QL
<i>my way</i>	0	ST; M; ACA; QL
NATAZIA	E	E; M
<i>necon 0.5/35 (28)</i>	0	ST; M; ACA
<i>new day</i>	0	ST; M; ACA; QL
NEXTSTELLIS	E	E; M
<i>nikki (28)</i>	0	ST; M; ACA
<i>noreth-ethinyl estradiol-iron</i>	0	ST; M; ACA
<i>norethindrone ac-eth estradiol</i>	0	ST; M; ACA
<i>norethindrone-e.estradiol-iron</i>	0	ST; M; ACA

Drug Name	Drug Tier	Requirements / Limits
<i>norgestimate-ethinyl estradiol</i>	0	ST; M; ACA
<i>nortrel 0.5/35 (28)</i>	0	ST; M; ACA
<i>nortrel 1/35 (21)</i>	0	ST; M; ACA
<i>nortrel 1/35 (28)</i>	0	ST; M; ACA
<i>nortrel 7/7/7 (28)</i>	0	ST; M; ACA
<i>nylia 1/35 (28)</i>	0	ST; M; ACA
<i>nylia 7/7/7 (28)</i>	0	ST; M; ACA
<i>ocella</i>	0	ST; M; ACA
<i>opcicon one-step</i>	0	ST; M; ACA; QL
<i>option-2</i>	0	ST; M; ACA; QL
<i>philith</i>	0	ST; M; ACA
<i>pimtrea (28)</i>	0	ST; M; ACA
PLAN B ONE-STEP	2	ST; M; QL
<i>portia 28</i>	0	ST; M; ACA
<i>reclipsen (28)</i>	0	ST; M; ACA
<i>rivelsa</i>	0	ST; M; ACA
SAFYRAL	E	E; M
<i>setlakin</i>	0	ST; M; ACA
<i>simliya (28)</i>	0	ST; M; ACA
<i>simpesse</i>	0	ST; M; ACA
SLYND	E	E; M
<i>sprintec (28)</i>	0	ST; M; ACA
<i>sronyx</i>	0	ST; M; ACA
<i>syeda</i>	0	ST; M; ACA
TAKE ACTION	3	ST; M; QL
<i>tarina 24 fe</i>	0	ST; M; ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tarina fe 1/20 (28)</i>	0	ST; M; ACA
TAYTULLA	E	E; M
<i>tilia fe</i>	0	ST; M; ACA
<i>tri-estarylla</i>	0	ST; M; ACA
<i>tri-legest fe</i>	0	ST; M; ACA
<i>tri-linyah</i>	0	ST; M; ACA
<i>tri-lo-estarylla</i>	0	ST; M; ACA
<i>tri-lo-marzia</i>	0	ST; M; ACA
<i>tri-lo-mili</i>	0	ST; M; ACA
<i>tri-lo-sprintec</i>	0	ST; M; ACA
<i>tri-mili</i>	0	ST; M; ACA
<i>tri-sprintec (28)</i>	0	ST; M; ACA
<i>tri-vylibra</i>	0	ST; M; ACA
<i>tri-vylibra lo</i>	0	ST; M; ACA
<i>turqoz (28)</i>	0	ST; M; ACA
TYBLUME	E	E; M
<i>valtya</i>	0	ST; M; ACA
<i>velivet triphasic regimen (28)</i>	0	ST; M; ACA
<i>vestura (28)</i>	0	ST; M; ACA
<i>vienva</i>	0	ST; M; ACA
<i>violele (28)</i>	0	ST; M; ACA
<i>volnea (28)</i>	0	ST; M; ACA
<i>vyfemla (28)</i>	0	ST; M; ACA
<i>vylibra</i>	0	ST; M; ACA
<i>wera (28)</i>	0	ST; M; ACA
<i>wymzya fe</i>	0	ST; M; ACA
<i>xarah fe</i>	0	ST; M; ACA
<i>xelria fe</i>	0	ST; M; ACA

Drug Name	Drug Tier	Requirements / Limits
YASMIN (28)	E	E; M
YAZ (28)	3	ST; M
<i>zarah</i>	0	ST; M; ACA
<i>zovia 1-35 (28)</i>	0	ST; M; ACA
<i>zumandimine (28)</i>	0	ST; M; ACA
OXYTOCICS		
<i>methylergonovine</i>	1	QL
<i>oxytocin</i>	1	
PITOCIN	3	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	E	E
BETADINE OPHTHALMIC PREP	3	
CILOXAN	E	E
<i>ciprofloxacin hcl</i>	1	
<i>erythromycin</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin</i>	1	
<i>levofloxacin</i>	1	
<i>moxifloxacin</i>	1	
MOXIFLOXACIN (PF)-BSS	3	

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Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>povidone-iodine</i>	1	
<i>tobramycin</i>	1	
TOBRAMYCIN-VANCOMYCIN	3	
TOBREX	3	
VIGAMOX	3	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol</i>	1	M
BETIMOL	E	E; M
BETOPTIC S	3	M
<i>carteolol</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
ISTALOL	E	E; M
<i>levobunolol</i>	1	M
<i>timolol</i>	1	M
<i>timolol maleate</i>	1	M
<i>timolol maleate (pf)</i>	1	M
TIMOPTIC OCUDOSE (PF)	E	E; M
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	SP
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS 0.01 %, 0.025 %, 0.05 %	3	
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
ATROPINE SULFATE (PF)	E	E
CYCLOGYL	3	
<i>cyclopentolate</i>	1	
<i>cyclopen-tropic-phenyleph-watr</i>	1	
CYCLOPENT- TROPIC-PHEN- KETR-WAT	3	
CYCLOP-TROP- PROPA-PHEN- KET-WAT	3	
<i>homatropaire</i>	1	
MYDCOMBI	3	

