



HealthSelectSM of Texas

Prescription Drug Program

**HealthSelectSM of Texas Prescription
Drug Program**

**Consumer Directed HealthSelectSM
Prescription Drug Program**

Preferred Drug List

Effective: July 1, 2026

Administered by Express Scripts®
Pharmacy Benefit Services

CRP1680401



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): Medications designated as ACA are available at \$0 cost share when obtained with a prescription, subject to meeting any Prior Authorization requirements.

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.

OTC (Over the Counter): Drugs that may be purchased without a Prescription Order or Refill. A drug that may be otherwise purchased without a Prescription Order or Refill but is prescribed at a strength requiring a Prescription Order or Refill is not considered to be OTC.

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		
AMBISOME	3	
<i>amphotericin b</i>	1	
<i>amphotericin b liposome</i>	1	
ANCOBON	3	
<i>casprofungin</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	
+	1	
<i>itraconazole</i>	1	QL
<i>ketoconazole</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>micafungin</i>	1	
MICAFUNGIN IN 0.9 % SODIUM CHL	3	
NOXAFIL INTRAVEOUS	3	PA
NOXAFIL ORAL	2	PA
<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
VIVJOA	3	PA; SP; QL
<i>voriconazole</i>	1	PA
<i>voriconazole-hpbc</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	

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>amantadine hcl</i>	1	M
APRETUDE	0	SP; ACA (Affordable Care Act)
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	2	
BARACLUDE ORAL TABLET	E	E
BEYFORTUS	0	ACA (Affordable Care Act)
BIKTARVY	2	
CABENUVA	2	SP; QL
<i>cidofovir</i>	1	
CIMDUO	2	
COMPLERA	E	E
<i>darunavir</i>	1	
DELSTRIGO	2	
DESCOVY ORAL TABLET 120-15 MG	2	
DESCOVY ORAL TABLET 200-25 MG	0	ACA (Affordable Care Act)
DOVATO	2	
EDURANT	2	
EDURANT PED	2	
<i>efavirenz</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz-emtricitabin-tenofov</i>	1	
<i>efavirenz-lamivudine-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 (Affordable Care Act)
<i>emtricitabine-rilpivirine-tenofovir df</i>	1	
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	2	
ENFLONSIA	0	ACA (Affordable Care Act)
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>ganciclovir sodium</i>	1	
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

Drug Name	Drug Tier	Requirements / Limits
PAXLOVID	2	QL
PIFELTRO	2	
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>rilpivirine hcl</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
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	
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
<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
YEZTUGO	0	SP; ACA (Affordable Care Act)
ZEPATIER	2	PA; SP; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
CEPHALOSPORINS		
AVYCAZ	2	
<i>cefaclor</i>	1	
<i>cefadroxil</i>	1	
CEFAZOLIN IN 0.9% SOD CHLORIDE	3	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CEFAZOLIN IN DEXTROSE (ISOS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML, 3 GRAM/50 ML	3	
<i>cefazolin in dextrose 5 %</i>	1	
<i>cefazolin in sterile water intravenous syringe 1 gram/10 ml, 2 gram/20 ml</i>	1	
CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 2 GRAM/10 ML	3	
<i>cefazolin injection recon soln 1 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, 10 gram</i>	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>cefoxitin in dextrose, iso-osm</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>ceftaroline fosamil</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	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefuroxime sodium</i>	1	
<i>cephalexin</i>	1	
FETROJA	3	
<i>tazicef</i>	1	
TEFLARO	3	
ZERBAXA	2	
ZEVTERA	3	

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	
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	3	
<i>erythrocic (as stearate)</i>	1	
<i>erythromycin</i>	1	
<i>erythromycin ethylsuccinate</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin lactobionate</i>	1	
<i>fidaxomicin</i>	1	QL
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
<i>amikacin</i>	1	
ARAKODA	3	QL
ARIKAYCE	2	PA; SP
ARTESUNATE	3	
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
<i>aztreonam</i>	1	
<i>bacitracin</i>	1	
BENZNIDAZOLE	2	QL
BETHKIS	3	PA; SP; QL
CAYSTON	2	PA; SP; QL
<i>chloramphenicol sodium succinate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>clindamycin phosphate</i>	1	
COARTEM	2	QL
<i>colistin (colistimethate na)</i>	1	
COLY-MYCIN M PARENTERAL	3	
<i>cycloserine</i>	1	
<i>dalbavancin</i>	1	
DALVANCE	3	
<i>dapsone</i>	1	
DAPTOMYCIN IN 0.9 % SOD CHLOR	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>daptomycin intravenous recon soln 500 mg</i>	1	
DARAPRIM	3	PA; SP
EMBLAVEO	3	
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	
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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>linezolid-0.9% sodium chloride</i>	1	
MALARONE	3	QL
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>meropenem</i>	1	
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	

Drug Name	Drug Tier	Requirements / Limits
METRONIDAZOL E 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	
ORLYNVAH	E	E; SP
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
<i>quinine sulfate</i>	1	QL
RECARBRIO	3	
<i>rifabutin</i>	1	
RIFADIN	3	
<i>rifampin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SIRTURO	2	PA
SIVEXTRO INTRAVENOUS	3	
SIVEXTRO ORAL	E	E
SOLOSEC	2	QL
SOVUNA	E	E; M
STREPTOMYCIN	2	
STROMECTOL	3	PA; QL
<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
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	

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin</i>	1	
<i>ampicillin sodium</i>	1	
<i>ampicillin-sulbactam</i>	1	
AUGMENTIN	2	
AUGMENTIN ES- 600	3	
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	
PIPERACILLIN- TAZOBACTAM INTRAVENOUS PIGGYBACK	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>piperacillin-tazobactam intravenous recon soln</i>	1	
PIVYA	E	E
UNASYN	3	
ZOSYN IN DEXTROSE (ISO-OSM)	2	
QUINOLONES		
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	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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	
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

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	1	ST
<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	ST
<i>minocycline oral tablet extended release 24 hr</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>mondoxyne nl oral capsule 75 mg</i>	1	ST
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	
<i>tetracycline oral tablet</i>	1	ST
XERAVA	3	
XIMINO	E	E
URINARY TRACT AGENTS		
BLUJEP A	E	E
CONTEPO	3	
<i>fosfomycin tromethamine</i>	E	E
FURADANTIN	3	
MACROBID	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
<i>nitrofurantoin macrocrystal</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<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
TYZAVAN	3	
VANCOCIN	3	QL
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	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>vancomycin oral</i>	1	QL
VANCOMYCIN-DILUENT COMBO NO.1	3	
VIBATIV	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
AUKELSO	E	E; SP
BILPREVDA	2	SP; 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
BOMYNTRA	E	E; SP
<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	3	
OSENVELT	E	E; SP
VISTOGARD	2	PA; SP; QL
VORAXAZE	2	
VYKOURA	E	E
WYOST	E	E; SP
XGEVA	E	E; SP
XTRENBO	2	SP; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA	3	PA; SP
<i>abiraterone</i>	1	PA; SP; QL
<i>abirtega</i>	1	PA; QL
ABRAXANE	3	SP
ADAKVEO	2	PA; SP
ADCETRIS	2	PA; SP
ADRIAMYCIN	3	
<i>adrucil</i>	1	
ADSTILADRIN	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
AFINITOR	E	E; SP
AFINITOR DISPERZ	E	E; SP
AKEEGA	E	E; SP
ALECENSA	2	PA; SP; QL
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	2	PA; SP
AVASTIN	E	E; SP
AVGEMSI	E	E
AVMAPKI- FAKZYNJA	2	PA; SP
AXTLE	E	E
AYVAKIT	3	PA; SP; QL
<i>azacitidine</i>	1	SP
AZASAN	3	
<i>azathioprine</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine sodium</i>	1	
BALVERSA	2	PA; SP
BAVENCIO	2	PA; SP
BEIZRAY	E	E
BEIZRAY-ALBUMIN	E	E
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>	1	
<i>bexarotene</i>	1	PA; SP
<i>bicalutamide</i>	1	M
BICNU	3	PA
BIZENGRI	2	PA; SP
BLNREP	E	E; 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

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	
BYNFEZIA	E	E; SP
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</i>	1	PA
CARVYKTI	2	PA; SP
CASODEX	3	M
CELLCEPT	3	
CELLCEPT INTRAVENOUS	3	
CISPLATIN INTRAVENOUS RECON SOLN	3	

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Drug Name	Drug Tier	Requirements / Limits
<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 100 MG/ML, 500 MG/ML	3	
<i>cyclophosphamide intravenous solution 200 mg/ml</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
<i>dacarbazine</i>	1	
<i>dactinomycin</i>	1	
DANYELZA	3	PA; SP
DANZITEN	2	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
ELLENC	3	
ELREXFIO	3	PA; SP
ELZONRIS	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
EMPLICITI	3	PA; SP
EMRELIS	3	PA; SP
ENHERTU	3	PA; SP
ENSACOVE	2	PA; SP
ENSPRYNG	2	PA; SP
ENVARUSUS 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
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	SP

Drug Name	Drug Tier	Requirements / Limits
<i>floxuridine</i>	1	
<i>fludarabine</i>	1	
<i>fluorouracil</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML)	3	PA; SP
FOLOTYN INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	2	PA; SP
FOTIVDA	E	E; SP
FRINDOVYX	3	
FRUZAQLA	2	PA; 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	

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Drug Name	Drug Tier	Requirements / Limits
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	
<i>gengraf</i>	1	
GILOTRIF	2	PA; SP; QL
GLEEVEC	E	E; SP
GLEOSTINE	3	
GLIADEL WAFER	3	
GOMEKLI	2	PA; SP
GRAFAPEX	E	E
HALAVEN	3	PA; SP
HEPZATO (50 MM CATHETER)	3	SP
HERCEPTIN	E	E; SP
HERCEPTIN HYLECTA	E	E; SP
HERCESSI	2	PA; SP
HERNEXEOS	E	E; SP
HERZUMA	E	E; SP
HYCAMTIN	2	PA; SP
HYDREA	3	
<i>hydroxyurea</i>	1	
HYRNUO	E	E; SP
IBRANCE	2	PA; SP; QL
IBTROZI	2	PA; SP
ICLUSIG	2	PA; SP; QL
IDAMYCIN PFS	3	
<i>idarubicin</i>	1	
IDHIFA	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
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	
INLURIYO	2	PA; SP; M
INLYTA	2	PA; SP; QL
INQOVI	E	E; SP
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

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Drug Name	Drug Tier	Requirements / Limits
JOBEVNE	E	E; SP
JYLAMVO	E	E
KADCYLA	2	PA; SP
KANJINTI	E	E; SP
<i>kemoplat</i>	1	
KEYTRUDA	2	PA; SP
KEYTRUDA QLEX	2	PA; SP
KIMMTRAK	2	PA; SP
KISQALI	2	PA; SP; QL
KLISYRI (250 MG)	E	E
KOMZIFTI	2	PA; SP
KOSELUGO ORAL CAPSULE	3	PA; SP
KOSELUGO ORAL CAPSULE, SPRINKLE	3	PA; SP
KRAZATI	E	E; SP
KYMRIAH	2	PA; SP
KYPROLIS	2	PA; SP
KYXATA	3	
<i>lanreotide</i>	1	PA; SP; QL
<i>lapatinib</i>	1	PA; SP; QL
LAZCLUZE	3	PA; SP
<i>lenalidomide</i>	1	SP; QL
LENVIMA	2	PA; SP; QL
<i>letrozole</i>	1	M
LEUKERAN	2	
<i>leuprolide</i>	1	PA; SP
LIBTAYO	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
LIFYORLI	3	PA; SP
<i>lomustine</i>	1	
LONSURF	2	PA; SP
LOQTORZI	2	PA; SP
LORBRENA	2	PA; SP; QL
LUMAKRAS	3	PA; SP
LUNSUMIO	2	PA; SP
LUNSUMIO VELO	E	E; 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
LUTRATE DEPOT (3 MONTH)	2	SP
LYMPHIR	E	E; SP
LYNOZYFIC	3	PA; SP
LYNPARZA	2	PA; SP; QL
LYSODREN	2	SP
LYTGOBI	2	PA; SP
MATULANE	2	SP
<i>megestrol</i>	1	
MEKINIST	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
MEKTOVI	2	PA; SP; QL
<i>melphalan hcl</i>	1	
<i>mercaptopurine oral suspension</i>	1	ST; SP
<i>mercaptopurine oral tablet</i>	1	
METHOTREXATE (PF) IN NAACL,ISO	3	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf)</i>	1	
<i>mitomycin</i>	1	
<i>mitoxantrone</i>	1	SP
MODEYSO	2	PA; 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	2	PA; QL
NEORAL	3	

Drug Name	Drug Tier	Requirements / Limits
NERLYNX	2	PA; SP
NEXAVAR	3	PA; SP; QL
NIKTIMVO	E	E
NILOTINIB D-TARTRATE	E	E; SP
<i>nilotinib hcl</i>	1	SP; QL
<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	2	PA; 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	

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Drug Name	Drug Tier	Requirements / Limits
<i>paclitaxel</i>	1	
<i>paclitaxel protein-bound</i>	1	SP
PADCEV	3	PA; SP
PALSONIFY	E	E; SP
<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	
PHYRAGO	E	E; SP
PIQRAY	2	PA; SP
POLIVY	3	PA; SP
<i>pomalidomide</i>	1	PA; SP
POMALYST	2	PA; SP
POTELIGEO	2	PA; SP
<i>pralatrexate</i>	1	PA; SP
PROGRAF INTRAVENOUS	2	

Drug Name	Drug Tier	Requirements / Limits
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	2	ST; SP
QINLOCK	E	E; SP
RETEVMO	3	PA; SP; QL
REVLIMID	E	E; SP
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; QL
ROZLYTREK	2	PA; SP; QL
RUBRACA	E	E; SP
RUXIENCE	2	PA; SP
RYBREVANT	3	PA; SP
RYBREVANT FASPRO	3	PA; SP
RYDAPT	2	PA; SP; QL
RYLAZE	3	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
RYTELO	E	E; SP
SANDIMMUNE	3	
SANDOSTATIN	3	PA; SP
SANDOSTATIN LAR DEPOT	E	E; SP
SAPHNELO	3	PA; SP
SARCLISA	3	PA; SP
SCSEMBLIX	2	PA; SP; QL
SIGNIFOR	2	PA; SP
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	E	E; SP
STIVARGA	2	PA; SP; QL
<i>sunitinib malate</i>	1	PA; SP; QL
SUPPRELIN LA	2	PA; SP
SUTENT	3	PA; SP; QL
SYLVANT	2	PA; SP
TABLOID	3	
TABRECTA	2	PA; SP
TACROLIMUS INTRAVENOUS	3	
<i>tacrolimus oral</i>	1	
TAFINLAR	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
TAGRISSEO	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	E	E; SP
TECARTUS	3	PA; SP
TECELRA	2	PA; SP
TECENTRIQ	2	PA; SP
TECENTRIQ HYBREZA	2	PA; 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
TEPYLUTE	E	E
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

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Drug Name	Drug Tier	Requirements / Limits
<i>torpenz</i>	1	PA; SP; QL
TRAZIMERA	E	E; SP
TREANDA	3	PA; SP
TRELSTAR	E	E
<i>tretinoin</i> (antineoplastic)	1	
TREXALL	E	E
TRIPTODUR	2	PA; SP
TRISENOX	3	PA
TRODELVY	3	PA; SP
TRUQAP	2	PA; SP
TRUXIMA	E	E; SP
TUKYSA	3	PA; SP; QL
TURALIO	3	PA; SP; QL
TYKERB	E	E; SP
UNITUXIN	2	PA; SP
UNLOXCYT	E	E; SP
UPLIZNA	E	E; SP
VABRINTY (1 MONTH)	E	E; SP
VABRINTY (3 MONTH)	E	E; SP
VABRINTY (4 MONTH)	E	E; SP
VABRINTY (6 MONTH)	E	E; SP
<i>valrubicin</i>	1	PA; SP
VANFLYTA	E	E; SP
VECTIBIX	2	PA; SP
VEGZELMA	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
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
VOYXACT	2	PA; SP; QL
VYLOY	2	PA; SP
VYXEOS	2	PA; SP
WAYRILZ	E	E; SP
WELIREG	3	PA; SP
XALKORI	2	PA; SP; QL
XATMEP	E	E
XERMELO	2	PA; SP; QL
XOSPATA	2	PA; SP; QL
XPOVIO	E	E; SP
XROMI	E	E
XTANDI	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
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