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Drug Name	Drug Tier	Requirements / Limits
MYDRIACYL	3	
<i>phenyleph-tropicamide in water</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E	3	
<i>pilocarpine hcl</i>	1	M
QLOSI	E	E
VUITY	E	E; M
MISCELLANEOUS OPTHALMOLOGICS		
<i>acuicyn</i>	E	E
AKTEN (PF)	3	
<i>alaway</i>	E	E
ALCAINE	3	
<i>allergy eye (ketotifen)</i>	E	E
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
AVENOVA	E	E
<i>azelastine</i>	1	
BEOVU	3	PA; SP
<i>bepotastine besilate</i>	1	
BEPREVE	E	E

Drug Name	Drug Tier	Requirements / Limits
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 2.75 MG/0.11 ML, 3.25 MG/0.13 ML	3	
BEVACIZUMAB INTRAVITREAL SYRINGE 2.25 MG/0.09 ML	3	M
<i>bimatoprost</i>	E	E
BYOOVIZ	2	PA; SP
CEQUA	3	PA; M; QL
<i>children's alaway</i>	E	E
CIMERLI	2	PA; SP
<i>cromolyn</i>	1	
<i>cyclosporine</i>	1	PA; M; QL
CYSTADROPS	E	E; SP
CYSTARAN	2	PA; SP
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
<i>epinastine</i>	1	
<i>eye allergy itch relief</i>	E	E
<i>eye allergy itch-redness rlf</i>	E	E
<i>eye itch relief</i>	E	E
EYLEA HD	E	E; SP
FLUORESCEIN-BENOXINATE	3	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
<i>fluorescein-proparacaine</i>	1	
IHEEZO (PF)	3	
<i>ketotifen fumarate</i>	E	E
KLARITY (CHONDROITIN) (PF)	3	
LASTACRAFT ONCE DAILY RELIEF	E	ST; E
LATISSE	E	E
LUCENTIS	E	E; SP
LUXTURNA	2	PA; SP
MIEBO (PF)	2	PA; QL
MYDRIATIC4(TRO P-PROP-PE-KTRLC)	3	
<i>olopatadine</i>	E	E
OMIDRIA	3	
OXERVATE	2	PA; SP
PATADAY ONCE DAILY RELIEF	E	E
PATADAY TWICE DAILY RELIEF	E	E
PHOTREXA CROSS-LINKING KIT	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	

Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACETATE-BROMFENAC	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
<i>prednisolone sod ph-bromfenac</i>	1	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
<i>proparacaine</i>	1	
RESTASIS	3	PA; M; QL
RESTASIS MULTIDOSE	2	PA; M; QL
<i>retaine allergy</i>	E	E
SUSVIMO	E	E; SP
SUSVIMO (INITIAL FILL)	E	E; SP
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF)	3	
TYRVAYA	3	PA; M
VABYSMO	E	E; SP
VERKAZIA	E	E; M
VEVYE	3	PA; M; QL
<i>wal-zyr (ketotifen)</i>	E	E
XDEMZY	2	SP; QL
XIIDRA	2	PA; M; QL

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Drug Name	Drug Tier	Requirements / Limits
ZADITOR	E	E
ZERVIAE	E	E
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST
ACULAR LS	3	ST
ACUVAIL (PF)	E	E
<i>bromfenac</i>	1	
BROMSITE	E	E
<i>diclofenac sodium</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac</i>	1	
NEVANAC	E	E
PROLENSA	3	ST
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	M
<i>acetazolamide sodium</i>	1	
<i>methazolamide</i>	1	M
OTHER GLAUCOMA DRUGS		
AZOPT	E	E; M
<i>bimatoprost</i>	1	ST; M
BRIMONIDINE-DORZOLAMIDE	3	M
BRIMONIDINE-DORZOLAMIDE (PF)	3	
<i>brimonidine-timolol</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>brinzolamide</i>	1	M
COMBIGAN	3	M
COSOPT	E	E; M
COSOPT (PF)	E	E; M
<i>dorzolamide</i>	1	M
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	M
<i>dorzolamide-timolol (pf)</i>	1	M
DURYSTA	E	E; SP
IDOSE TR	E	E; SP
IYUZEH (PF)	E	E; M
<i>latanoprost</i>	1	ST; M
LUMIGAN	E	E; M
<i>miostat</i>	1	
RHOPRESSA	3	M
ROCKLATAN	3	ST; M
SIMBRINZA	3	M
<i>tafluprost (pf)</i>	1	ST; M
TIMOL-BRIMON-DORZOL-BIMATO(PF)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-DORZOLAM-BIMATOPRO(PF)	3	
TRAVATAN Z	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>travoprost</i>	1	ST; M
VYZULTA	E	E; M
XALATAN	E	E; M
XELPROS	E	E; M
ZIOPTAN (PF)	E	E; M
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc</i>	1	
<i>neo-polycin hc</i>	1	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	
TOBRADEX	3	
TOBRADEX ST	E	E
<i>tobramycin-dexamethasone</i>	1	
ZYLET	E	E
STEROIDS		
ALREX	E	E