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

Drug Name	Drug Tier	Requirements / Limits
<i>brivaracetam intravenous</i>	1	
<i>brivaracetam oral</i>	1	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,CHEWAB LE 200 MG	3	
CARBATROL	3	
CELONTIN	3	M
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

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Drug Name	Drug Tier	Requirements / Limits
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 oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	M
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	M
ELEPSIA XR	3	ST; M
EPIDIOLEX	2	PA; SP
EPRONTIA	E	E
EQUETRO	3	
<i>eslicarbazepine</i>	1	M
<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

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

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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 NAACL (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

Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam oral tablet extended release 24 hr</i>	1	M
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	E	E; M
LYRICA	E	E; M
LYRICA CR	E	E; M
<i>methsuximide</i>	1	M
MIDAZOLAM	3	
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	E	E
<i>perampanel</i>	1	
<i>phenobarbital</i>	1	M
PHENYTEK	3	M
<i>phenytoin oral suspension</i>	1	M
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin sodium extended</i>	1	M
<i>pregabalin oral capsule</i>	1	M
<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
RELGAABI ORAL CAPSULE 200 MG	E	E; M
<i>relgaabi oral capsule 300 mg, 400 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
SUBVENITE ORAL SUSPENSION	E	E; M
<i>subvenite oral tablet</i>	1	M
<i>subvenite starter (blue) kit</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<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	
TOPAMAX	E	E; M
<i>topiramate oral capsule, sprinkle</i>	1	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 solution</i>	1	
<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

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Drug Name	Drug Tier	Requirements / Limits
<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
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
CARBIDOPA- LEVODOPA ORAL CAPSULE, EXTENDED RELEASE	E	E; M
<i>carbidopa-levodopa oral tablet</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet extended release</i>	1	M
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 25-100 mg, 25-250 mg</i>	1	M
<i>carbidopa-levodopa- entacapone</i>	1	M
CREXONT	2	ST; 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	E	E; SP; M
ONAPGO	E	E; SP
ONGENTYS	3	PA; M; QL
<i>pramipexole</i>	1	M
<i>rasagiline</i>	1	M
<i>ropinirole</i>	1	M
RYTARY	3	ST; M
<i>selegiline hcl</i>	1	M
SINEMET	3	M

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Drug Name	Drug Tier	Requirements / Limits
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
BREKIYA	E	E; SP
CAFERGOT	E	E
<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
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; M; QL

Drug Name	Drug Tier	Requirements / Limits
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
RELPAX	E	E
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL
<i>sumatriptan succinate</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan-naproxen</i>	E	E
SYMBRAVO	E	E
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		
AMONDYS-45	E	E; SP
AMPYRA	E	E; SP
AMVUTTRA	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ANTICHOLIUM	3	
ARICEPT	3	ST; M
AUSTEDO	E	E; SP
AUSTEDO XR	E	E; SP
AUSTEDO XR TITRATION KT(WK1-4)	E	E; SP
<i>dalfampridine</i>	1	PA; SP; QL
DAYBUE	E	E; SP
DAYBUE STIX	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 intravenous solution 30 mg/100 ml</i>	1	PA; SP
EDARAVONE INTRAVENOUS SOLUTION 60 MG/100 ML	2	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	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
INGREZZA INITIATION PK(TARDIV)	2	PA; SP; QL
INGREZZA SPRINKLE	2	PA; SP; QL
KEVEYIS	E	E; SP
KISUNLA	E	E; SP
LEQEMBI	E	E; SP
LEQEMBI IQLIK	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 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

Drug Name	Drug Tier	Requirements / Limits
NULIBRY	3	PA; SP
ONPATTRO	E	E; SP
<i>ormalvi</i>	1	PA; SP
QALSODY	E	E; 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	3	PA; SP
SKYSONA	2	PA; SP
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	2	PA; SP; QL
SPINRAZA (PF) INTRATHECAL SOLUTION 28 MG/5 ML, 50 MG/5 ML	2	PA; SP
<i>tetrabenazine</i>	1	PA; SP; QL
TYRUKO	2	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

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Drug Name	Drug Tier	Requirements / Limits
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
ATMEKSI	3	
<i>atracurium</i>	1	
<i>baclofen oral solution 10 mg/5 ml (2 mg/ml)</i>	1	PA; QL
<i>baclofen oral solution 5 mg/5 ml</i>	1	PA
<i>baclofen oral suspension</i>	1	
<i>baclofen oral tablet</i>	1	
BLOXIVERZ	3	
BRIDION	3	
<i>carisoprodol</i>	1	
<i>carisoprodol-aspirin-codeine</i>	1	
<i>chlorzoxazone oral tablet 250 mg</i>	E	E
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	
<i>cisatracurium</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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
IMAAVY	E	E; SP
<i>meprobamate</i>	1	
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	

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Drug Name	Drug Tier	Requirements / Limits
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	
NORGESIC	E	E
NORGESIC FORTE	E	E
ONTRALFY	E	E
<i>orphenadrine citrate</i>	1	
<i>orphenadrine-asa-caffeine</i>	E	E
<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

Drug Name	Drug Tier	Requirements / Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG	3	M
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	M
<i>regonol</i>	1	
<i>revonto</i>	1	
ROBAXIN	3	
RYANODEX	3	
RYSTIGGO	E	E; SP
SOMA	3	
SUGAMMADEX IN STERILE WATER	3	
<i>sugammadex intravenous syringe 100 mg/ml</i>	1	
SUGAMMADEX INTRAVENOUS SYRINGE 200 MG/2 ML	3	
<i>tanlor</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
TIZANIDINE ORAL CAPSULE 8 MG	E	E
<i>tizanidine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
TONMYA	E	E
<i>vanadom</i>	1	
VYVGART	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA; SP
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	3	PA; SP
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL CAPSULE 8 MG	E	E
ZANAFLEX ORAL TABLET	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	

Drug Name	Drug Tier	Requirements / Limits
<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-butalbital- asa-caff</i>	1	
DEMEROL	3	
DEMEROL (PF)	3	
DILAUDID	3	
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	

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Drug Name	Drug Tier	Requirements / Limits
FENTANYL (PF)- BUPIVACAINE- NACL INJECTION SOLUTION 4 MCG/ML- 0.125 %	3	
<i>fentanyl citrate (pf) injection solution</i>	1	
<i>fentanyl citrate (pf) injection syringe 100 mcg/2 ml (50 mcg/ml), 50 mcg/ml</i>	1	
FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML	3	
FENTANYL CITRATE (PF) INTRAVENOUS PATIENT CONTROL.ANALG ESIA SOLN	3	
<i>fentanyl citrate (pf) intravenous prefilled pump reservoir</i>	1	
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
<i>fentanyl citrate (pf)- 0.9%nacl injection pt controlled analgesia syring 1,250 mcg/25 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
FIORICET	3	ST
<i>hydrocodone bitartrate</i>	1	ST; QL
<i>hydrocodone-acetaminophen</i>	1	
<i>hydrocodone-ibuprofen</i>	1	
HYDROMORPHONE (PF) IN WATER	3	

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Drug Name	Drug Tier	Requirements / Limits
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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>hydromorphone (pf)-0.9 % nacl intravenous solution 0.2 mg/ml, 1 mg/ml</i>	1	
HYDROMORPHONE (PF)-0.9 % NACL INTRAVENOUS SOLUTION 0.5 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
HYDROMORPHONE (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	
HYDROMORPHONE 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 in 0.9 % nacl intravenous pt controlled analgesia syring</i>	1	
<i>hydromorphone injection solution</i>	1	
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	3	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; QL
<i>hydromorphone rectal</i>	1	
HYDROMORPHONE(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	
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS PT CONTROLLED ANALGESIA SYRING 10 MG/50 ML (0.2 MG/ML)	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone(pf)-nacl,iso-osm intravenous pt controlled analgesia syring 6 mg/30 ml (0.2 mg/ml)</i>	1	
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SOLUTION 0.5 MG/ML	3	
<i>hydromorphone(pf)-nacl,iso-osm intravenous solution 1 mg/ml</i>	1	
HYDROMORPHONE(PF)-NACL,ISO-OSM INTRAVENOUS SYRINGE	3	
HYSINGLA ER	3	ST; QL
INFUMORPH P/F	2	
<i>levorphanol tartrate</i>	E	E
<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

Drug Name	Drug Tier	Requirements / Limits
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	
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 syring 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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
MORPHINE IN 0.9 % SODIUM CHLOR INTRAVENOUS SOLUTION	3	
MORPHINE INJECTION SOLUTION	3	
MORPHINE INJECTION SYRINGE 2 MG/ML	3	
<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	
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML	3	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<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
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	E	E
<i>oxymorphone oral tablet</i>	1	
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; QL
PERCOCET	E	E

Drug Name	Drug Tier	Requirements / Limits
PRIMLEV	E	E
PROLATE ORAL SOLUTION	E	E
<i>prolate oral tablet</i>	1	
ROXICODONE	3	
ROXYBOND	E	E
SUBLOCADE	2	SP
<i>tencon</i>	1	
TREZIX	3	
XTAMPZA ER	E	E
<i>xyvona</i>	E	E
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin childrens</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>aspirin oral tablet</i>	E	E; OTC (Over the Counter)
<i>aspirin oral tablet, chewable</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	E	E; OTC (Over the Counter)
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>aspirin, buffd-calcium carb-mag</i>	E	E; OTC (Over the Counter)
<i>bayer aspirin</i>	E	E; OTC (Over the Counter)
BAYER CHEWABLE ASPIRIN	E	E; OTC (Over the Counter)
<i>bayer low dose aspirin</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>bufferin</i>	E	E; OTC (Over the Counter)
<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	

Drug Name	Drug Tier	Requirements / Limits
CAMBIA	3	ST; QL
CAPSINAC	E	E
CELEBREX	E	E
<i>celecoxib</i>	1	
CONZIP	E	E
COXANTO	E	E
DERMACINRX LEXITRAL	E	E
DICLOFENAC EPOLAMINE	E	E
<i>diclofenac potassium oral capsule</i>	1	ST
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	E	E
<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>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL
DICLOFENAC SUBMICRONIZED	E	E
<i>diclofenac-misoprostol</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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
DITHOL	E	E
DOLOBID	E	E
DUROLANE	E	E
EC-NAPROSYN	3	ST
<i>ecotrin</i>	E	E; OTC (Over the Counter)
<i>ecotrin low strength</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<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

Drug Name	Drug Tier	Requirements / Limits
FLECTOR	2	ST; QL
<i>flurbiprofen</i>	1	
FROTEK	E	E
GEL-ONE	E	E
GELSYN-3	E	E
GENVISC 850	E	E
HYALGAN	E	E
HYMOVIS	E	E; SP
HYMOVIS ONE	E	E; SP
<i>ibu</i>	1	
IBUPAK	E	E
<i>ibuprofen</i>	1	
<i>ibuprofen-famotidine</i>	E	E
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
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	E	E
<i>indomethacin rectal suppository 50 mg</i>	1	
INFLAMMA-K	E	E
JOURNAVX	3	QL

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Drug Name	Drug Tier	Requirements / Limits
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
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
LOTREXONE	3	
LUCEMYRA	E	E
<i>lurbiro</i>	1	
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
MELOXICAM ORAL SUSPENSION	E	E

Drug Name	Drug Tier	Requirements / Limits
<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; OTC (Over the Counter)
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) 375 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	ST
<i>naproxen sodium oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole</i>	E	E
NARCAN	3	QL
NUCYNTA	E	E
NUCYNTA ER	E	E
OPVEE	3	
ORTHAPHEN	E	E
ORTHOVISC	2	PA
ORTHREXO	E	E
ORUDIS	3	ST
OXAPROZIN ORAL CAPSULE	E	E
<i>oxaprozin oral tablet</i>	1	
<i>pentazocine-naloxone</i>	1	
<i>piroxicam</i>	1	
PROFINAC	E	E
RELAFEN DS	E	E
REXTOVY	2	QL
ROAOXIA	E	E
<i>salsalate</i>	1	
SPRIX	E	E; SP
<i>st joseph aspirin</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
<i>st. joseph aspirin</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
SUBOXONE	E	E
<i>sulindac</i>	1	
SUPARTZ FX	E	E
SYNVISC	E	E
SYNVISC-ONE	E	E
<i>tapentadol oral tablet</i>	1	QL
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR	E	E
TOLECTIN 600	3	ST
<i>tolectin ds</i>	1	ST
<i>tolmetin</i>	1	ST
TORONOVA II SUIK	E	E
TORONOVA SUIK	E	E
<i>torvex</i>	E	E
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	E	E
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75	E	E

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Drug Name	Drug Tier	Requirements / Limits
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
<i>tramadol- acetaminophen</i>	1	QL
TRESNI	E	E
<i>tri-buffered aspirin</i>	E	E; OTC (Over the Counter)
TRILURON	E	E
TRIVISC	E	E
VAROPHEN (DICLOFENAC)	E	E
VENNGEL II	E	E
VENNGEL ONE	E	E
VISCO-3	E	E
VIVITROL	2	
VIVLODEX	E	E
VYSCOXA	E	E
XIFYRM	3	
XRYLIX (DICLOFENAC- KINES TAPE)	E	E
ZICLOCIN	E	E

Drug Name	Drug Tier	Requirements / Limits
ZICLOPRO	E	E
ZIMHI	E	E
ZIPSOR	E	E
ZORVOLEX	E	E
ZUBSOLV	2	
ZURNAI	E	E
ZYBIC	E	E
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY	E	E
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	
ADASUVE	3	
ADDERALL	E	E
ADDERALL XR	E	E
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</i>	1	ST
<i>amphetamine sulfate</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
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
ARYNTA	E	E
<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
BUCAPSOL	E	E; M
<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

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	M; QL
<i>bupropion hcl oral tablet</i>	1	M
BYFAVO	3	
CAPLYTA	3	QL
CELEXA	E	E; M
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine</i>	1	
<i>citalopram oral capsule</i>	1	ST; M; QL
<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	
COBENFY	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	

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Drug Name	Drug Tier	Requirements / Limits
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	
<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
DULOXICAINE	E	E
DYANAVEL XR	E	E
EDLUAR	3	ST; QL
EFFEXOR XR	E	E; M

Drug Name	Drug Tier	Requirements / Limits
EMSAM	3	
<i>ergoloid</i>	1	M
ERZOFRI	2	
ESCITALOPRAM OXALATE ORAL CAPSULE	E	E; M
<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
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	E	E; M
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	E	E
FANAPT	E	E
FANAPT TITRATION PACK A	E	E
FANAPT TITRATION PACK B	E	E
FANAPT TITRATION PACK C	E	E

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Drug Name	Drug Tier	Requirements / Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	ST; QL
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

Drug Name	Drug Tier	Requirements / Limits
GEODON INTRAMUSCULAR	3	
GEODON ORAL	3	QL
<i>guanfacine</i>	1	M
HALCION	3	QL
<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	
INTUNIVER	E	E; M
INVEGA	3	QL
INVEGA HAFYERA	2	
INVEGA SUSTENNA	2	
INVEGA TRINZA	2	
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	

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

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

Drug Name	Drug Tier	Requirements / Limits
<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>	E	E; M
PAXIL	3	ST; M; QL
PAXIL CR	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>	E	E
PROVIGIL	E	E
PROZAC	E	E; M
QELBREE	3	ST; M
QUAZEPAM	E	E
<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

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
RITALIN	E	E
ROZEREM	E	E
RYKINDO	2	

Drug Name	Drug Tier	Requirements / Limits
SAPHRIS	E	E
SECUADO	3	QL
SEROQUEL	E	E
SEROQUEL XR	E	E
<i>sertraline oral capsule</i>	1	ST; M; QL
<i>sertraline oral concentrate</i>	1	M
<i>sertraline oral tablet</i>	1	M; QL
SILENOR	3	ST; QL
<i>sodium oxybate</i>	1	ST; SP; QL
SPRAVATO	2	PA
SUNOSI	2	PA; QL
<i>tasimelteon</i>	1	PA; SP; QL
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	1	
<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	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; M; QL
UZEDY	2	
VALIUM	E	E