Drug Name	Drug Tier	Requirements / Limits
CLOBETASOL	E	E
<i>dexamethasone sodium phosphate</i>	1	
DEXTENZA	3	
<i>difluprednate</i>	1	
DUREZOL	E	E
EYSUVIS	2	PA; QL
FLAREX	E	E
<i>fluorometholone</i>	1	
FML FORTE	E	E
FML LIQUIFILM	3	ST
ILUVIEN	3	SP
INVELTYS	3	ST
LOTEMAX	3	ST
LOTEMAX SM	3	ST
<i>loteprednol etabonate</i>	1	ST
MAXIDEX	E	E
OZURDEX	2	SP
PRED FORTE	3	
PRED MILD	E	E
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate</i>	1	
RETISERT	3	SP
YUTIQ	3	SP
STEROID-SULFONAMIDE COMBINATIONS		

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P	3	M
<i>apraclonidine</i>	1	M
<i>brimonidine</i>	1	M
IOPIDINE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
<i>phenylephrine hcl</i>	1	
UPNEEQ (PF)	E	E
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
<i>adrenalin</i>	1	
ADYPHREN	E	E
ADYPHREN AMP	E	E
ADYPHREN AMP II	E	E
ADYPHREN II	E	E
AUVI-Q	2	QL
<i>carbinoxamine maleate oral liquid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR	E	E
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine</i>	E	E
CLARINEX	3	QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet</i>	E	E
<i>cypheptadine</i>	1	
<i>desloratadine</i>	1	QL
<i>dexchlorpheniramine maleate</i>	1	
DIPHEN	E	E
<i>diphenhydramine hcl</i>	1	
EPINEPHRINE HCL (PF)	3	
EPINEPHRINE IN SOD CHL, ISO (PF)	3	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection solution</i>	1	
<i>epinephrine injection syringe</i>	1	
EPINEPHRINE PROFESSIONAL	E	E
EPINEPHRINESNA P	E	E
EPINEPHRINESNA P-EMS	E	E
EPINEPHRINESNA P-V	E	E
EPIPEN	2	PA; QL
EPIPEN JR	2	PA; QL
<i>hydroxyzine hcl</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	E	E
<i>levocetirizine</i>	E	E
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML)	2	
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	E	E
PHENERGAN	3	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine</i>	1	
<i>promethegan</i>	1	
QUZYTIR	3	
RYCLORA	3	
RYVENT	3	ST
COUGH & COLD THERAPY		
<i>benzonatate</i>	1	
BROMFED DM	3	
<i>brompheniramine-pseudoeph-dm</i>	1	
CLARINEX-D 12 HOUR	3	QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
<i>g tussin ac</i>	1	
HISTEX-AC	3	
HYCODAN (WITH HOMATROPINE)	3	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
<i>hydromet</i>	1	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
NINJACOF-XG	3	
POLY-TUSSIN AC	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
TUXARIN ER	3	
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	E	E
ACCOLATE	3	M
<i>acetylcysteine</i>	1	
ADCIRCA	E	E; SP
ADEMPAS	2	PA; SP; QL
ADVAIR DISKUS	E	E; M
ADVAIR HFA	2	ST; M; QL
AIRSUPRA	2	M
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	M
<i>aller-flo</i>	E	E
<i>allergy relief (fluticasone)</i>	E	E
ALVESCO	E	E; M
ALYFTREK	2	PA; SP; QL
<i>alyq</i>	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>ambrisentan</i>	1	PA; SP; QL
<i>aminophylline</i>	1	
ANORO ELLIPTA	2	M; QL
<i>arformoterol</i>	1	M; QL
ARNUITY ELLIPTA	2	M; QL
ASMANEX HFA	2	M; QL
ASMANEX TWISTHALER	2	M; QL
ATROVENT HFA	3	M; QL
<i>azelastine-fluticasone</i>	1	ST; QL
BERINERT	E	E; SP
BEVESPI AEROSPHERE	E	E; M
<i>bosentan</i>	1	PA; SP; QL
BREO ELLIPTA	2	ST; M; QL
<i>brey-na</i>	1	ST; M; QL
BREZTRI AEROSPHERE	2	M; QL
BRONCHITOL	3	PA; SP
BROVANA	3	M; QL
<i>budesonide inhalation</i>	1	M; QL
<i>budesonide nasal</i>	E	E
<i>budesonide-formoterol</i>	1	ST; M; QL
CHILDREN'S FLONASE ALLERGY RLF	E	E
CINQAIR	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
CINRYZE	2	ST; SP; QL
COMBIVENT RESPIMAT	2	M; QL
<i>cromolyn</i>	1	M
DALIRESP	E	E; M
DUAKLIR PRESSAIR	E	E; M
DULERA	2	ST; M; QL
DYMISTA	E	E
ELIXOPHYLLIN	3	M
ESBRIET	E	E; SP
FASENRA	2	PA; QL
FASENRA PEN	2	PA; QL
FIRAZYR	E	E; SP
FLONASE ALLERGY RELIEF	E	E
FLONASE SENSIMIST	E	E
<i>flunisolide</i>	1	ST; M; QL
FLUTICASONE FUROATE-VILANTEROL	E	E; M
FLUTICASONE PROPIONATE INHALATION	E	E; M
<i>fluticasone propionate nasal</i>	1	M; QL

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	E	E; M
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	ST; M; QL
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	E	E; M
<i>formoterol fumarate</i>	1	M; QL
HAEGARDA	2	ST; SP; QL
HYPER-SAL	3	
<i>icatibant</i>	1	ST; SP; QL
INCRUSE ELLIPTA	2	M; QL
<i>ipratropium bromide</i>	1	M
<i>ipratropium-albuterol</i>	1	M; QL
KALBITOR	3	ST; SP; QL
KALYDECO	2	PA; SP; QL
LETAIRIS	E	E; SP
<i>levalbuterol hcl</i>	1	
LEVALBUTEROL TARTRATE	E	E
<i>mometasone</i>	1	ST; M; QL
<i>montelukast</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
NASACORT	E	E
<i>nasal allergy</i>	E	E
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA	2	PA; QL
OFEV	2	PA; SP; QL
OHTUVAYRE	E	E
OMNARIS	E	E; M
OPSUMIT	2	PA; SP; QL
OPSYNVI	2	PA; SP; QL
ORKAMBI	2	PA; SP; QL
ORLADEYO	3	ST; SP; QL
PERFOROMIST	E	E; M
<i>pirfenidone oral capsule</i>	1	PA; SP; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; SP; QL
PIRFENIDONE ORAL TABLET 534 MG	E	E; SP
PROAIR DIGIHALER	E	E
PROAIR RESPICLICK	E	E
PULMICORT	E	E; M

Drug Name	Drug Tier	Requirements / Limits
PULMICORT FLEXHALER	E	E; M
<i>pulmosal</i>	1	
PULMOZYME	2	PA; SP
QNASL	E	E; M
QVAR REDIHALER	2	M; QL
REVATIO INTRAVENOUS	3	SP
REVATIO ORAL	3	PA; SP; QL
<i>roflumilast oral tablet 250 mcg</i>	1	PA; M; QL
<i>roflumilast oral tablet 500 mcg</i>	1	PA; M
RUCONEST	2	ST; SP; QL
RYALTRIS	3	ST; QL
<i>sajazir</i>	1	ST; SP; QL
SEREVENT DISKUS	E	E; M
<i>sildenafil (pulm.hypertension) intravenous</i>	1	SP
<i>sildenafil (pulm.hypertension) oral</i>	1	PA; SP; QL
SINGULAIR	E	E; M
SINUVA	3	SP
<i>sodium chloride</i>	1	
SPIRIVA RESPIMAT	2	M; QL
SPIRIVA WITH HANDIHALER	3	M; QL

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Drug Name	Drug Tier	Requirements / Limits
STIOLTO RESPIMAT	2	M; QL
STRIVERDI RESPIMAT	2	M; QL
SYMBICORT	3	ST; M; QL
SYMDEKO	2	PA; SP; QL
<i>tadalafil (pulm. hypertension)</i>	1	PA; SP; QL
TADLIQ	E	E; SP
TAKHZYRO	2	ST; SP; QL
<i>terbutaline oral</i>	1	M
<i>terbutaline subcutaneous</i>	1	
TEZSPIRE	2	PA; SP; QL
THEO-24	3	M
<i>theophylline</i>	1	M
TICANASE	E	E
<i>tiotropium bromide</i>	1	M
TRACLEER ORAL TABLET	3	PA; SP; QL
TRACLEER ORAL TABLET FOR SUSPENSION	2	PA; SP; QL
TRELEGY ELLIPTA	2	M; QL
<i>triamcinolone acetonide</i>	E	E
TRIKAFTA	2	PA; SP; QL
TUDORZA PRESSAIR	E	E; M
TYVASO	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI	2	PA; SP
TYVASO REFILL KIT	2	PA; SP
TYVASO STARTER KIT	2	PA; SP
UMECLIDINIUM-VILANTEROL	E	E; M
VENTAVIS	3	PA; SP
VENTOLIN HFA	E	E
WINREVAIR	2	PA; SP
<i>wixela inhub</i>	1	ST; M; QL
XHANCE	2	ST; M; QL
XOLAIR	2	PA; QL
XOPENEX HFA	E	E
YUPELRI	2	M; QL
<i>zafirlukast</i>	1	M
ZETONNA	E	E; M
<i>zileuton</i>	1	M
ZYFLO	3	
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	

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Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	

UROLOGICALS

Drug Name	Drug Tier	Requirements / Limits
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	1	M
<i>fesoterodine</i>	1	M
<i>flavoxate</i>	1	M
GEMTESA	3	M
<i>mirabegron</i>	1	M
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	M
<i>oxybutynin chloride oral syrup</i>	1	M
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	E	E; M
<i>oxybutynin chloride oral tablet 5 mg</i>	1	M
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	M
OXYTROL	3	ST; M; QL
OXYTROL FOR WOMEN	E	ST; E
<i>solifenacin</i>	1	M
<i>tolterodine</i>	1	M
TOVIAZ	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>tropium</i>	1	M
VESICARE	E	E; M
VESICARE LS	E	E; M
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	M
AVODART	E	E; M
CIALIS	E	E; M
<i>dutasteride</i>	1	ST; M
<i>dutasteride-tamsulosin</i>	1	ST; M
ENTADFI	E	E
<i>finasteride</i>	1	M
FLOMAX	3	M
JALYN	3	ST; M
PROSCAR	3	ST; M
RAPAFLO	E	E; M
<i>silodosin</i>	1	M
<i>tadalafil</i>	1	PA; M; QL
<i>tamsulosin</i>	1	M
UROXATRAL	E	E; M
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	M
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	1	
<i>avanafil</i>	1	PA; M; QL
CAVERJECT	2	PA; M; QL
CAVERJECT IMPULSE	2	PA; M; QL