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Drug Name	Drug Tier	Requirements / Limits
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 ORAL CAPSULE 0.5 MG, 0.75 MG	3	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	QL
VYLEESI	3	PA; SP; QL
VYVANSE	E	E
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 INTRAMUSCULAR	3	
ZYPREXA ORAL	3	QL
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	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

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Drug Name	Drug Tier	Requirements / Limits
BRIUMVI	E	E; SP
<i>cladribine(multiple sclerosis)</i>	1	PA; SP; QL
COPAXONE	E	E; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; SP; QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	1	PA; QL
<i>fingolimod</i>	1	PA; SP; QL
GILENYA	E	E; SP
<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)	E	E; SP
MAVENCLAD (4 TABLET PACK)	E	E; SP
MAVENCLAD (5 TABLET PACK)	E	E; SP
MAVENCLAD (6 TABLET PACK)	E	E; SP
MAVENCLAD (7 TABLET PACK)	E	E; SP
MAVENCLAD (8 TABLET PACK)	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (9 TABLET PACK)	E	E; SP
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	2	PA; SP; QL
PLEGRIDY	2	PA; SP; QL
PONVORY	E	E; SP
PONVORY 14-DAY STARTER PACK	E	E; SP
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	

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Drug Name	Drug Tier	Requirements / Limits
<i>amiodarone oral</i>	1	M
BETAPACE	3	M
BETAPACE AF	3	M
<i>disopyramide phosphate</i>	1	M
<i>dofetilide</i>	1	
<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
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		
<i>acebutolol</i>	1	M
ALDACTONE	3	M

Drug Name	Drug Tier	Requirements / Limits
<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
<i>amlodipine-valsartan-hcthiazid</i>	1	M
ARBLI	E	E; 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

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Drug Name	Drug Tier	Requirements / Limits
BIDIL	E	E; M
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	M
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	E	E; 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
<i>captopril</i>	1	M
<i>captopril-hydrochlorothiazide</i>	1	
CARDAMYST	3	PA
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

Drug Name	Drug Tier	Requirements / Limits
<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
CLONIDINE HCL ORAL TABLET 0.05 MG	E	E
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</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
<i>diltiazem</i>	1	M
<i>dilt-xr</i>	1	M
DIOVAN	E	E; M
DIOVAN HCT	E	E; M
<i>doxazosin</i>	1	M; QL
DYRENIUM	E	E; M
EDARBI	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
EDARBYCLOR	E	E; M
EDECIN	3	ST; M
<i>enalapril maleate</i>	1	M
<i>enalaprilat</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	M
ENBUMYST	E	E; SP
EPANED	E	E; M
<i>eplerenone</i>	1	M
<i>epoprostenol</i>	1	PA; SP
<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
<i>felodipine</i>	1	M
FLOLAN	2	PA; SP
<i>fosinopril</i>	1	M
<i>fosinopril-hydrochlorothiazide</i>	1	M
FUROSCIX	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
FUROSEMIDE IN 0.9 % NACL	3	
<i>furosemide injection</i>	1	
<i>furosemide oral</i>	1	M
<i>guanfacine oral tablet 1 mg</i>	1	M
<i>guanfacine oral tablet 2 mg</i>	1	
HEMANGEOL	2	PA; SP; M
HEMICLOR	E	E; 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
INSPRA	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
JAVADIN	E	E; M
KAPSPARGO SPRINKLE	E	E; M
KATERZIA	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
KERENDIA ORAL TABLET 10 MG, 20 MG	2	PA; M; QL
KERENDIA ORAL TABLET 40 MG	2	PA; M
<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
LASIX ONYU	E	E
LEVAMLODIPINE	E	E; M
<i>lisinopril</i>	1	M
<i>lisinopril-hydrochlorothiazide</i>	1	M
LOPRESSOR ORAL SOLUTION	E	E; M
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	M
LOPRESSOR ORAL TABLET 12.5 MG	E	E; M
<i>losartan</i>	1	M
<i>losartan-hydrochlorothiazide</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
LOTENSIN	3	M
LOTENSIN HCT	3	M
LOTREL	E	E; M
<i>matzim la</i>	1	M
<i>methyldopa</i>	1	
<i>metolazone</i>	1	M
<i>metoprolol succinate</i>	1	M
<i>metoprolol ta-hydrochlorothiaz</i>	1	M
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	M
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	E	E; 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	
<i>nifedipine</i>	1	M
<i>nimodipine oral capsule</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
<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-hcthiazid</i>	1	M
<i>olmesartan-hydrochlorothiazide</i>	1	M
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	

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral</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
SDAMLO	E	E; M
SOAANZ	E	E; M
<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>	E	E; M
<i>telmisartan-hydrochlorothiazid</i>	1	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

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Drug Name	Drug Tier	Requirements / Limits
<i>trandolapril</i>	1	M
<i>trandolapril-verapamil</i>	1	M
<i>treprostinil sodium</i>	1	PA; SP
<i>triamterene</i>	E	E; M
<i>triamterene-hydrochlorothiazid</i>	1	M
TRIBENZOR	E	E; M
UPTRAVI INTRAVENOUS	3	SP
UPTRAVI ORAL	2	PA; SP; QL
<i>valsartan</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	

Drug Name	Drug Tier	Requirements / Limits
ALHEMO PEN	2	PA; SP
ALPHANATE	2	PA; SP
ALPHANINE SD	2	PA; SP
ALPROLIX	2	PA; SP
ALTUVIIIIO	2	PA; SP
ALVAIZ	E	E; SP
AMICAR	3	
<i>aminocaproic acid</i>	1	
ARGATROBAN	3	
<i>argatroban in 0.9 % sod chlor</i>	1	
ARIXTRA	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	E	E; 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

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Drug Name	Drug Tier	Requirements / Limits
CORIFACT	2	PA; SP
CYKLOKAPRON	3	
<i>dabigatran etexilate</i>	1	M
DEFITELIO	3	
<i>dipyridamole</i>	1	M
DOPTELET (15 TAB PACK)	2	PA; SP; QL
DOPTELET SPRINKLE	2	PA; SP; QL
EFFIENT	3	M
ELIQUIS	2	M
ELIQUIS DVT-PE TREAT 30D START	2	M
ELIQUIS SPRINKLE	2	M
ELOCTATE	2	PA; SP
<i>eltrombopag olamine</i>	1	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

Drug Name	Drug Tier	Requirements / Limits
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	
<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	

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>heparin lockflush(porcine)(pf)</i>	1	
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)</i>	1	
HUMATE-P	2	PA; SP
HYMPAVZI PEN	2	PA; SP
IDELVION	2	PA; SP
IXINITY	E	E; SP
JIVI	2	PA; SP
KCENTRA	3	
KENGREAL	3	
KOATE	3	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

Drug Name	Drug Tier	Requirements / Limits
<i>pentoxifylline</i>	1	M
<i>phytonadione (vitamin k1) injection</i>	1	
PHYTONADIONE (VITAMIN K1) ORAL TABLET 100 MCG	E	E; OTC (Over the Counter)
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
PLAVIX	E	E; M
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	E	E; SP
<i>protamine</i>	1	
QFITLIA	E	E; SP
QFITLIA PEN	E	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

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Drug Name	Drug Tier	Requirements / Limits
SEVENFACT	2	PA; SP
TAVALISSE	2	PA; SP; QL
THROMBATE III	2	
<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	
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		

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	M; QL
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	
ATORVALIQ	E	E; M
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	M; ACA (Affordable Care Act); 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
<i>ezetimibe</i>	1	M
EZETIMIBE-ROSUVASTATIN	E	E; M
<i>ezetimibe-simvastatin</i>	1	M; 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
<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
<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>	E	E; M
<i>gemfibrozil</i>	1	M
<i>icosapent ethyl</i>	1	PA; M
JUXTAPID	2	PA; SP
LEQVIO	E	E; SP
LEROCHOL	3	PA; M
LESCOL XL	E	E; M
LIPITOR	E	E; M
LIPOFEN	E	E; M
LIVALO	E	E; M
LOPID	3	M

Drug Name	Drug Tier	Requirements / Limits
<i>lovastatin</i>	0	M; ACA (Affordable Care Act); 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
REDEMPLO	E	E; SP
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<i>rosuvastatin</i>	1	M; QL
ROSZET	3	ST; M; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	M; ACA (Affordable Care Act); QL
<i>simvastatin oral tablet 80 mg</i>	1	M; QL

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Drug Name	Drug Tier	Requirements / Limits
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		
ATTRUBY	2	PA; SP
CAMZYOS	2	PA; SP; QL
CORLANOR ORAL SOLUTION	E	E; SP
CORLANOR ORAL TABLET	E	E; M
ENTRESTO	E	E; M
ENTRESTO SPRINKLE	2	M; QL
FILSPARI	2	PA; SP; QL
GIAPREZA	3	
<i>isoproterenol hcl</i>	1	
<i>ivabradine</i>	1	PA; M
LODOCO	E	E; M
MYQORZO	2	PA; SP; QL
<i>ranolazine</i>	1	M
<i>sacubitril-valsartan</i>	1	M; QL

Drug Name	Drug Tier	Requirements / Limits
TRYVIO	E	E; SP
VANRAFIA	2	PA; SP
VECAMYL	3	PA
VERQUVO	2	M; QL
VYNDAMAX	2	PA; SP
VYNDAQEL	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	
NITROSTAT	3	
<i>nitro-time</i>	1	M
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		

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Drug Name	Drug Tier	Requirements / Limits
<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</i>	1	ST; QL
<i>calcitriol</i>	1	
CIPOTREX	E	E
COSENTYX	E	E; SP
COSENTYX (2 SYRINGES)	E	E; SP
COSENTYX PEN	E	E; SP
COSENTYX PEN (2 PENS)	E	E; SP
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

Drug Name	Drug Tier	Requirements / Limits
HYDROCORTISON E-PRAMOXINE TOPICAL CREAM 2.35-1 %	E	E
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST
ICOTYDE	2	PA; SP
ILUMYA	E	E; SP
IMULDOSA	2	PA; SP
OTULFI	E	E; SP
PLENURA	E	E
PLEXION NS	3	
PRAMOSONE	3	ST
PURAZIL	E	E
PYZCHIVA	E	E; SP
PYZCHIVA AUTOINJECTOR	E	E; SP
SCYTERA	E	E; OTC (Over the Counter)
SELARSDI INTRAVENOUS	2	PA; SP
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
9	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
SPEVIGO SUBCUTANEOUS	3	PA; SP
STARJEMZA	E	E; SP
STELARA	E	E; SP
STEQEYMA INTRAVENOUS	E	E; SP
STEQEYMA SUBCUTANEOUS SOLUTION	E	E; SP; M
STEQEYMA SUBCUTANEOUS SYRINGE	E	E; SP
<i>sulfacetamide sodium</i>	1	
TACLONEX	E	E
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
TREMFYA INTRAVENOUS	2	PA; SP
TREMFYA ONE- PRESS	2	PA; SP; QL
TREMFYA PEN	2	PA; SP; QL
TREMFYA PEN INDUCTION PK(2PEN)	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
TREMFYA SUBCUTANEOUS	2	PA; SP; QL
TRIONEX	E	E
USTEKINUMAB	E	E; SP
USTEKINUMAB- AAUZ	E	E; SP
USTEKINUMAB- AEKN	E	E; SP
USTEKINUMAB- TTWE INTRAVENOUS	2	PA; SP
USTEKINUMAB- TTWE SUBCUTANEOUS	2	PA; SP; QL
VECTICAL	3	
VTAMA	2	ST; QL
WEZLANA	E	E; SP
WYNZORA	3	ST; QL
YESINTEK INTRAVENOUS	2	PA; SP
YESINTEK SUBCUTANEOUS	2	PA; SP; QL
ZITHRANOL	E	E
ZORYVE TOPICAL CREAM 0.05 %	2	ST; M
ZORYVE TOPICAL CREAM 0.15 %	2	ST; M; QL
ZORYVE TOPICAL CREAM 0.3 %	3	ST; QL
ZORYVE TOPICAL FOAM	3	ST; QL

BURN THERAPY

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Drug Name	Drug Tier	Requirements / Limits
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>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
ANZUPGO	2	PA; QL
<i>avo cream</i>	E	E

Drug Name	Drug Tier	Requirements / Limits
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
<i>dermacure</i>	E	E
<i>derma-r</i>	E	E
DERMASO PLUS	E	E
<i>diclofenac sodium</i>	1	PA; QL
<i>doxepin</i>	E	E
DRYSOL DAB-O-MATIC	E	E
DUPIXENT PEN	2	PA; QL
DUPIXENT SYRINGE	2	PA; QL
EBGLYSS PEN	2	PA; QL
EBGLYSS SYRINGE	2	PA
EFUDEX	3	
ELYZIA	E	E
ELYZIA (WITH HYALURONATE)	E	E
<i>emulsion sb</i>	E	E
ENTTY	E	E
EPICERAM	E	E

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Drug Name	Drug Tier	Requirements / Limits
EUCRISA	2	ST; QL
FLUOROURACIL TOPICAL CREAM 0.5 %	E	E
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
<i>gainextra hair regrowth</i>	E	E; OTC (Over the Counter)
HAIR REGROWTH TREATMENT TOPICAL FOAM	E	E; OTC (Over the Counter)
<i>hair regrowth treatment topical solution</i>	E	E; OTC (Over the Counter)
HALUCORT	E	E
HAPRODERM	E	E
HOVYN	E	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
HYFTOR	3	PA; SP
<i>imiquimod</i>	1	
IODOFLEX	3	
IODOSORB	3	
KAZURI	E	E
KERASTAT	E	E
KERIDA	E	E

Drug Name	Drug Tier	Requirements / Limits
KYNARA	E	E
LEVICYN ANTIPRURITIC	E	E
LEVICYN ANTIPRURITIC SG	E	E
LEVULAN	3	
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	
<i>methyl salicylate</i>	1	
MICURADERM	E	E
MINOXIDIL TOPICAL FOAM	E	E; OTC (Over the Counter)
<i>minoxidil topical solution</i>	E	E; OTC (Over the Counter)
NEOSALUS	E	E
NORMLGEL AG	3	
NUJO	E	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

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Drug Name	Drug Tier	Requirements / Limits
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox topical gel</i>	1	ST; QL
<i>podofilox topical solution</i>	1	
PROMISEB	E	E
PRONAL	E	E
<i>pruclair</i>	E	E
<i>prudoxin</i>	E	E
<i>prumyx</i>	E	E
QBREXZA	E	E
QUIDROXZAR	E	E
QUIHOXAXIA	E	E
QUIHOXVAR	E	E
QUTENZA	E	E; SP
ROGAINE	E	E; OTC (Over the Counter)
ROGAINE EXTRA STRENGTH FOR MEN	E	E; OTC (Over the Counter)
RYNODERM	E	E
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
URAMAXIN	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>urea nail stick</i>	E	E
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 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
<i>urea topical lotion</i>	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
XIRUN	E	E
XUREA	E	E
YCANTH	3	SP
ZELSUVMI	E	E
ZEVASKYN	3	SP
ZONALON	3	ST; QL
ZYCLARA	E	E
THERAPY FOR ACNE		
ABENOR	E	E
ABENOR HP	E	E
ABSORICA	3	

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Drug Name	Drug Tier	Requirements / Limits
ABSORICA LD	E	E
ACANYA	E	E
<i>acutane</i>	1	
ACIOXIAY	E	E
ACZONE	3	ST
ADAINZOXIA	E	E
ADALINA	E	E
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.1 %</i>	E	E; OTC (Over the Counter)
<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
<i>adapalene-benzoyl peroxide</i>	1	
ADERMICA	E	E
ADERMICA HP	E	E
ADMIRAZOL	E	E
ADMIRAZOL DUAL	E	E
ADMIRAZOL HP	E	E
ADMIRAZOL HP DUAL	E	E

Drug Name	Drug Tier	Requirements / Limits
AKLIEF	3	ST
ALIXI	E	E
ALIXI HP	E	E
ALOMIRA	E	E
ALOMIRA HP	E	E
ALOMIRA LP	E	E
ALTRENO	3	
ALURIS	E	E
ALURIS HP	E	E
ALURIS HP PLUS	E	E
ALURIS LP	E	E
ALURIS LP PLUS	E	E
ALURIS PLUS	E	E
ALUXOF	E	E
ALUXOF HP	E	E
ALVOX	E	E
ALVOX HP	E	E
<i>amnesteem</i>	1	
AMZEEQ	3	ST
APEXOL	E	E
APEXOL HP	E	E
APHORIA	E	E
APORIX	E	E
ARAZLO	3	PA
ARTILIS	E	E
ARTILIS HP	E	E
ATRALIN	E	E
AUGUSTIL	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>avar</i>	1	ST
AVAR LS	3	ST
AVAR-E	3	ST
AVEIDA	E	E
AVEIDAOXIA	E	E
AVIDORA	E	E
AVIDORA HP	E	E
AWANIS	E	E
AZALTA	E	E
AZALTA HP	E	E
<i>azelaic acid</i>	1	
AZELEX	3	ST
BAXONIL	E	E
BENZAMYCIN	3	ST
<i>benzepro</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	E
CLENIA PLUS	E	E
CLEOCIN T	3	ST; QL
<i>clindacin</i>	1	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST

Drug Name	Drug Tier	Requirements / Limits
<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 topical gel 5 %</i>	1	
DAPSONE TOPICAL GEL 7.5 %	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>dapsone topical gel with pump</i>	1	
DAZAVEIDAOXIA	E	E
DAZOMON	E	E
DEOXIA	E	E
DEOXIADEMTAR	E	E
DEOXIATAR	E	E
DEOXIAVAR	E	E
DIADIMAXIA	E	E
DIAOXIA	E	E
DIASAXIATAR	E	E
DIASDIMAXIA	E	E
DIASOXIA	E	E
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL	E	E; OTC (Over the Counter)
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
DIMOXIA	E	E
DRA XACE	E	E
DRA XACEY	E	E
DRIXECE	E	E
ECEOXIA	E	E
EPIDUO FORTE	3	ST
EPSOLAY	E	E
<i>ery pads</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
ETHOXIA	E	E
FABIOR	E	E
FINACEA	2	ST
IDARAN	E	E
IDYYXIATAR	E	E
INZDEAXIATAR	E	E
INZDEAXIAVAR	E	E
INZDEOXIA	E	E
<i>isotretinoin</i>	1	
ITHOXIA	E	E
<i>ivermectin</i>	1	QL
LOUNZDOMDIOX IATAR	E	E
MELZARA	E	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	E
ONZDEAXIADEM VAR	E	E

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Drug Name	Drug Tier	Requirements / Limits
ONZDEAXIATAR	E	E
ONZDEAXIAVAR	E	E
ONZDEAXIAZAR	E	E
ONZDEOXIA	E	E
OXIAICE	E	E
OXIATAR	E	E
OXIAVARRY	E	E
OXIAVARY	E	E
OXIAZAR	E	E
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
<i>refissa</i>	E	E
REMYDA	E	E
RENOVA	E	E
RENSOTI	E	E
RESTIMO	E	E
RETIN-A	3	
RETIN-A MICRO PUMP	3	
RHOFADE	3	PA
ROCELIX	E	E
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	3	ST
ROSITARA	E	E
ROVIS	E	E
RUMILO	E	E
SAROXIA	E	E
SIRVANA	E	E
SOOLANTRA	3	ST; QL
SORIXIA	E	E
<i>sss 10-5 topical cream</i>	1	
<i>sss 10-5 topical foam</i>	1	ST
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 10-1 %, 8-4 %	E	E
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %</i>	1	ST
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w), 9-4 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical cream 10-2 %</i> , 9.8-4.8 %	1	ST
<i>sulfacetamide sodium-sulfur topical cream 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	ST
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %</i> , 8-4 %	1	ST
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	E	E
<i>sulfacetamide sodium-sulfur-urea</i>	E	E
<i>sulfacetamide-sulfur 9-4% wash</i>	1	ST
<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

Drug Name	Drug Tier	Requirements / Limits
TARDEOXIA	E	E
TARDIMAXIA	E	E
TAROXIA	E	E
<i>tazarotene topical cream</i>	1	PA
TAZAROTENE TOPICAL FOAM	E	E
<i>tazarotene topical gel</i>	1	PA
TAZORAC	3	PA
<i>tretinoin</i>	1	
<i>tretinoin (emollient)</i>	E	E
<i>tretinoin microspheres</i>	1	
TWYNEO	E	E
UNZDOMDIOXIA ZAR	E	E
VANOXIDE-HC	3	ST
VARDIMAXIA	E	E
VAROXIA	E	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

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Drug Name	Drug Tier	Requirements / Limits
APRIZIO PAK	E	E
ASTERO	E	E
<i>bupivacaine (pf)</i>	1	
<i>bupivacaine hcl</i>	1	
<i>bupivacaine-epinephrine (pf)</i>	1	
<i>chloroprocaine (pf)</i>	1	
COCAINE	3	
<i>dermacinrx lidocan</i>	1	ST
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	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine topical adhesive patch,medicated</i>	1	ST
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf)</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocan iii</i>	1	ST
<i>lidocan iv</i>	1	ST
<i>lidocan v</i>	1	ST
<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-PRILOCAINE 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

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Drug Name	Drug Tier	Requirements / Limits
LIDTOPIC MAX	E	E
LIVIXIL PAK	E	E
MARCAINE-EPINEPHRINE	3	
MOXICAINE	E	E
NOLIRA	E	E
NUMBONEX	E	E
NUMBRINO	3	
NYNUTEY	E	E
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	ST
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

Drug Name	Drug Tier	Requirements / Limits
<i>corti-sav</i>	E	E
<i>gentamicin</i>	1	QL
<i>hydrocortisone-iodoquinol</i>	E	E
<i>hydrocortisone-iodoquinol-aloe</i>	E	E
KLARON	3	ST
<i>lugols</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	
VYTONE	E	E
TOPICAL ANTIFUNGALS		
CICLODAN KIT	3	
TOPICAL COMBO PACK		
CICLODAN KIT	3	ST
TOPICAL SOLUTION		
<i>ciclodan topical cream</i>	1	QL

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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>	E	E
CLOBEZIN	E	E
<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 topical cream</i>	1	QL
ECONAZOLE NITRATE TOPICAL FOAM	E	E
ECOZA	E	E

Drug Name	Drug Tier	Requirements / Limits
ERTACZO	E	E
EXELDERM	3	QL
EXODERM	E	E
FENOVIA	E	E
FERVINA	E	E
FIDILA	E	E
FILOMA	E	E
FRIVO	E	E
HAXCHLO	E	E
HAXCHLODREX	E	E
HAXDRAX	E	E
HEXIOUNYL	E	E
HIXDEFRIMA	E	E
IMIOXIA	E	E
JUBLIA	3	ST
<i>ketoconazole topical cream</i>	1	QL
<i>ketoconazole topical foam</i>	1	ST; QL
<i>ketoconazole 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

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Drug Name	Drug Tier	Requirements / Limits
MICONAZOLE NITRATE-ZINC OX-PET	E	E
<i>naftifine</i>	E	E
NAFTIN	E	E
<i>nystatin</i>	1	QL
<i>nystatin- triamcinolone</i>	1	QL
<i>nystop</i>	1	QL
<i>oxiconazole</i>	E	E
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	E	E
<i>penciclovir</i>	E	E
XERESE	E	E
ZOVIRAX TOPICAL CREAM	3	PA; QL
ZOVIRAX TOPICAL OINTMENT	E	E
TOPICAL CORTICOSTEROIDS		
ACIOXIA	E	E
<i>ala-cort</i>	E	E

Drug Name	Drug Tier	Requirements / Limits
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>amcinonide</i>	1	ST
<i>apexicon e</i>	E	E
<i>beser</i>	1	ST
BESER KIT	E	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	E
CHLOOXIA	E	E
<i>clobetasol scalp</i>	1	QL
CLOBETASOL TOPICAL CREAM 0.025 %	E	E
<i>clobetasol topical cream 0.05 %</i>	1	QL

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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	
<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>	E	E
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST; QL
CORDRAN TAPE LARGE ROLL	3	ST
DERMA-SMOOTHIE/FS BODY OIL	3	ST
DERMA-SMOOTHIE/FS SCALP OIL	3	ST
DERMAWERX SDS	E	E
<i>desonide topical cream</i>	1	

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	
<i>desoximetasone</i>	1	ST
<i>diflorasone</i>	E	E
DIPROLENE (AUGMENTED)	3	ST
DIVINIX	E	E
DOMELA	E	E
DUOBRII	3	ST; QL
DYNOMA	E	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	E
FLUOXIA	E	E
<i>flurandrenolide</i>	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	E	E
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	ST
HALOBETASOL PROPIONATE TOPICAL LOTION	3	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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
HYDROCORTISON E LOTION COMPLETE	E	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	E
ILEXOR	E	E
IMPOYZ	E	E
KENALOG	3	ST; QL
<i>lexette</i>	1	ST
<i>mometasone</i>	1	
NOXIPAK	E	E
NUCORT	3	ST
PANDEL	3	ST
<i>prednicarbate</i>	1	
PROCTOCORT	E	E

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Drug Name	Drug Tier	Requirements / Limits
QUINIXIL	E	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	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	E
<i>triamcinolone acetone topical aerosol</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetone topical cream</i>	1	
<i>triamcinolone acetone topical lotion</i>	1	
<i>triamcinolone acetone topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetone 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 TDDPAK	E	E
WHYTEDERM TRILASIL PAK	E	E
XILAPAK	E	E
TOPICAL ENZYMES		
NEXOBRID	3	
SANTYL	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	E	E
EURAX	3	
<i>malathion</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NATROBA	E	E
OVIDE	3	
<i>permethrin</i>	1	
<i>pruradik</i>	E	E
<i>spinosad</i>	1	
ULESFIA	3	

DIAGNOSTICS & MISCELLANEOUS AGENTS

ANOREXIANTS

ALLI	E	E; OTC (Over the Counter)
<i>benzphetamine</i>	E	E
CONTRAVE	E	E; M
<i>diethylpropion</i>	E	E
FOUNDAYO	E	E; M
IMCIVREE	3	PA; SP
<i>liraglutide (weight loss)</i>	E	E; M
LOMAIRA	E	E
ORLISTAT	E	E; M
<i>phendimetrazine tartrate</i>	E	E
<i>phentermine</i>	E	E
<i>phentermine-topiramate</i>	E	E
PLENITY (WELCOME KIT)	E	E
QSYMIA	E	E
SAXENDA	E	E; M

Drug Name	Drug Tier	Requirements / Limits
WEGOVY HD	2	PA; M
WEGOVY ORAL	2	PA; M; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML	2	PA; QL
WEGOVY SUBCUTANEOUS PEN INJECTOR 2.4 MG/0.75 ML	2	PA; M; QL
XENICAL	E	E; M
ZEPBOUND KWIKPEN SUBCUTANEOUS PEN INJECTOR 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML)	E	E
ZEPBOUND KWIKPEN SUBCUTANEOUS PEN INJECTOR 15 MG/0.6 ML (60 MG/2.4 ML)	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	E	E
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 15 MG/0.5 ML	E	E; M
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 12.5 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	E	E
ZEPBOUND SUBCUTANEOUS SOLUTION 15 MG/0.5 ML	E	E; M
ANTIDOTES		
PROVAYBLUE	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
3 IN 1 COVID-19 AND FLU TEST	E	E; OTC (Over the Counter)
ADVIN COVID-19 AG HOME TEST	E	E; OTC (Over the Counter)
BD VERITOR SARS-COV-2, FLU A-B	E	E

Drug Name	Drug Tier	Requirements / Limits
BD VERITOR SYSTEM SARS- COV-2	E	E
BINAXNOW COVD AG CARD HOME TST	E	E; OTC (Over the Counter)
BINAXNOW COVID-19 AG CARD	E	E
BINAXNOW COVID-19 AG SELF TEST	E	E; OTC (Over the Counter)
CARESTART COVID-19 AG HOME TST	E	E; OTC (Over the Counter)
CLINITEST COVID-19 HOME TEST	E	E; OTC (Over the Counter)
CORDX COVID-19 AG HOME TEST	E	E; OTC (Over the Counter)
CORDX TYFAST FLU-COVID-19 TEST	E	E
COVID-19 AT- HOME TEST	E	E; OTC (Over the Counter)
COVID-19 RAPID AT-HOME TEST	E	E; OTC (Over the Counter)
COVID19 TEST ADM.BY PHARMACIST	E	E; OTC (Over the Counter)
COVID-19,FLU A,B ANTIGEN TEST	E	E; OTC (Over the Counter)
ELLUME COVID- 19 HOME TEST	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
EUA PATIENT ASSESSMENT	E	E
FASTEP COVID-19 AG HOME TEST	E	E; OTC (Over the Counter)
FLOWFLEX COVID-19 AG HOME TEST	E	E; OTC (Over the Counter)
FLOWFLEX PLUS COVID-19 AND FLU	E	E; OTC (Over the Counter)
GENABIO COVID-19 RAPID AT-HOME	E	E; OTC (Over the Counter)
ID NOW COVID-19 TEST KIT	E	E
IHEALTH COVID-19 AG HOME TEST	E	E; OTC (Over the Counter)
INDICAID COVID-19 AG HOME TEST	E	E; OTC (Over the Counter)
INTELISWAB COVID-19 HOME TEST	E	E; OTC (Over the Counter)
LUCIRA CHECK-IT COVID HOME TST	E	E; OTC (Over the Counter)
ON-GO COVID-19 AG AT HOME TEST	E	E; OTC (Over the Counter)
PILOT COVID-19 AT-HOME TEST	E	E; OTC (Over the Counter)
PIXEL COVID19 HOME COLLECT KIT	E	E; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
QUICKVUE AT-HOME COVID-19 TEST	E	E; OTC (Over the Counter)
QUICKVUE SARS ANTIGEN	E	E
RAPID SARS-COV-2 AG HOME TEST	E	E; OTC (Over the Counter)
RAPIDGO FLU AND COVID-19 TEST	E	E; OTC (Over the Counter)
REJOYN DIGITAL APP (MDD)	E	E
RESET DIGITAL APP (SUD)	E	E
RESET-O DIGITAL APP (OUD)	E	E
SOFIA SARS ANTIGEN FIA	E	E
SOFIA2 FLU-SARS ANTIGEN FIA	E	E
SPEEDYSWAB COVID-19 AND FLU	E	E; OTC (Over the Counter)
SPEEDYSWAB COVID-19 HOME TEST	E	E; OTC (Over the Counter)
IRRIGATING SOLUTIONS		
<i>lactated ringers</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>ringer's</i>	1	
SORBITOL	3	
SORBITOL-MANNITOL	3	
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
AQVESME	E	E; SP
ARALAST NP	2	PA; SP
BKEMV	E	E; SP
BUPHENYL	3	PA; SP
<i>bupivacaine-dextrose-water(pf)</i>	1	
<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
CASGEVY	2	PA; SP
<i>cevimeline</i>	1	M
CHEMET	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>curity sterile water</i>	E	E; OTC (Over the Counter)
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
ELEVIDYS	E	E; SP
EMPAVELI	2	PA; SP
ENDARI	E	E; SP
ENJAYMO	2	PA; SP
EPYSQLI	2	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
FORZINITY	E	E; SP
GIVLAARI	3	PA; SP
GLASSIA	2	PA; SP
<i>glutamine (sickle cell)</i>	1	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>glycerol phenylbutyrate</i>	1	PA; SP
HARLIKU	E	E; SP
HYLENEX	3	
INCRELEX	2	PA; SP
JADENU	E	E; SP
JADENU SPRINKLE	E	E; SP
JOENJA	3	PA; SP; QL
KORSUVA	3	SP
KYGEVVI	3	PA; SP
LAMZEDE	2	PA; SP
LENMELDY	2	PA; SP
<i>levocarnitine (with sugar)</i>	1	M
<i>levocarnitine intravenous</i>	1	
<i>levocarnitine oral</i>	1	M
LITFULO	3	PA; SP; QL
LITHOSTAT	3	
LOARGYS	E	E; SP
LYFGENIA	2	PA; SP
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	