Drug Name	Drug Tier	Requirements / Limits
CYSTAGON	2	SP
<i>cytra-2</i>	E	E
<i>cytra-3</i>	E	E
<i>cytra-k</i>	E	E
EDEX	3	PA; M; QL
ELMIRON	2	
IFE-BIMIX 30/1	3	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	M
<i>mb caps</i>	1	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
OXLUMO	3	PA; SP
<i>potassium citrate</i>	1	M
<i>potassium citrate-citric acid</i>	E	E
PROCYSBI	E	E; SP
PROSTIN VR PEDIATRIC	3	
RENACIDIN	2	
RIVFLOZA	E	E; SP
<i>sildenafil</i>	1	PA; M; QL
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
STENDRA	3	PA; M; QL
<i>tricitrates</i>	E	E
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	3	
URELLE	3	
<i>uretron d-s</i>	1	
URIBEL TABS	3	
URIMAR-T ORAL CAPSULE	E	E
<i>urimar-t oral tablet</i>	1	
URNEVA	E	E
UROCIT-K 10	3	M
UROCIT-K 15	3	M
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uro-sp</i>	1	
<i>uryl</i>	1	
<i>varденаfil</i>	1	PA; M; QL
VIAGRA	E	E; M

URINARY ANESTHETICS

<i>phenazopyridine</i>	1	
PYRIDIUM	E	E

VITAMINS, HEMATINICS & ELECTROLYTES

BLOOD DERIVATIVES

Drug Name	Drug Tier	Requirements / Limits
<i>albumin, human 25 %</i>	1	
ALBUMINEX 5 %	3	
ELECTROLYTES		
AURYXIA	3	M
CALCIUM ACETATE	E	E
<i>calcium acetate(phosphat bind)</i>	1	M; QL
CALCIUM GLUC IN NACL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/100 ML	3	
<i>calcium gluc in nacl, iso-osm intravenous solution 1 gram/50 ml, 2 gram/100 ml</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	M
<i>effe-k oral tablet, effervescent 25 meq</i>	1	M
FERRIC CITRATE	E	E; M
FOSRENOL ORAL POWDER IN PACKET	E	E
FOSRENOL ORAL TABLET,CHEWABLE	E	E; M
GALZIN	3	SP

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con</i>	1	M
<i>klor-con 10</i>	1	M
<i>klor-con 8</i>	1	M
<i>klor-con m10</i>	1	M
<i>klor-con m15</i>	1	M
<i>klor-con m20</i>	1	M
<i>klor-con/ef</i>	1	M
<i>k-phos-neutral</i>	E	E; M
<i>lanthanum</i>	1	M; QL
LOKELMA	2	QL
<i>lugols</i>	1	M
MAGNEBIND 300	E	E
<i>magnesium sulfate</i>	1	
MAGNESIUM SULFATE IN D5W	2	
<i>magnesium sulfate in water</i>	1	
NORMOSOL-R	3	
<i>phospha 250 neutral</i>	E	E; M
<i>phosphorous</i>	E	E; M
POKONZA	E	E; M
<i>potassium chloride oral capsule, extended release</i>	1	M
<i>potassium chloride oral liquid</i>	1	M
<i>potassium chloride oral packet</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	M
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	M
<i>potassium chloride oral tablet,er particles/crystals</i>	1	M
RENVELA	3	M; QL
<i>sevelamer carbonate</i>	1	M; QL
<i>sevelamer hcl</i>	1	M; QL
<i>sodium chloride</i>	1	
<i>sodium chloride 0.45 %</i>	1	
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	1	
<i>strong iodine</i>	1	M
VELPHORO	2	M; QL
VELTASSA ORAL POWDER IN PACKET 1 GRAM	2	

You can find information on what the abbreviations in this document mean by going to the Abbreviations section on page 2, immediately after the Table of Contents.