Drug Name	Drug Tier	Requirements / Limits
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
RHAPSIDO	2	PA; M
<i>riluzole</i>	1	PA; M
<i>risedronate</i>	1	M; QL
RYONCIL	2	PA
<i>sodium benzoate-sodium phenylacet</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 gluconat-sucrose</i>	1	PA
<i>sodium phenylbutyrate</i>	1	PA; M
SOHONOS	3	PA; SP; QL
SOLIRIS	E	E; SP
SYPRINE	3	PA; M

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Drug Name	Drug Tier	Requirements / Limits
TAVNEOS	3	PA; SP; QL
TEGLUTIK	3	PA; SP
THIOLA	E	E; SP
THIOLA EC	E	E; 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	E	E; SP
VAFSEO	E	E
<i>venxxiva</i>	1	PA; SP
VEOPOZ	3	PA; SP
VOYDEYA	2	PA; SP
VYKAT XR	3	PA; SP
<i>water for irrigation, sterile</i>	1	
XENPOZYME	2	PA; SP
XURIDEN	2	PA; SP
YARTEMLEA	3	PA; SP
ZEMAIRA	2	PA; SP
ZOKINVY	3	PA; SP; QL
<i>zoledronic acid-mannitol-water</i>	1	SP
ZYNRELEF	3	
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter)</i>	0	ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
CHANTIX	0	ACA (Affordable Care Act)
CHANTIX STARTING MONTH BOX	0	ACA (Affordable Care Act)
NICODERM CQ	0	ACA (Affordable Care Act); OTC (Over the Counter)
NICORETTE BUCCAL GUM 2 MG	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>nicorette buccal gum 4 mg</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
NICORETTE BUCCAL LOZENGE	0	ACA (Affordable Care Act); OTC (Over the Counter)
NICORETTE BUCCAL MINI LOZENGE	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>nicotine</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
<i>nicotine (polacrilex)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
NICOTROL NS	0	ACA (Affordable Care Act)
<i>stop smoking aid</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>varenicline tartrate</i>	0	ACA (Affordable Care Act)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dentagel</i>	E	E; M
<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
GELCLAIR	3	
GEL-KAM	E	E; OTC (Over the Counter)
<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
ORAMAGICRX	3	
ORAPEUTIC	E	E
<i>paroex oral rinse</i>	1	
PERIDEX	3	
<i>periogard</i>	1	
PHOS-FLUR	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
<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	
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 acetonide</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid</i>	1	
CETRAXAL	E	E
<i>ciprofloxacin hcl</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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
<i>ciprofloxacin-hydrocortisone</i>	1	
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; SP
CORTEF	3	
<i>cortisone</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CORTROPHIN GEL	E	E; SP
CORTROSYN	3	
<i>cosyntropin</i>	1	
<i>deflazacort</i>	1	PA; SP
<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 phosphate</i>	1	
EMFLAZA	E	E; SP
<i>fludrocortisone</i>	1	M
HEMADY	E	E
<i>hydrocortisone</i>	1	
<i>hydrocortisone sodium succinate</i>	1	
<i>jaythari</i>	1	PA; SP
KENALOG	3	
KENALOG-80	3	
KHINDIVI	E	E; SP
<i>kymbee</i>	1	PA; SP
MEDROL	3	

Drug Name	Drug Tier	Requirements / Limits
MEDROL (PAK)	3	
<i>methylprednisolone</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 intensol</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablet, delayed release (dr/ec)</i>	1	ST
<i>prednisone oral tablets, dose pack</i>	1	
<i>pyquvi</i>	1	PA; SP
SOLU-CORTEF	2	
SOLU-CORTEF ACT-O-VIAL (PF)	2	
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		

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Drug Name	Drug Tier	Requirements / Limits
<i>methimazole</i>	1	M
POTASSIUM IODIDE ORAL DROPS	E	E; OTC (Over the Counter)
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil</i>	1	M
SSKI	3	
THYROSAFE	E	E; OTC (Over the Counter)
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
2TEK GLUCOSE/BLOOD PRESSURE	E	E; OTC (Over the Counter)
ACCU-CHEK AVIVA CONTROL SOLN	3	OTC (Over the Counter)
ACCU-CHEK AVIVA PLUS TEST STRP	E	E; M; OTC (Over the Counter)
ACCU-CHEK GUIDE GLUCOSE METER	E	E; M; OTC (Over the Counter)
ACCU-CHEK GUIDE L1-L2 CTRL SOL	3	OTC (Over the Counter)
ACCU-CHEK GUIDE ME GLUCOSE MTR	E	E; M; OTC (Over the Counter)
ACCU-CHEK GUIDE TEST STRIPS	E	E; M; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK SMARTVIEW CONTRL SOL	3	M; OTC (Over the Counter)
ACCU-CHEK SMARTVIEW TEST STRIP	E	E; M; OTC (Over the Counter)
ACCUTREND GLUCOSE CONTROL	3	OTC (Over the Counter)
ACCUTREND GLUCOSE TEST STRIPS	E	E; M; OTC (Over the Counter)
ADVANCED ALL-IN-ONE METER	E	E; OTC (Over the Counter)
ADVANCED GLUC METER TEST STRIP	E	E; M; OTC (Over the Counter)
ADVANCED GLUCOSE METER	E	E; M; OTC (Over the Counter)
ADVOCATE REDI-CODE PLUS	E	E; M; OTC (Over the Counter)
ADVOCATE REDI-CODE PLUS CTRL L	3	OTC (Over the Counter)
AGAMATRIX AMP TEST STRIPS	E	E; M; OTC (Over the Counter)
AGAMATRIX CONTROL SOLN-HIGH	3	M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
AGAMATRIX CONTROL SOLN-NORMAL	3	M; OTC (Over the Counter)
AGAMATRIX JAZZ TEST STRIPS	E	E; M; OTC (Over the Counter)
AGAMATRIX JAZZ WIRELESS 2 MNTR	E	E; OTC (Over the Counter)
AGAMATRIX PRESTO SYSTEM	E	E; M; OTC (Over the Counter)
AGAMATRIX PRESTO TEST STRIPS	E	E; M; OTC (Over the Counter)
ASSURE 4 CONTROL SOLUTION	3	OTC (Over the Counter)
ASSURE 4 STRIPS	E	E; M; OTC (Over the Counter)
ASSURE CONTROL SOLUTION L2-L3	3	OTC (Over the Counter)
ASSURE DOSE NORMAL CONTROL	3	M; OTC (Over the Counter)
ASSURE PLATINUM GLUCOSE METER	E	E; M; OTC (Over the Counter)
ASSURE PLATINUM TEST STRIP	E	E; M; OTC (Over the Counter)

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

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Drug Name	Drug Tier	Requirements / Limits
BLOOD-GLUCOSE METER	E	E; M; OTC (Over the Counter)
BLULINK DIABETIC TEST BUNDLE	E	E; OTC (Over the Counter)
BLULINK GLUCOSE MONITOR SYSTEM	E	E; M; OTC (Over the Counter)
BLULINK GLUCOSE TEST STRIP	E	E; M; OTC (Over the Counter)
BREEZE 2 CONTROL SOLUTION,HIGH	3	M; OTC (Over the Counter)
CARESENS CONTROL A AND B	3	OTC (Over the Counter)
CARESENS N	E	E; M; OTC (Over the Counter)
CARESENS N FELIZ GLUCOSE METER	E	E; M; OTC (Over the Counter)
CARESENS N TEST STRIPS	E	E; M; OTC (Over the Counter)
CARESENS N VOICE	E	E; M; OTC (Over the Counter)
CARESENS S CONTROL A AND B	3	OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
CARESENS S FIT BT GLUCOSE MTR	E	E; M; OTC (Over the Counter)
CARESENS S FIT GLUCOSE METER	E	E; M; OTC (Over the Counter)
CARESENS S TEST STRIP	E	E; M; OTC (Over the Counter)
CARETOUCH CONTROL SOLN L2-L3	3	OTC (Over the Counter)
CARETOUCH GLUCOSE MONITORING	E	E; OTC (Over the Counter)
CARETOUCH TEST STRIP	E	E; M; OTC (Over the Counter)
CLEVER CHEK BLOOD GLUCOSE	E	E; M; OTC (Over the Counter)
CLEVER CHOICE GLUCOSE MONITOR	E	E; M; OTC (Over the Counter)
CLEVER CHOICE LEVEL 2 CONTROL	3	M; OTC (Over the Counter)
CLEVER CHOICE MICRO	E	E; M; OTC (Over the Counter)
CLEVER CHOICE MICRO TEST STRIP	E	E; M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE PRO	E	E; M; OTC (Over the Counter)
CLEVER CHOICE TALK GLUCOSE SYS	E	E; M; OTC (Over the Counter)
CLEVER CHOICE TALK TEST	E	E; M; OTC (Over the Counter)
CLEVER CHOICE TEST STRIPS	E	E; M; OTC (Over the Counter)
CLEVER CHOICE VOICE PLUS TEST	E	E; M; OTC (Over the Counter)
CONTOUR CONTROL SOLUTION, NML	3	M; OTC (Over the Counter)
CONTOUR NEXT EZ METER	E	E; M; OTC (Over the Counter)
CONTOUR NEXT GEN METER	E	E; OTC (Over the Counter)
CONTOUR NEXT LEV 2 CONTROL SOL	3	M; OTC (Over the Counter)
CONTOUR NEXT LINK	E	E; OTC (Over the Counter)
CONTOUR NEXT LINK 2.4	E	E; OTC (Over the Counter)
CONTOUR NEXT METER	E	E; M; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
CONTOUR NEXT ONE METER	E	E; M; OTC (Over the Counter)
CONTOUR NEXT TEST STRIPS	E	E; M; OTC (Over the Counter)
CONTOUR PLUS BLUE METER	E	E; M; OTC (Over the Counter)
CONTOUR PLUS TEST STRIP	E	E; M; OTC (Over the Counter)
CONTOUR TEST STRIPS	E	E; M; OTC (Over the Counter)
DEXCOM G6 RECEIVER	2	QL
DEXCOM G6 SENSOR	2	QL
DEXCOM G6 TRANSMITTER	2	M; QL
DEXCOM G7 15 DAY SENSOR	2	QL
DEXCOM G7 RECEIVER	2	QL
DEXCOM G7 SENSOR	2	QL
DIATRUE CONTROL SOLN NORMAL	3	M; OTC (Over the Counter)
DIATRUE PLUS BLOOD GLUCOSE MET	E	E; M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
DIATRUE PLUS TEST STRIP	E	E; M; OTC (Over the Counter)
EASY PLUS II HIGH CONTROL	3	M; OTC (Over the Counter)
EASY PLUS II TEST	E	E; M; OTC (Over the Counter)
EASY STEP	E	E; M; OTC (Over the Counter)
EASY STEP BLOOD GLUCOSE METER	E	E; M; OTC (Over the Counter)
EASY STEP HIGH CONTROL SOLN	3	M; OTC (Over the Counter)
EASY TALK GLUCOSE TEST	E	E; M; OTC (Over the Counter)
EASY TALK HIGH CONTROL	3	M; OTC (Over the Counter)
EASY TALK PLUS II LOW CONTROL	3	OTC (Over the Counter)
EASY TALK PLUS II TEST STRIP	E	E; M; OTC (Over the Counter)
EASY TOUCH BLU CTRL SOLN-L1,L3	3	OTC (Over the Counter)
EASY TOUCH BLULINK GLUC SYST	E	E; M; OTC (Over the Counter)
EASY TOUCH BLULINK TEST STRIP	E	E; M; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
EASY TOUCH GLUCOSE MONITOR	E	E; M; OTC (Over the Counter)
EASY TOUCH TEST STRIP	E	E; M; OTC (Over the Counter)
EASY TRAK GLUCOSE TEST	E	E; M; OTC (Over the Counter)
EASY TRAK II BLOOD GLUCOSE MTR	E	E; M; OTC (Over the Counter)
EASY TRAK II CTRL SOLN-NORMAL	3	M; OTC (Over the Counter)
EASY TRAK II TEST STRIP	E	E; M; OTC (Over the Counter)
EASY TRAK LOW CONTROL	3	OTC (Over the Counter)
EASYGLUCO TEST	E	E; M; OTC (Over the Counter)
EASYMAX	E	E; M; OTC (Over the Counter)
EASYMAX 15 LEVEL 2	3	M; OTC (Over the Counter)
EASYMAX NG	E	E; OTC (Over the Counter)
EASYMAX NORMAL CONTROL	3	M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
EASYMAX T1	E	E; OTC (Over the Counter)
EASYMAX V SPEAKING GLUCOSE SYS	E	E; M; OTC (Over the Counter)
ELEMENT COMPACT GLUCOSE METER	E	E; M; OTC (Over the Counter)
ELEMENT COMPACT NORMAL CONTROL	3	M; OTC (Over the Counter)
ELEMENT COMPACT TEST STRIPS	E	E; M; OTC (Over the Counter)
ELEMENT COMPACT V GLUCOSE MTR	E	E; M; OTC (Over the Counter)
ELEMENT NORMAL CONTROL	3	M; OTC (Over the Counter)
ELEMENT PLUS BLOOD GLUCOSE KIT	E	E; OTC (Over the Counter)
ELEMENT TEST STRIPS	E	E; M; OTC (Over the Counter)
EMBRACE BLOOD GLUCOSE SYSTEM	E	E; M; OTC (Over the Counter)
EMBRACE EVO LEVEL 1	3	OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
EMBRACE EVO TEST STRIPS	E	E; M; OTC (Over the Counter)
EMBRACE GLUCOSE CONTROL LOW	3	OTC (Over the Counter)
EMBRACE PRO GLUCOSE METER	E	E; M; OTC (Over the Counter)
EMBRACE PRO TEST STRIPS	E	E; M; OTC (Over the Counter)
EMBRACE TALK BLOOD GLUCOSE SYS	E	E; OTC (Over the Counter)
EMBRACE TALK CONTROL-LOW (L1)	3	OTC (Over the Counter)
EMBRACE TALK TEST STRIPS	E	E; M; OTC (Over the Counter)
EMBRACE WAVE CONTROL-HIGH (L2)	3	M; OTC (Over the Counter)
EMBRACE WAVE PLUS GLUCOSE MTR	E	E; M; OTC (Over the Counter)
EVENCARE G2	E	E; M; OTC (Over the Counter)
EVENCARE G3 GLUCOSE METER	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
EVENCARE G3 TEST	E	E; M; OTC (Over the Counter)
EVENCARE MINI GLUCOSE TEST STR	E	E; M; OTC (Over the Counter)
EVENCARE MINI MONITOR SYSTEM	E	E; M; OTC (Over the Counter)
EVENCARE PROVIEW TEST STRIP	E	E; M; OTC (Over the Counter)
EVERSENSE 365 SENSOR	E	E
EVERSENSE 365 TRANSMITTER	E	E; M
EVOLUTION BLOOD GLUCOSE METER	E	E; OTC (Over the Counter)
EVOLUTION NORMAL CONTROL	3	M; OTC (Over the Counter)
EVOLUTION TEST STRIPS	E	E; M; OTC (Over the Counter)
EZ SMART PLUS SYSTEM	E	E; OTC (Over the Counter)
EZ SMART PLUS TEST	E	E; M; OTC (Over the Counter)
EZ SMART SYSTEM	E	E; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
EZ SMART TEST	E	E; M; OTC (Over the Counter)
FONDCIRCLE BLOOD GLUCOSE MONTR	E	E; OTC (Over the Counter)
FONDCIRCLE CONTROL SOLUTION	3	M; OTC (Over the Counter)
FORA 6 CONNECT GLUCOSE STRIP	E	E; M; OTC (Over the Counter)
FORA 6CONN-GTEL-TN'G ADV STRIP	E	E; M; OTC (Over the Counter)
FORA D40D GLUCOSE-BP MONITOR	E	E; OTC (Over the Counter)
FORA D40-G31 TEST STRIPS	E	E; M; OTC (Over the Counter)
FORA G20 KIT	E	E; OTC (Over the Counter)
FORA G20 STRIP	E	E; M; OTC (Over the Counter)
FORA G30A	E	E; M; OTC (Over the Counter)
FORA GD50 BLOOD GLUCOSE SYSTEM	E	E; M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
FORA GD50 TEST STRIPS	E	E; M; OTC (Over the Counter)
FORA GTEL GLUCOSE TEST STRIP	E	E; M; OTC (Over the Counter)
FORA GTEL MULTI-FUNCTN MONITOR	3	OTC (Over the Counter)
FORA KETONE CONTROL SOLN-L1	3	OTC (Over the Counter)
FORA NORMAL CONTROL	3	M; OTC (Over the Counter)
FORA PREMIUM V10 GLUCOSE METER	E	E; M; OTC (Over the Counter)
FORA TEST N'GO VOICE METER	E	E; M; OTC (Over the Counter)
FORA TEST STRIP	E	E; M; OTC (Over the Counter)
FORA TN'G ADV MOBILE MULTI MTR	3	OTC (Over the Counter)
FORA TN'G ADVAN PRO TEST STRIP	E	E; M; OTC (Over the Counter)
FORA TN'G ADVANCE MULTI-FN MTR	3	OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
FORA TN'G ADVANCE PRO MONITOR	3	OTC (Over the Counter)
FORA TN'G VOICE METER	E	E; M; OTC (Over the Counter)
FORA TN'G VOICE TEST STRIPS	E	E; M; OTC (Over the Counter)
FORA V10	E	E; M; OTC (Over the Counter)
FORA V10-V12-D10-D20 STRIPS	E	E; M; OTC (Over the Counter)
FORA V12 BLOOD GLUCOSE SYSTEM	E	E; M; OTC (Over the Counter)
FORACARE GD20	E	E; M; OTC (Over the Counter)
FORACARE GD20 GLUCOSE METER	E	E; M; OTC (Over the Counter)
FORACARE GD40 TEST STRIPS	E	E; M; OTC (Over the Counter)
FORACARE GD40B GLUCOSE METER	E	E; M; OTC (Over the Counter)
FORACARE GDH LOW CONTROL	3	OTC (Over the Counter)
FREESTYLE CONTROL	2	M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE FREEDOM	2	OTC (Over the Counter)
FREESTYLE FREEDOM LITE	2	OTC (Over the Counter)
FREESTYLE INSULINX	2	M; OTC (Over the Counter)
FREESTYLE INSULINX TEST STRIPS	2	M; OTC (Over the Counter)
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
FREESTYLE LIBRE 3 PLUS SENSOR	2	QL
FREESTYLE LIBRE 3 READER	2	QL
FREESTYLE LIBRE 3 SENSOR	2	QL
FREESTYLE LITE METER	2	OTC (Over the Counter)
FREESTYLE LITE STRIPS	2	M; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE PRECISION NEO METER	E	E; M; OTC (Over the Counter)
FREESTYLE PRECISION NEO STRIPS	2	M; OTC (Over the Counter)
FREESTYLE TEST	2	M; OTC (Over the Counter)
GE100 BLOOD GLUCOSE SYSTEM	E	E; OTC (Over the Counter)
GE100 BLOOD GLUCOSE TEST STRIP	E	E; M; OTC (Over the Counter)
GE100 CONTROL SOLUTION NORMAL	3	M; OTC (Over the Counter)
GE333 BLOOD GLUCOSE SYSTEM	E	E; M; OTC (Over the Counter)
GE333 BLOOD GLUCOSE TEST STRIP	E	E; M; OTC (Over the Counter)
GENSTRIP TEST STRIP	E	E; M; OTC (Over the Counter)
GLUCO NAVII MONITOR	E	E; OTC (Over the Counter)
GLUCO NAVII TEST STRIP	E	E; M; OTC (Over the Counter)
GLUCOCARD 01 METER	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD 01 NORMAL CONTROL	3	M; OTC (Over the Counter)
GLUCOCARD 01 SENSOR PLUS	E	E; M; OTC (Over the Counter)
GLUCOCARD EXPRESSION	E	E; M; OTC (Over the Counter)
GLUCOCARD SHINE CONNEX METER	E	E; M; OTC (Over the Counter)
GLUCOCARD SHINE EXPRESS METER	E	E; M; OTC (Over the Counter)
GLUCOCARD SHINE METER	E	E; M; OTC (Over the Counter)
GLUCOCARD SHINE TEST STRIPS	E	E; M; OTC (Over the Counter)
GLUCOCARD SHINE XL METER	E	E; M; OTC (Over the Counter)
GLUCOCARD VITAL	E	E; OTC (Over the Counter)
GLUCOCARD VITAL SENSOR	E	E; M; OTC (Over the Counter)
GLUCOCARD VITAL TEST STRIPS	E	E; M; OTC (Over the Counter)
GLUCOCOM BLOOD GLUCOSE	E	E; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
GLUCOCOM CONTROL NORMAL	3	M; OTC (Over the Counter)
GLUCOCOM GLUCOSE	E	E; M; OTC (Over the Counter)
GLUCOSE CONTROL	3	M; OTC (Over the Counter)
GM100 KIT	E	E; OTC (Over the Counter)
GM100 STRIP	E	E; M; OTC (Over the Counter)
GOJJI BLOOD GLUCOSE TEST STRIP	E	E; M; OTC (Over the Counter)
GOJJI GLUCOSE CNTRL SOL-NORMAL	3	M; OTC (Over the Counter)
GOJJI KETONE CONTROL SOLN-L1	3	OTC (Over the Counter)
GOJJI MULTI-FUNCTIONAL METER	3	OTC (Over the Counter)
GUARDIAN 4 GLUCOSE SENSOR	3	QL
GUARDIAN 4 TRANSMITTER	3	M; QL
GUARDIAN SENSOR 3	3	QL

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Drug Name	Drug Tier	Requirements / Limits
HARMONY GLUCOSE TEST STRIP	E	E; M; OTC (Over the Counter)
HEALTHPRO GLUCOSE MONITOR	E	E; M; OTC (Over the Counter)
HEALTHPRO HIGH-LOW CONTROL	3	OTC (Over the Counter)
HEALTHPRO TEST STRIPS	E	E; M; OTC (Over the Counter)
IHEALTH CONTROL SOLN LEVEL 2	3	M; OTC (Over the Counter)
IHEALTH GLUCO PLUS METER	E	E; OTC (Over the Counter)
IHEALTH GLUCOSE TEST STRIP	E	E; M; OTC (Over the Counter)
INFINITY CONTROL SOLUTION NORM	3	M; OTC (Over the Counter)
INFINITY STARTER KIT	E	E; OTC (Over the Counter)
INFINITY TEST STRIPS	E	E; M; OTC (Over the Counter)
MEDISENSE GLUCOSE KETONE	2	OTC (Over the Counter)
MICRO BLOOD GLUCOSE	E	E; M; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
MICRODOT BLOOD GLUCOSE SYSTEM	E	E; M; OTC (Over the Counter)
MICRODOT XTRA BLOOD GLUCOSE	E	E; M; OTC (Over the Counter)
MINIMED INSTINCT SENSOR	2	
MYGLUCOHEALTH H CONTROL SOLUTION	3	OTC (Over the Counter)
MYGLUCOHEALTH H KIT	E	E; OTC (Over the Counter)
MYGLUCOHEALTH H STRIP	E	E; M; OTC (Over the Counter)
NEUTEK 2TEK TEST STRIPS	E	E; M; OTC (Over the Counter)
NOVA MAX GLUCOSE TEST	E	E; M; OTC (Over the Counter)
NOVA MAX PLUS GLUC-KETON METER	3	OTC (Over the Counter)
NOVAMAX PLUS GLU-KET	3	OTC (Over the Counter)
ON CALL EXPRESS CONTROL	3	OTC (Over the Counter)
ON CALL EXPRESS METER	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
ON CALL EXPRESS TEST STRIP	E	E; M; OTC (Over the Counter)
ONETOUCH ULTRA CONTROL	3	M; OTC (Over the Counter)
ONETOUCH ULTRA TEST	E	E; M; OTC (Over the Counter)
ONETOUCH ULTRA2 METER	E	E; M; OTC (Over the Counter)
ONETOUCH VERIO FLEX METER	E	E; M; OTC (Over the Counter)
ONETOUCH VERIO MID CONTROL	3	M; OTC (Over the Counter)
ONETOUCH VERIO REFLECT METER	E	E; M; OTC (Over the Counter)
ONETOUCH VERIO TEST STRIPS	E	E; M; OTC (Over the Counter)
OPTIUM EZ	E	E; M; OTC (Over the Counter)
PHARMACIST CHOICE	E	E; M; OTC (Over the Counter)
PHARMACIST CHOICE GLUCOSE SYS	E	E; M; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
PIP BLOOD GLUCOSE MONITOR	E	E; M; OTC (Over the Counter)
PIP BLOOD GLUCOSE TEST STRIP	E	E; M; OTC (Over the Counter)
PIP GLUCOSE CONTROL SOLN L1-L2	3	OTC (Over the Counter)
PLATINUM TEST STRIP	E	E; M; OTC (Over the Counter)
PRECISION POINT OF CARE TEST	E	E; M; OTC (Over the Counter)
PRECISION XTRA KETONE-GLUCOSE	2	OTC (Over the Counter)
PRECISION XTRA MONITOR	2	M; OTC (Over the Counter)
PRECISION XTRA TEST	2	M; OTC (Over the Counter)
PREMIER BLU GLUCOSE METER	E	E; M; OTC (Over the Counter)
PREMIER CLASSIC GLUCOSE METER	E	E; M; OTC (Over the Counter)
PREMIER COMPACT GLUCOSE METER	E	E; OTC (Over the Counter)
PREMIER TEST STRIP	E	E; M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
PREMIER VOICE GLUCOSE METER	E	E; M; OTC (Over the Counter)
PREMIUM BLOOD GLUCOSE MONITOR	E	E; M; OTC (Over the Counter)
PREMIUM V10	E	E; M; OTC (Over the Counter)
PRO VOICE V8-V9 TEST STRIP	E	E; M; OTC (Over the Counter)
PRO VOICE V9 GLUCOSE MONITOR	E	E; M; OTC (Over the Counter)
PRODIGY AUTOCODE METER	E	E; OTC (Over the Counter)
PRODIGY AUTOCODE MONITOR SYST	E	E; M; OTC (Over the Counter)
PRODIGY CONTROL SOLUTION, LOW	3	OTC (Over the Counter)
PRODIGY CONTROL SOLUTION,HIGH	3	M; OTC (Over the Counter)
PRODIGY NO CODING	E	E; M; OTC (Over the Counter)
PRODIGY POCKET METER	E	E; OTC (Over the Counter)
PRODIGY VOICE GLUCOSE METER	E	E; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
QUINTET AC	E	E; M; OTC (Over the Counter)
QUINTET BLOOD GLUCOSE METER	E	E; M; OTC (Over the Counter)
REFUAH PLUS	E	E; M; OTC (Over the Counter)
REFUAH PLUS GLUCOSE CONTROL	3	M; OTC (Over the Counter)
REFUAH PLUS GLUCOSE MONITOR	E	E; OTC (Over the Counter)
RELION ALL-IN-ONE METER	E	E; OTC (Over the Counter)
RELION CONFIRM	E	E; OTC (Over the Counter)
RELION CONFIRM-MICRO	E	E; M; OTC (Over the Counter)
RELION MICRO GLUCOSE MONITOR	E	E; OTC (Over the Counter)
RELION PRIME METER	E	E; M; OTC (Over the Counter)
RELION PRIME TEST STRIPS	E	E; M; OTC (Over the Counter)
RELION ULTIMA	E	E; M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
REVEAL BLOOD GLUCOSE METER	E	E; OTC (Over the Counter)
REVEAL TEST STRIP	E	E; M; OTC (Over the Counter)
RIGHTEST CONTROL SOLUTION HIGH	3	M; OTC (Over the Counter)
RIGHTEST GM550 SYSTEM	E	E; OTC (Over the Counter)
RIGHTEST GS550 TEST STRIPS	E	E; M; OTC (Over the Counter)
RIGHTEST GT333 GLUCOSE METER	E	E; M; OTC (Over the Counter)
RIGHTEST GT333 TEST STRIP	E	E; M; OTC (Over the Counter)
SIMPLERA SENSOR	3	QL
SIMPLERA SYNC SENSOR	3	QL
SMART SENSE MONITORING SYSTEM	E	E; M; OTC (Over the Counter)
SMART SENSE TEST STRIPS	E	E; M; OTC (Over the Counter)
SMARTEST CONTROL	3	M; OTC (Over the Counter)
SMARTEST EJECT	E	E; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
SMARTEST PERSONA STARTER	E	E; OTC (Over the Counter)
SMARTEST PRONTO STARTER	E	E; OTC (Over the Counter)
SMARTEST PROTEGE	E	E; OTC (Over the Counter)
SMARTEST TEST	E	E; M; OTC (Over the Counter)
SOLUS V2 AUDIBLE METER	E	E; M; OTC (Over the Counter)
SOLUS V2 AUDIBLE METER KIT	E	E; OTC (Over the Counter)
SOLUS V2 CONTROL SOLUTION,HIGH	3	M; OTC (Over the Counter)
SOLUS V2 TEST STRIPS	E	E; M; OTC (Over the Counter)
SURE-TEST EASYPLUS MINI	E	E; M; OTC (Over the Counter)
SURE-TEST EASYPLUS MINI METER	E	E; M; OTC (Over the Counter)
TELCARE CONTROL	3	OTC (Over the Counter)
TELCARE TEST STRIPS	E	E; M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
TEST N'GO BLOOD GLUCOSE SYSTEM	E	E; M; OTC (Over the Counter)
TEST N'GO TEST	E	E; M; OTC (Over the Counter)
TRUE METRIX AIR GLUCOSE METER	E	E; M; OTC (Over the Counter)
TRUE METRIX GLUCOSE METER	E	E; M; OTC (Over the Counter)
TRUE METRIX GLUCOSE TEST STRIP	E	E; M; OTC (Over the Counter)
TRUE METRIX GO GLUCOSE METER	E	E; M; OTC (Over the Counter)
TRUE METRIX LEVEL 1	2	OTC (Over the Counter)
TRUERESULT BLOOD GLUCOSE SYSTM	E	E; OTC (Over the Counter)
TRUETEST TEST STRIPS	E	E; M; OTC (Over the Counter)
TRUETRACK BLOOD GLUCOSE SYSTEM	E	E; OTC (Over the Counter)
TRUETRACK SMART SYSTEM	E	E; OTC (Over the Counter)
TRUETRACK TEST	E	E; M; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
ULTIMA MONITOR	E	E; M; OTC (Over the Counter)
ULTRATRAK	E	E; M; OTC (Over the Counter)
ULTRATRAK GLUCOSE METER	E	E; M; OTC (Over the Counter)
ULTRATRAK ULTIMATE	E	E; M; OTC (Over the Counter)
UNISTRIP LOW CONTROL	3	OTC (Over the Counter)
UNISTRIP1 TEST STRIP	E	E; M; OTC (Over the Counter)
VIVAGUARD INO CTRL SOLN-L1,2,3	3	OTC (Over the Counter)
VIVAGUARD INO GLUCOSE METER	E	E; M; OTC (Over the Counter)
VIVAGUARD INO SMART GLUC METER	E	E; M; OTC (Over the Counter)
VIVAGUARD INO TEST STRIP	E	E; M; OTC (Over the Counter)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
GLUCAGON HCL	3	

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Drug Name	Drug Tier	Requirements / Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	E	E; M
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	M
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	2	QL
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
GVOKE	2	QL
GVOKE HYOPEN 2-PACK	2	QL
GVOKE PFS 2-PACK SYRINGE	2	QL
PROGLYCEM	3	M
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE	2	OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
AUTOPEN 1 TO 21 UNITS	2	OTC (Over the Counter)
BD INTEGRA NEEDLE	2	M
BD MICROTAINER LANCET	2	M; OTC (Over the Counter)
BD SPECIALTY USE NEEDLES	2	M
CEQUR SIMPLICITY	2	
GENTEEL VACUUM LANCING DEVICE	3	OTC (Over the Counter)
ILET INFUSION KIT-FLEX 23"	2	
ILET INFUSION KIT-INSET 23"	2	
ILET INFUSION-CONTACT DTCH 23"	2	
ILET INSULIN PUMP	E	E
ILET STARTER KIT-INSET	2	
INPEN (FOR HUMALOG) PINK	3	
INPEN (NOVOLOG OR FIASP) BLUE	3	
LANCETS	2	M; OTC (Over the Counter)
LANCING DEVICE	2	M; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
MEDTRONIC EXT INFUSION SET 23"	2	
MINIMED 780G INSULIN PUMP	E	E
MINIMED MIO ADVANCE INF SET23"	2	
MINIMED QUICK SET 43"	2	
MINIMED SILHOUETTE 23"	2	
MINIMED SURE T 32"	2	
MODD1 PATIENT WELCOME KIT	3	
MODD1 SUPPLY KIT	3	
NOVOPEN ECHO	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS)	2	QL
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	E	E; M
TANDEM MOBI AUTOSOFT 30 KT 23"	2	