Drug Name	Drug Tier	Requirements / Limits
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	QL
XPHOZAH	E	E; SP
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	3	PA; SP
ISOLYTE S PH 7.4	2	
ISOLYTE-S	2	
NORMOSOL-R PH 7.4	2	
PLASMA-LYTE 148 PH 7.4	3	
PLASMA-LYTE A	2	
VITAMINS & HEMATINICS		
ACCRUFER	3	
ANIMI-3 WITH VITAMIN D	E	E
ASCOR	3	
<i>ascorbic acid (vitamin c)</i>	1	
AZESCO	E	E
<i>b complex 1 (with folic acid)</i>	0	ACA
<i>b complex 100</i>	1	
<i>b complex-vitamin c-folic acid</i>	0	ACA
BABY DDROPS	E	E
<i>balanced b-100</i>	0	ACA
<i>bal-care dha</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
BAL-CARE DHA ESSENTIAL	3	M
<i>b-complex with vitamin c</i>	0	ACA
<i>biotin oral tablet 1 mg</i>	E	E
BIOTIN ORAL TABLET 10 MG, 5 MG	E	E
CADEAU DHA	E	E
CALTRATE GUMMY BITES	E	E
<i>cholecalciferol (vitamin d3) oral capsule</i>	E	E
<i>cholecalciferol (vitamin d3) oral drops</i>	E	E
CHOLECALCIFEROL (VITAMIN D3) ORAL LIQUID	E	E
<i>cholecalciferol (vitamin d3) oral tablet</i>	E	E
CITRANATAL B-CALM (FE GLUC)	E	E; M
CITRANATAL MEDLEY	E	E; M
<i>classic prenatal</i>	0	ACA
<i>c-nate dha</i>	1	M
<i>cod liver oil</i>	E	E
<i>complete natal dha</i>	1	M
<i>completenate</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
CONCEPT DHA	3	M
CONCEPT OB	3	M
<i>cyanocobalamin (vitamin b-12) injection</i>	1	M
<i>cyanocobalamin (vitamin b-12) nasal</i>	1	ST; M; QL
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	E	E
DECARA ORAL CAPSULE 625 MCG (25,000 UNIT)	E	E
DERMACINRX PRENATRIX	E	E; M
DERMACINRX PRENATRYL	E	E; M
DERMACINRX PRETRATE	E	E; M
DERMACINRX PUREFOLIX	E	E
<i>dialyvite 800</i>	0	ACA
DIALYVITE 800 WITH IRON	E	E
DIALYVITE 800 WITH ZINC 15	E	E
DIALYVITE 800 WITH ZINC 50	E	E
DIALYVITE VITAMIN D3 MAX	E	E
<i>dodex</i>	1	M
<i>elite-ob</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
ENBRACE HR	3	M
<i>ergocalciferol (vitamin d2) oral capsule</i>	1	M
<i>ergocalciferol (vitamin d2) oral drops</i>	E	E
<i>ezfe 200</i>	E	E
FA-8	E	E
FEOSOL	E	E
FEOSOL BIFERA	E	E
FERAHEME	E	E
FER-IN-SOL	E	E
<i>ferosul</i>	E	E
<i>ferretts</i>	E	E
FERRETTS IPS	E	E
<i>ferrex 150 forte</i>	E	E
<i>ferrex 150 forte plus</i>	E	E
<i>ferrex 150 plus</i>	E	E
FERRIMIN 150	E	E
<i>ferrous gluconate</i>	E	E
<i>ferrous sulfate</i>	E	E
<i>ferumoxytol</i>	1	PA
FLORIVA (FLUORIDE-VITAMIN D3)	E	E
<i>flotrex</i>	0	ACA
<i>fluoride (sodium)</i>	0	ACA
<i>folbee</i>	E	E
<i>folbic</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>folic acid injection</i>	1	
FOLIC ACID ORAL CAPSULE	E	E
<i>folic acid oral tablet 1 mg</i>	1	M
<i>folic acid oral tablet 400 mcg</i>	0	
<i>folic acid oral tablet 800 mcg</i>	0	ACA
<i>folitab</i>	0	ACA
<i>folivane-f</i>	E	E
<i>folivane-ob</i>	1	M
<i>folplex 2.2</i>	E	E
<i>foltabs 800</i>	0	ACA
<i>full spectrum b-vitamin c</i>	0	ACA
<i>hematinic/folic acid</i>	E	E
<i>hematogen fa</i>	E	E
HEMOCYTE	E	E
HEMOCYTE-F	E	E
<i>hydroxocobalamin</i>	1	
ICAR	E	E
ICAR-C	E	E
ICAR-C PLUS	E	E
<i>iferex 150 forte</i>	E	E
INFED	2	PA
INFUVITE PEDIATRIC	2	
INJECTAFER	3	PA
INTEGRA F	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>iron 100 plus</i>	E	E
<i>iron chews</i>	E	E
IROSPAN 24/6	E	E
<i>kobee</i>	0	ACA
KOSHER PRENATAL PLUS IRON	3	M
KPN	E	E
<i>ludent fluoride</i>	0	ACA
MARNATAL-F	3	M
MAXIMUM D3	E	E
MECOBALAMIN (VITAMIN B12)	3	
MERIBIN	E	E
MINI PRENATAL	E	E
<i>m-natal plus</i>	1	M
MONOFERRIC	E	E
<i>multigen</i>	E	E
<i>multigen plus</i>	E	E
<i>multi-vitamin with fluoride</i>	0	ACA
<i>mvc-fluoride</i>	0	ACA
<i>myferon 150 forte</i>	E	E
<i>mynatal</i>	1	M
<i>mynatal plus</i>	1	M
<i>mynatal-z</i>	1	M
NASCOBAL	2	ST; M; QL
NATAL PNV	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
NEEVODHA (WITH ALGAL OIL)	3	M
NEONATAL COMPLETE	3	M
NEONATAL FE	3	
NEONATAL PLUS VITAMIN	3	M
NEONATAL-DHA	3	M
<i>neo-vital rx</i>	1	M
NESTABS	3	M
NESTABS ABC	3	M
NESTABS DHA	3	M
NESTABS ONE	3	M
<i>newgen</i>	1	M
NIVA-FOL	E	E
NOVAFERRUM ALL GOOD	E	E
NOVAFERRUM WOW	E	E
NOVAFERRUM YUMMY PEDIATRIC	E	E
NOXIFOL-D3	E	E
NU-IRON	E	E
OB COMPLETE	3	M
OB COMPLETE ONE	3	M
OB COMPLETE PETITE	3	M