Drug Name	Drug Tier	Requirements / Limits
TANDEM MOBI AUTOSOFT XC KIT 5"	2	
TANDEM MOBI SYSTEM	E	E
TANDEM MOBI TRUSTEEL KIT 23"	2	
TANDEM T:SLIM ASFT 30 PK10 23"	2	
TANDEM T:SLIM ASFT XC PK10 23"	2	
TANDEM T:SLIM TRUSTL PK10 23"	2	
TANDEM T:SLIM X2 STARTER KIT	2	
TWIIST REFILL KT(CSST-NDL-SYR)	2	
TWIIST RFL(INFUS-CSST-NDL-SYR)	2	
TWIIST STARTER KIT	2	
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

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Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
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
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) KWIKPEN	2	M
INSULIN GLARGINE U-300 CONC	E	E; M
INSULIN GLARGINE-YFGN	2	M
INSULIN LISPRO	2	M
INSULIN LISPRO PROTAMIN- LISPRO	2	M
KIRSTY	E	E; M
KIRSTY PEN	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
LANTUS SOLOSTAR U-100 INSULIN	2	M
LANTUS U-100 INSULIN	2	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
MERILOG	2	M
MERILOG SOLOSTAR	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

Drug Name	Drug Tier	Requirements / Limits
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
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	E	E; M
RELION NOVOLIN 70-30 VIAL 100 UNIT/ML (70-30)	E	E
RELION NOVOLIN N 100 UNIT/ML	E	E
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	E	E; M
RELION NOVOLIN R 100 UNIT/ML	E	E
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	E	E; M
REZVOGLAR KWIKPEN	E	E; M
SEMGLEE(INSULIN GLARGINE-YFGN)	2	M

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Drug Name	Drug Tier	Requirements / Limits
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
AVEED	E	E; SP
AVLAYAH	3	PA; 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

Drug Name	Drug Tier	Requirements / Limits
<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>cetorelix</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
<i>danazol</i>	1	
DDAVP	3	M
DEPO-TESTOSTERONE	3	PA
DESMODA	E	E; SP; M
<i>desmopressin injection</i>	1	SP

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Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin nasal spray with pump</i>	1	M
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL	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 REDI-JECT	2	ST; SP
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

Drug Name	Drug Tier	Requirements / Limits
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
<i>milophene</i>	1	
MYALEPT	2	PA; SP
NAGLAZYME	2	PA; SP
NATESTO	E	E; M
NEXVIAZYME	3	PA; SP
NOVAREL	E	E; SP
OPFOLDA	3	PA; SP; QL
ORILISSA ORAL TABLET 150 MG	2	ST; M; QL
ORILISSA ORAL TABLET 200 MG	2	ST; QL
OVIDREL	2	SP
PALYNZIQ	2	PA; SP; QL
<i>pamidronate</i>	1	
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	M
PARSABIV	3	
POMBILITI	3	PA; SP
<i>prasterone (dhea)</i>	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
PREGNYL	2	SP; QL
RAYALDEE	3	M
RECORLEV	E	E; SP
SAMSCA	E	E; SP
<i>sapropterin</i>	1	PA; SP
SENSIPAR	E	E; M
SEPHIENCE	E	E; SP
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
<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
<i>tolvaptan (polycystic kidney dis)</i>	1	PA; SP; QL
VAPRISOL IN 5 % DEXTROSE	3	
<i>vasopressin</i>	1	

Drug Name	Drug Tier	Requirements / Limits
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
YUWIWEL	E	E; SP
<i>zelvysia</i>	1	PA; SP
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL	3	M
<i>zoledronic acid</i>	1	SP
<i>zoledronic acid-mannitol-water</i>	1	SP
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

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Drug Name	Drug Tier	Requirements / Limits
BRENZAVVY	E	E; M
BRYNOVIN	E	E; M
CYCLOSET	3	M
<i>dapagliflozin</i>	1	ST; M; QL
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 5-1,000 mg</i>	1	ST; M; QL
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-500 mg, 5-500 mg</i>	1	ST; M; QL
<i>dapagliflozin-saxagliptin</i>	1	M
DUETACT	3	M; QL
<i>exenatide</i>	1	ST; M; QL
FARXIGA	E	E; M
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	M
GLIMEPIRIDE ORAL TABLET 3 MG	E	E; M
<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

Drug Name	Drug Tier	Requirements / Limits
<i>glipizide-metformin</i>	1	M
<i>glyburide</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	ST; M; QL
<i>metformin oral solution</i>	1	ST; M
<i>metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg</i>	1	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

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Drug Name	Drug Tier	Requirements / Limits
<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	ST; M; QL
MOUNJARO SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML	2	ST; QL
<i>nateglinide</i>	1	M
NESINA	E	E; M
OZEMPIC ORAL	2	ST; M; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	2	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	ST; M; QL
<i>pioglitazone</i>	1	M; QL
<i>pioglitazone-glimepiride</i>	1	M; QL

Drug Name	Drug Tier	Requirements / Limits
<i>pioglitazone-metformin</i>	1	M; QL
<i>repaglinide</i>	1	M
RIOMET	3	ST; M
RYBELSUS	2	ST; 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
TRIJARDY XR	2	ST; M
TRULICITY	2	ST; M; QL
VICTOZA 2-PAK	E	E; M
VICTOZA 3-PAK	E	E; M
XIGDUO XR	E	E; M
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

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Drug Name	Drug Tier	Requirements / Limits
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
<i>evexithroid</i>	1	M
<i>levo-t</i>	1	M
<i>levothyroxine intravenous recon soln</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	3	
LEVOTHYROXINE ORAL CAPSULE	E	E; M
<i>levothyroxine oral tablet</i>	1	M
<i>levoxyl</i>	1	M
<i>liomny</i>	1	M
<i>liothyronine intravenous</i>	1	
<i>liothyronine oral</i>	1	M
<i>niva thyroid</i>	1	M
<i>np thyroid</i>	1	M
<i>renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	M
RENTHYROID ORAL TABLET 45 MG, 75 MG	3	M

Drug Name	Drug Tier	Requirements / Limits
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; OTC (Over the Counter)
<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 1.2 MG/3 ML (0.4 MG/ML)	3	
<i>atropine injection</i>	1	
<i>atropine intravenous solution</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>belladonna alkaloids-opium</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	E	E
DARTISLA	E	E; M
<i>dicyclomine intramuscular</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
DICYCLOMINE ORAL TABLET 40 MG	E	E
<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	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
GLYCOPYRROLAT E (PF) IN WATER INTRAVENOUS SYRINGE 0.6 MG/3 ML (0.2 MG/ML)	3	
<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; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
IMODIUM MULTI-SYMPTOM RELIEF	E	E; OTC (Over the Counter)
LEVBID	3	M
LEVSIN	3	
LEVSIN/SL	3	
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>	E	E
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
PEPTO-BISMOL	E	E; OTC (Over the Counter)
PEPTO-BISMOL MAX ST	E	E; OTC (Over the Counter)
<i>phenobarb-hyoscy-atropine-scop</i>	1	
<i>phenohydro</i>	1	
PROMELLA	E	E; OTC (Over the Counter)
ROBINUL	3	M
ROBINUL FORTE	3	M
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	M
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT)	3	
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
ANALPRAM-HC SINGLES	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	2	PA; SP
AZULFIDINE	3	M
AZULFIDINE EN-TABS	3	M
<i>balsalazide</i>	1	M

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Drug Name	Drug Tier	Requirements / Limits
BARHEMSYS	3	
<i>betaine</i>	1	PA; SP
<i>bisacodyl</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
BONJESTA	E	E
<i>budesonide</i>	1	
BYLVAY	3	PA; SP; QL
CANASA	E	E; M
CHOLBAM ORAL CAPSULE 250 MG	2	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	2	PA; SP; QL
CIMZIA POWDER FOR RECONST	E	E; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	E	E; SP; M
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	E	E; SP
CINVANTI	E	E
<i>citroma</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
<i>clearlax</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
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	
<i>dulcolax (magnesium hydroxide)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
EMEND	E	E

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Drug Name	Drug Tier	Requirements / Limits
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 (Affordable Care Act); OTC (Over the Counter)
<i>gavilyte-c</i>	0	ACA (Affordable Care Act)
<i>gavilyte-g</i>	0	ACA (Affordable Care Act)
<i>gavilyte-n</i>	0	ACA (Affordable Care Act)
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
<i>gentle laxative (mag hydrox)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>gentlelax</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
GIMOTI	E	E; SP
GOLYTELY	3	
<i>granisetron (pf)</i>	1	
<i>granisetron hcl intravenous</i>	1	
<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	E	E; SP

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Drug Name	Drug Tier	Requirements / Limits
INFLIXIMAB	2	PA; SP
IQIRVO	2	SP
KINEVAC	2	
KRISTALOSE	3	
<i>lactulose</i>	1	
<i>laxative (bisacodyl) oral tablet</i>	E	E; OTC (Over the Counter)
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
LIALDA	E	E; M
<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	E; SP
LIVMARLI	3	PA; SP
LOTRONEX	E	E; M
<i>lubiprostone</i>	1	M; QL

Drug Name	Drug Tier	Requirements / Limits
<i>magnesium citrate</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
MARINOL	3	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	E	E
<i>meclizine oral tablet 50 mg</i>	1	
<i>meclizine oral tablet, chewable</i>	E	E
<i>mesalamine</i>	1	M
<i>mesalamine with cleansing wipe</i>	1	M
<i>metoclopramide hcl</i>	1	
MICORT-HC	E	E
<i>milk of magnesia</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>milk of magnesia concentrated</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
MOTTEGRITY	E	E; M
MOVANTIK	2	M; QL
MOVIPREP	E	E

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Drug Name	Drug Tier	Requirements / Limits
<i>natura-lax</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>nitroglycerin</i>	1	
NOVACORT	E	E
OMVOH INTRAVENOUS	2	PA; SP
OMVOH PEN	2	PA; SP; QL
OMVOH SUBCUTANEOUS	2	PA; SP; QL
<i>ondansetron hcl (pf)</i>	1	
<i>ondansetron hcl intravenous</i>	1	
<i>ondansetron hcl oral</i>	1	QL
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 (Affordable Care Act); OTC (Over the Counter)
<i>oral saline laxative</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>palonosetron</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PANCREAZE	2	M
<i>peg 3350-electrolytes</i>	0	ACA (Affordable Care Act)
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	0	ACA (Affordable Care Act)
<i>peg-electrolyte soln</i>	0	ACA (Affordable Care Act)
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 (Affordable Care Act); OTC (Over the Counter)
PLENVU	E	E
<i>polyethylene glycol 3350</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
POSFREA	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>powderlax</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<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 (Affordable Care Act); OTC (Over the Counter)
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

Drug Name	Drug Tier	Requirements / Limits
ROWASA	3	
SANCUSO	3	QL
<i>scopolamine base</i>	1	
SINCALIDE	3	
SKYRIZI INTRAVENOUS	2	PA; SP
SKYRIZI SUBCUTANEOUS	2	PA; SP; QL
<i>smoothlax</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>sodium,potassium,mag sulfates</i>	0	ACA (Affordable Care Act)
SUCRAID	2	PA; SP
SUFLAVE	E	E
<i>sulfasalazine</i>	1	M
SUPREP BOWEL PREP KIT	E	E
SUSTOL	3	
SUTAB	3	
SYMPROIC	2	M
SYNDROS	3	PA
TIGAN	3	
TRANSDERM-SCOP	E	E
<i>trimethobenzamide</i>	1	
TRULANCE	2	M
UCERIS	3	

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Drug Name	Drug Tier	Requirements / Limits
URSO FORTE	3	M
<i>ursodiol</i>	1	M
VARUBI	2	QL
VELSIPITY	2	PA; SP; QL
VIBERZI	2	M
VIOKACE	2	M
VOWST	3	SP
<i>women's gentle laxative(bisac)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
ZENPEP	2	M
ZYMFENTRA	2	PA; SP; QL
ULCER THERAPY		
ACIPHEX	E	E; M
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
<i>bismuth subcit k-metronidz-ten</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 ORAL TABLET 100 MCG	3	M; QL

Drug Name	Drug Tier	Requirements / Limits
CYTOTEC ORAL TABLET 200 MCG	3	QL
DEXILANT	E	E; M
<i>dexlansoprazole</i>	E	E; M
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	E	E; OTC (Over the Counter)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	M
<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) intravenous solution 20 mg/2 ml</i>	1	
FAMOTIDINE (PF) INTRAVENOUS SOLUTION 4 MG/ML	3	
<i>famotidine (pf)-nacl (iso-os)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>famotidine intravenous solution 10 mg/ml</i>	1	
FAMOTIDINE INTRAVENOUS SOLUTION 4 MG/ML	3	
<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
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	1	ST; M
<i>misoprostol oral tablet 100 mcg</i>	1	M; QL
<i>misoprostol oral tablet 200 mcg</i>	1	QL
NEXIUM	E	E; M
NEXIUM 24HR	E	E; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
NEXIUM PACKET	E	E; M
<i>nizatidine</i>	1	M
OMECLAMOX-PAK	3	QL
<i>omeprazole magnesium</i>	E	E; OTC (Over the Counter)
<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; OTC (Over the Counter)
<i>omeprazole oral tablet, disintegrat, delay rel</i>	E	E; OTC (Over the Counter)
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	E	E; M
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA; M
<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

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Drug Name	Drug Tier	Requirements / Limits
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	E; OTC (Over the Counter)
PREVACID SOLUTAB	E	E; M
PRILOSEC	E	E; M
PRILOSEC OTC	E	E; OTC (Over the Counter)
PROTONIX INTRAVENOUS	E	E
PROTONIX ORAL	E	E; M
PYLERA	E	E

Drug Name	Drug Tier	Requirements / Limits
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	E	E; M
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	M
<i>ranitidine hcl oral tablet 150 mg</i>	E	E
<i>ranitidine hcl oral tablet 300 mg</i>	1	
<i>sucralfate</i>	1	M
TALICIA	2	QL
VOQUEZNA	3	ST
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
ZEGERID OTC	E	E; OTC (Over the Counter)

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

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Drug Name	Drug Tier	Requirements / Limits
ILARIS (PF)	2	PA; SP; QL
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
RYZNEUTA	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

Drug Name	Drug Tier	Requirements / Limits
GROWTH HORMONES		
EGRIFTA SV	2	PA; SP
EGRIFTA WR	2	PA; SP
GENOTROPIN	2	PA; SP
GENOTROPIN MINIQUICK	2	PA; SP
HUMATROPE	E	E; SP
NGENLA	2	PA; SP
NORDITROPIN FLEXPRO	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 (Affordable Care Act)
ACAM2000 (NATIONAL STOCKPILE)	2	

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Drug Name	Drug Tier	Requirements / Limits
ACTHIB (PF)	0	ACA (Affordable Care Act)
ADACEL(TDAP ADOLESN/ADULT)(PF)	0	ACA (Affordable Care Act)
AFLURIA 2025-2026 (3YR UP)(PF)	0	ACA (Affordable Care Act)
AFLURIA 2025-2026 (6MO UP)	0	ACA (Affordable Care Act)
ALYGLO	3	PA; SP
AREXVY (PF)	0	ACA (Affordable Care Act)
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 (Affordable Care Act)
BIOTHRAX	E	E
BIVIGAM	3	PA; SP