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE PREMIER	3	M
OB COMPLETE WITH DHA	3	M
<i>obstetrix dha prenatal duo</i>	E	E
OBSTETRIX EC	E	E
ONE A DAY WOMEN'S PRENATAL DHA	E	E
<i>one daily prenatal</i>	0	ACA
ONE-A-DAY PRENATAL-1	E	E
ORTHO DF	E	E
PHYSICIANS EZ USE B-12	E	E
PNV TABS 20-1	E	E; M
<i>pnv-dha</i>	1	M
<i>pnv-omega</i>	1	M
<i>pnv-select</i>	1	M
<i>poly-iron 150 forte</i>	E	E
POLY-VI-SOL	E	E
<i>pr natal 400</i>	1	M
<i>pr natal 400 ec</i>	1	M
<i>pr natal 430</i>	1	M
<i>pr natal 430 ec</i>	1	M
PREGEN DHA	E	E; M
PREGENNA	E	E; M
PRENATA	3	M
<i>prenatabs fa</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<i>prenatabs rx</i>	1	M
<i>prenatal + dha oral combo pack 28 mg iron- 975 mcg-200 mg</i>	E	E
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	E	E
<i>prenatal 19</i>	E	E
<i>prenatal complete</i>	0	ACA
PRENATAL ESSENTIALS	E	E
PRENATAL FORMULA	E	E
PRENATAL FORMULA-DHA	E	E
PRENATAL MULTI	E	E
<i>prenatal multi-dha (algal oil)</i>	0	ACA
PRENATAL MULTI-DHA(WITH VIT K)	E	E
<i>prenatal multivitamins</i>	0	ACA
<i>prenatal one daily</i>	0	ACA
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	ACA
PRENATAL ORAL TABLET 28-800 MG-MCG	E	E
<i>prenatal plus</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal plus (calcium carb)</i>	1	M
PRENATAL PLUS DHA	3	M
PRENATAL PLUS VITAMIN-MINERAL	3	M
<i>prenatal vit no.179-iron-folic</i>	0	ACA
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG	E	E
<i>prenatal vitamin plus low iron</i>	E	E
<i>prenatal vitamin with minerals</i>	0	ACA
PRENATAL WITH DHA-FOLIC ACID	E	E
<i>prenatal-u</i>	1	M
PRENATE AM	3	M
PRENATE CHEWABLE	3	M
PRENATE DHA (FERR ASP GLYCIN)	3	M
PRENATE ELITE (IRON ASP GLYC)	3	M
PRENATE ENHANCE	3	M

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Drug Name	Drug Tier	Requirements / Limits
PRENATE ESSENTIAL(IRON-ASP-GL)	3	M
PRENATE MINI (FERR ASP GLYCIN)	3	M
PRENATE PIXIE	3	M
PRENATE RESTORE	3	M
PRENATE STAR	3	M
PRIMACARE	3	M
PRO FE	E	E
PROFERRIN ES	E	E
PROVIDA OB	3	M
<i>rena-vite</i>	0	ACA
<i>reno caps</i>	E	E
REPLESTA NX	E	E
R-NATAL OB	3	M
ROXIFOL-D	E	E
SELECT-OB	3	M
SELECT-OB (FOLIC ACID)	3	M
SELECT-OB + DHA	3	M
<i>se-natal 19</i>	1	M
<i>se-natal 19 chewable</i>	1	M
SIMILAC PRENATAL	E	E
SLOW RELEASE IRON	E	E
<i>solvita</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>solvita a,c,d with fluoride</i>	0	
<i>stress formula with iron</i>	0	ACA
<i>stress formula with iron(sulf)</i>	0	ACA
STUART ONE	E	E
<i>super b-50 complex</i>	0	ACA
<i>super quints</i>	0	ACA
TANDEM DUAL ACTION	E	E
TANDEM PLUS	E	E
<i>taron-c dha</i>	1	M
THERA-D 4000	E	E
THERANATAL	E	E
THERANATAL COMPLETE	E	E
THERANATAL ONE	E	E
THERANATAL OVAVITE	E	E
THERANATAL PLUS	E	E
THRIVITE RX	3	M
TRICARE	3	M
<i>tricon</i>	0	
TRIFERIC	3	
<i>trigels-f forte</i>	E	E
<i>trinatal rx 1</i>	1	M
<i>trinate</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
TRINAZ	E	E; M
TRISTART DHA	3	M
<i>tri-vitamin with fluoride</i>	0	ACA
TRONVITE	E	E
VENOFER	2	PA
VITAFOL FE PLUS	3	M
VITAFOL GUMMIES	3	M
VITAFOL ULTRA	3	M
VITAFOL-OB	3	M
VITAFOL-OB+DHA	3	M
VITAFOL-ONE	3	M
VITALIPID N INFANT	3	
VITAMEDMD ONE RX	3	M
<i>vitamin b complex-folic acid</i>	0	ACA
<i>vitamin d3</i>	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>vitamins a,c,d and fluoride</i>	0	ACA
VITAPEARL	E	E
VITA-RESPA	E	E
VITLIPID N INFANT	3	
<i>wescap-c dha</i>	1	M
<i>wescap-pn dha</i>	1	M
<i>wesnatal dha complete</i>	1	M
<i>wesnate dha</i>	1	M
<i>westab plus</i>	1	M
<i>westgel dha</i>	1	M
WOMEN'S PRENATAL PLUS DHA	E	E
ZALVIT	E	E
<i>zatean-pn dha</i>	1	M
<i>zatean-pn plus</i>	1	M
<i>zingiber</i>	1	M
ZIPHEX	E	E

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COCAINE	72	<i>completenate</i>	147	CONZIP	40
<i>cod liver oil</i>	147	<i>compro</i>	111	COPAXONE	50
<i>codeine sulfate</i>	32	CONCEPT DHA	148	COPIKTRA	16
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COLESTID	60	CONTOUR NEXT GEN METER	89	CORTENEMA	111
<i>colestipol</i>	60	CONTOUR NEXT LEV 2 CONTROL SOL	89	CORTIFOAM	111
<i>colistin (colistimethate na)</i>	9	CONTOUR NEXT LINK	89	<i>corti-sav</i>	73
COLUMVI	16	CONTOUR NEXT LINK 2.4	90	<i>cortisone</i>	86
COLY-MYCIN M PARENTERAL	9	CONTOUR NEXT METER	90	CORTISPORIN-TC	86
COMBIGAN	135	CONTOUR NEXT ONE METER	90	CORTROPHIN GEL	86
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COVID19 TEST ADM.BY PHARMACIST	80	CYCLOPENT-TROPIC- PHEN-KETR-WAT	132	<i>cytarabine (pf)</i>	16
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COZAAR	53	CYCLOPHOSPHAMIDE	16	CYTOMEL	108
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CRINONE	125	CYCLOTENS REFILL.....	31	<i>dabigatran etexilate</i>	57
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<i>dexabliss</i>	86	<i>dialyvite 800</i>	148	<i>diclofenac-misoprostol</i>	40
<i>dexamethasone</i>	86	DIALYVITE 800 WITH IRON	148	DICLOFEX DC	40
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<i>econtra ez</i>	128	ELELYSO.....	104	ELIXOPHYLLIN	140
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<i>ed-spaz</i>	109	ELFABRIO.....	104	ELYZIA (WITH HYALURONATE)	65
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<i>eemt</i>	125	ELIGARD	17	EMBRACE BLOOD GLUCOSE SYSTEM.....	91
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EMBRACE PRO GLUCOSE METER	91	<i>enalaprilat</i>	53	ENTYVIO	112
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EMPLICITI	17	<i>enilloring</i>	127	<i>epinephrine</i>	138
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<i>eplerenone</i>	53	ERYPED 200.....	8	<i>estradiol-norethindrone acet</i>	126
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<i>eprosartan</i>	53	ERYTHROCIN	8	ESTROGEL.....	126
EPSOLAY	69	<i>erythrocine (as stearate)</i>	8	<i>estrogens-methyltestosterone</i>	126
<i>eptifibatide</i>	57	<i>erythromycin</i>	8, 131	<i>eszopiclone</i>	45
EPYSQLI	82	<i>erythromycin ethylsuccinate</i> ...8		<i>ethacrynate sodium</i>	53
EQUETRO	24	<i>erythromycin lactobionate</i>8		<i>ethacrynic acid</i>	53
ERAXIS(WATER DILUENT)3		<i>erythromycin with ethanol</i>69		<i>ethambutol</i>	9
ERBITUX	17	<i>erythromycin-benzoyl peroxide</i>	70	<i>ethosuximide</i>	24
<i>ergocalciferol (vitamin d2)</i> .148		ERZOFRI	45	ETHOXIA	70
<i>ergoloid</i>	45	ESBRIET.....	140	<i>ethyl chloride</i>	72
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<i>feirza</i>	129	<i>fentanyl citrate (pf)</i>	33	FERVINA	75
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<i>mafenide acetate</i>	74	MAVENCLAD (8 TABLET PACK)	51	MEDROL (PAK)	87
MAGNEBIND 300	146	MAVENCLAD (9 TABLET PACK)	51	<i>medroxyprogesterone</i>	126
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<i>malathion</i>	79	MAVENCLAD (16 TABLET PACK)	51	<i>meloxicam</i>	42
<i>maraviroc</i>	5	MAVENCLAD (17 TABLET PACK)	51	MELOXICAM	42
MARCAINE-EPINEPHRINE	73	MAVENCLAD (18 TABLET PACK)	51	<i>meloxicam submicronized</i>	42
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PEMETREXED	21	<i>perindopril erbumine</i>	55	<i>phenyleph-tropicamide in</i> <i>water</i>	133
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<i>penicillin g sodium</i>	11	PHARMACIST CHOICE	96	PHOS-FLUR	85
<i>penicillin v potassium</i>	11	PHARMACIST CHOICE GLUCOSE SYS	96	<i>phospha 250 neutral</i>	146
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PRADAXA	59	<i>prednisolone acetate</i>	136	PREMIER COMPACT GLUCOSE METER	97
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<i>pramipexole</i>	28	PREDNISOLONE ACETATE- NEPAFENAC	134	PREMIUM BLOOD GLUCOSE MONITOR	97
PRAMOSONE	63	<i>prednisolone sod ph-bromfenac</i>	134	PREMIUM V10	97
<i>prasterone (dhea)</i>	105	PREDNISOLONE SOD PH- MOXIFLOX	136	PREMPHASE	126
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<i>prenatal plus (calcium carb)</i>	151	PREPIDIL	127	<i>primaquine</i>	10
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		PREZISTA.....	5	<i>procentra</i>	48
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QBRELIS		<i>ranolazine</i>	62
QBREXZA	<i>quinidine gluconate</i>	RAPAFLO	144
Q-CARE RX Q4	<i>quinidine sulfate</i>	RAPIBLYK	55
QELBREE.....	<i>quinine sulfate</i>	RAPID SARS-COV-2 AG HOME TEST	81
QFITLIA	QUINIXIL	RAPIVAB (PF).....	5
QFITLIA PEN.....	QUINJA.....	<i>rasagiline</i>	28
QINLOCK.....	QUINTET AC	RASUVO (PF).....	124
QLOSI	QUINTET BLOOD GLUCOSE METER.....	RAVICTI	83
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		RETIN-A MICRO	70	<i>rifampin</i>	10
		RETIN-A MICRO PUMP	70	RIGHTEST CONTROL SOLUTION HIGH	98
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<i>vilazodone</i>	50	<i>vitamin k1</i>	59		
VILTEPSO	30	<i>vitamins a,c,d and fluoride</i>	153		
VIMIZIM	106				

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VOXZOGO	106	VYXEOS.....	23	WINLEVI	72
VOYDEYA	83	VYZULTA.....	136	WINREVAIR.....	142
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VRAYLAR.....	50	WAINUA.....	30	<i>wixela inhub</i>	142
VTAMA	64	WAKIX.....	50	<i>women's gentle laxative(bisac)</i>	115
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XELPROS	136	XOSPATA.....	23	YONSA	23
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ZELBORAF	23	<i>zidovudine</i>	6	ZOCOR.....	61
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