Drug Name	Drug Tier	Requirements / Limits
BOOSTRIX TDAP	0	ACA (Affordable Care Act)
BOTOX	E	E
BOTOX COSMETIC	E	E
CAPVAXIVE	0	ACA (Affordable Care Act)
COMIRNATY 2025-2026(5-11Y)(PF)	0	ACA (Affordable Care Act)
COMIRNATY 2025-26 (12Y UP)(PF)	0	ACA (Affordable Care Act)
CUTAQUIG	E	E; SP
CUVITRU	3	PA; SP
CYTOGAM	2	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF)	0	ACA (Affordable Care Act)
DAXXIFY	E	E; SP
DENGVAXIA (PF)	0	ACA (Affordable Care Act)
DYSPOURT	2	PA; SP
ENGERIX-B (PF)	0	ACA (Affordable Care Act)
ENGERIX-B PEDIATRIC (PF)	0	ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
ERVEBO(PF)(NATIONAL STOCKPILE)	2	
FLEBOGAMMA DIF	3	PA; SP
FLUAD 2025-2026 (65 YR UP)(PF)	0	ACA (Affordable Care Act)
FLUARIX 2025-2026 (PF)	0	ACA (Affordable Care Act)
FLUBLOK 2025-2026 (PF)	0	ACA (Affordable Care Act)
FLUCELVAX 2025-2026	0	ACA (Affordable Care Act)
FLUCELVAX 2025-2026 (PF)	0	ACA (Affordable Care Act)
FLULAVAL 2025-2026 (PF)	0	ACA (Affordable Care Act)
FLUMIST 2025-2026	0	ACA (Affordable Care Act)
FLUMIST HOME 2025-2026	0	ACA (Affordable Care Act)
FLUZONE 2025-2026	0	ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
FLUZONE 2025-2026 (PF)	0	ACA (Affordable Care Act)
FLUZONE HIGH-DOSE 2025-26 (PF)	0	ACA (Affordable Care Act)
GAMASTAN	2	SP
GAMMAGARD LIQUID	2	PA; SP
GAMMAGARD LIQUID ERC	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 (Affordable Care Act)
GRASTEK	2	PA; M
HAVRIX (PF)	0	ACA (Affordable Care Act)
HEPAGAM B	2	
HEPLISAV-B (PF)	0	ACA (Affordable Care Act)
HIBERIX (PF)	0	ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
HIZENTRA	3	PA; SP
HYPERHEP B	2	
HYPERHEP B NEONATAL	2	
HYPERRAB (PF)	2	
HYPERTET (PF)	2	
HYQVIA	3	PA; SP
IMOGAM RABIES-HT (PF)	2	
IMOVAX RABIES VACCINE (PF)	E	E
INFANRIX (DTAP) (PF)	0	ACA (Affordable Care Act)
IPOL	0	ACA (Affordable Care Act)
IXIARO (PF)	E	E
JEUVEAU	E	E
JYNNEOS (PF)	0	ACA (Affordable Care Act)
KEDRAB (PF)	3	
KINRIX (PF)	0	ACA (Affordable Care Act)
MENQUADFI (PF)	0	ACA (Affordable Care Act)
MENVEO A-C-Y-W-135-DIP (PF)	0	ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
M-M-R II (PF)	0	ACA (Affordable Care Act)
MNEXSPIKE 2025-2026 (PF)	0	ACA (Affordable Care Act)
MRESVIA (PF)	0	ACA (Affordable Care Act)
MYOBLOC	2	PA; SP
NABI-HB	3	
NUVAXOVID 2025-2026 (PF)	0	ACA (Affordable Care Act)
OCTAGAM	3	PA; SP
ODACTRA	2	PA; M
ORALAIR	2	PA
PALFORZIA (LEVEL 0)	E	E; SP
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

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Drug Name	Drug Tier	Requirements / Limits
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
PAPZIMEOS	3	PA; SP
PEDIARIX (PF)	0	ACA (Affordable Care Act)
PEDVAX HIB (PF)	0	ACA (Affordable Care Act)
PENBRAYA (PF)	0	ACA (Affordable Care Act)
PENMENVY MEN A-B-C-W-Y (PF)	0	ACA (Affordable Care Act)
PENTACEL (PF)	0	ACA (Affordable Care Act)
PNEUMOVAX-23	0	ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
PREVNAR 20 (PF)	0	ACA (Affordable Care Act)
PRIORIX (PF)	0	ACA (Affordable Care Act)
PRIVIGEN	3	PA; SP
PROQUAD (PF)	0	ACA (Affordable Care Act)
QIVIGY	E	E; SP
QUADRACEL (PF)	0	ACA (Affordable Care Act)
RABAVERT (PF)	E	E
RAGWITEK	2	PA; M
RECOMBIVAX HB (PF)	0	ACA (Affordable Care Act)
ROTARIX	0	ACA (Affordable Care Act)
ROTATEQ VACCINE	0	ACA (Affordable Care Act)
SHINGRIX (PF)	0	ACA (Affordable Care Act)
SPIKEVAX 2025-2026(12Y UP)(PF)	0	ACA (Affordable Care Act)
SPIKEVAX 2025-26 (6M-11Y) (PF)	0	ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF)	E	E
TENIVAC (PF)	0	ACA (Affordable Care Act)
THYMOGLOBULIN	2	
TICE BCG	2	
TICOVAC	E	E
TRUMENBA	0	ACA (Affordable Care Act)
TWINRIX (PF)	0	ACA (Affordable Care Act)
TYPHIM VI	E	E
VAQTA (PF)	0	ACA (Affordable Care Act)
VARIVAX (PF)	0	ACA (Affordable Care Act)
VARIZIG	2	
VAXCHORA VACCINE	E	E
VAXELIS (PF)	0	ACA (Affordable Care Act)
VAXNEUVANCE (PF)	0	ACA (Affordable Care Act)
VIMKUNYA	E	E
VIVOTIF	E	E
XEMBIFY	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
XEOMIN	E	E; SP
YF-VAX (PF)	E	E
YIMMUGO	E	E; SP
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
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
AELVIA	3	ST; M; QL
BILDYOS	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
BINOSTO	3	ST; M; QL
BONSITY	3	PA; SP; QL
BOSAYA	E	E; SP
CONEXXENCE	E	E; SP
ENOBY	2	PA; SP; 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
JUBBONTI	E	E; SP
OSPOMYV	E	E; SP
PROLIA	E	E; SP
<i>raloxifene</i>	1	M
<i>risedronate</i>	1	M; QL
STOBOCLO	E	E; SP
<i>teriparatide</i>	1	PA; SP; QL
TYMLOS	2	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ABRILADA(CF)	E	E; SP
ABRILADA(CF) PEN	E	E; SP
ACTEMRA	E	E; SP
ACTEMRA ACTPEN	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
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-AATY(CF) AI CROHNS	E	E; SP
ADALIMUMAB-ADAZ	2	PA; SP; QL
ADALIMUMAB-ADBM	2	PA; SP; QL
ADALIMUMAB-BWWD	E	E; SP
ADALIMUMAB-FKJP	E	E; SP
ADALIMUMAB-RYVK	2	PA; SP; QL
AMJEVITA(CF)	E	E; SP
AMJEVITA(CF) AUTOINJECTOR	E	E; SP
ARAVA	3	M; QL
AURANOFIN	2	M
AVTOZMA AUTOINJECTOR	3	PA; SP
AVTOZMA INTRAVENOUS	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
AVTOZMA SUBCUTANEOUS	3	PA; SP
BENLYSTA INTRAVENOUS	2	PA; SP
BENLYSTA SUBCUTANEOUS	2	PA; SP; QL
CUPRIMINE	E	E; M
CYLTEZO(CF)	E	E; SP
CYLTEZO(CF) PEN	E	E; SP
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 PUSHTOUCH	E	E; SP
HADLIMA(CF)	E	E; SP
HADLIMA(CF) PUSHTOUCH	E	E; SP
HULIO(CF)	E	E; SP
HULIO(CF) PEN	E	E; SP
HUMIRA (ONLY NDCS STARTING WITH 00074)	E	E; SP
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	E	E; SP

Drug Name	Drug Tier	Requirements / Limits
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
KINERET	E	E; SP
LEFLUNICLO	E	E
<i>leflunomide</i>	1	M; QL

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Drug Name	Drug Tier	Requirements / Limits
LEQSELVI	3	PA; SP
<i>milnacipran</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
OTEZLA XR	2	PA; SP
OTEZLA XR INITIATION	2	PA; SP
<i>penicillamine</i>	1	PA; M
RASUVO (PF)	E	E; M
RIDAURA	2	M
RINVOQ	2	PA; SP; QL
RINVOQ LQ	2	PA; SP; QL
SAVELLA	3	ST; M; QL
SIMLANDI(CF)	2	PA; SP; QL
SIMLANDI(CF) AUTOINJECTOR	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

Drug Name	Drug Tier	Requirements / Limits
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 AUTOINJECTOR	2	PA; SP; QL
TYENNE INTRAVENOUS	2	PA; SP
TYENNE SUBCUTANEOUS	2	PA; SP; QL
XELJANZ	2	PA; SP; QL
XELJANZ XR	2	PA; SP; QL
YUFLYMA(CF)	E	E; SP
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 (Affordable Care Act)

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
DUREX AVANTI BARE REAL FEEL	0	ACA (Affordable Care Act); OTC (Over the Counter)
DUREX TROPICAL CONDOM	0	ACA (Affordable Care Act); OTC (Over the Counter)
FC2 FEMALE CONDOM	0	ACA (Affordable Care Act); OTC (Over the Counter)
FEMCAP	0	ACA (Affordable Care Act)
KYLEENA	E	E
LILETTA	E	E
MIRENA	E	E
MIUDELLA	E	E
PARAGARD T 380A	E	E
SKYLA	E	E
TRUSTEX-RIA NON-LUB CONDOMS	0	ACA (Affordable Care Act); OTC (Over the Counter)
ESTROGENS & PROGESTINS		
<i>abigale</i>	1	PA; M
<i>abigale lo</i>	1	PA; M

Drug Name	Drug Tier	Requirements / Limits
ACTIVELLA	3	PA; M
ANGELIQ	3	M
BIJUVA	E	E; M
<i>camila</i>	0	ST; M; ACA (Affordable Care Act)
CLIMARA	3	PA; M; QL
CLIMARA PRO	E	E; M
COMBIPATCH	2	PA; M
<i>conjugated estrogens</i>	1	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 (Affordable Care Act)
DELESTROGEN	3	PA
DEPO-ESTRADIOL	2	PA
DEPO-PROVERA	3	M; QL
DEPO-SUBQ PROVERA 104	0	M; ACA (Affordable Care Act); 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

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Drug Name	Drug Tier	Requirements / Limits
ELESTRIN	E	E; M
<i>emzahh</i>	0	ST; M; ACA (Affordable Care Act)
ENDOMETRIN	2	
<i>errin</i>	0	ST; M; ACA (Affordable Care Act)
ESTRACE	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 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 (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
IMVEXXY MAINTENANCE PACK	E	E; M
IMVEXXY STARTER PACK	E	E; M
<i>incassia</i>	0	ST; M; ACA (Affordable Care Act)
<i>jencycla</i>	0	ST; M; ACA (Affordable Care Act)
<i>jinteli</i>	1	PA; M
<i>lyleq</i>	0	ST; M; ACA (Affordable Care Act)
<i>lyllana</i>	1	PA; M; QL
<i>lyza</i>	0	ST; M; ACA (Affordable Care Act)
<i>medroxyprogesteron e intramuscular</i>	0	M; ACA (Affordable Care Act); QL
<i>medroxyprogesteron e oral</i>	1	M
<i>meleya</i>	0	ST; M; ACA (Affordable Care Act)
MENEST	E	E; M
MENOSTAR	3	PA; M; QL
<i>mimvey</i>	1	PA; M
MINIVELLE	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
<i>nora-be</i>	0	ST; M; ACA (Affordable Care Act)
<i>norethindrone (contraceptive)</i>	0	ST; M; ACA (Affordable Care Act)
<i>norethindrone acetate</i>	1	M
<i>norethindrone ac-eth estradiol</i>	1	PA; M
OPILL	2	ST; OTC (Over the Counter)
<i>orquidea</i>	0	ST; M; ACA (Affordable Care Act)
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 oral</i>	1	M
<i>progesterone micronized vaginal</i>	1	
PROMETRIUM	3	M
PROVERA	3	M
<i>sharobel</i>	0	ST; M; ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
<i>tulana</i>	0	ST; M; ACA (Affordable Care Act)
VAGIFEM	E	E; M
VIVELLE-DOT	E	E; M
<i>yuvafem</i>	1	M
MISCELLANEOUS OB/GYN		
ANNOVERA	0	ACA (Affordable Care Act); QL
CERVIDIL	3	
CLEOCIN	3	
<i>clindamycin phosphate</i>	1	
CLINDESSE	3	
<i>eluryng</i>	0	M; ACA (Affordable Care Act)
<i>enilloring</i>	0	M; ACA (Affordable Care Act)
<i>etonogestrel-ethinyl estradiol</i>	0	M; ACA (Affordable Care Act)
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>haloette</i>	0	M; ACA (Affordable Care Act)
INTRAROSA	E	E; M
LYNKUET	3	M
<i>metronidazole</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>miconazole-3</i>	1	
MIFEPREX	E	E
<i>mifepristone</i>	E	E
MYFEMBREE	2	PA; M
NEXPLANON	E	E
<i>norelgestromin-ethin.estradiol</i>	0	M; ACA (Affordable Care Act)
NUVARING	E	E; M
NUVESSA	3	
ORIAHNN	2	PA; M
OSPHENA	E	E; M
PHEXX	0	ACA (Affordable Care Act); QL
PREPIDIL	3	
RELAGARD	3	
<i>terconazole</i>	1	
<i>tranexamic acid</i>	1	
TWIRLA	0	M; ACA (Affordable Care Act)
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	0	ACA (Affordable Care Act); OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE GEL	0	ACA (Affordable Care Act); OTC (Over the Counter)
VEOZAH	3	M
XACIATO	2	
<i>xulane</i>	0	M; ACA (Affordable Care Act)
<i>zafemy</i>	0	M; ACA (Affordable Care Act)

ORAL CONTRACEPTIVES & RELATED AGENTS

<i>afirmelle</i>	0	ST; M; ACA (Affordable Care Act)
<i>after pill</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
AFTERA	3	ST; M; OTC (Over the Counter); QL
<i>altavera (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>alyacen 1/35 (28)</i>	0	ST; M; ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
<i>alyacen 7/7/7 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>amethia</i>	0	ST; M; ACA (Affordable Care Act)
<i>amethyst (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>apri</i>	0	ST; M; ACA (Affordable Care Act)
<i>aranelle (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>ashlyna</i>	0	ST; M; ACA (Affordable Care Act)
<i>aubra</i>	0	ST; M; ACA (Affordable Care Act)
<i>aubra eq</i>	0	ST; M; ACA (Affordable Care Act)
<i>aurovela 1.5/30 (21)</i>	0	ST; M; ACA (Affordable Care Act)
<i>aurovela 1/20 (21)</i>	0	ST; M; ACA (Affordable Care Act)
<i>aurovela 24 fe</i>	0	ST; M; ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
<i>aurovela fe 1.5/30 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>aurovela fe 1-20 (28)</i>	0	ST; M; ACA (Affordable Care Act)
AVERI	0	ST; M; ACA (Affordable Care Act)
<i>aviane</i>	0	ST; M; ACA (Affordable Care Act)
<i>ayuna</i>	0	ST; M; ACA (Affordable Care Act)
<i>azurette (28)</i>	0	ST; M; ACA (Affordable Care Act)
BALCOLTRA	E	E; M
<i>balziva (28)</i>	0	ST; M; ACA (Affordable Care Act)
BEYAZ	3	ST; M
<i>blisovi 24 fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>blisovi fe 1.5/30 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>blisovi fe 1/20 (28)</i>	0	ST; M; ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
<i>briellyn</i>	0	ST; M; ACA (Affordable Care Act)
<i>camrese</i>	0	ST; M; ACA (Affordable Care Act)
<i>camrese lo</i>	0	ST; M; ACA (Affordable Care Act)
<i>caziant (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>charlotte 24 fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>chateal eq (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>cryselle (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>cyred</i>	0	ST; M; ACA (Affordable Care Act)
<i>cyred eq</i>	0	ST; M; ACA (Affordable Care Act)
<i>dasetta 1/35 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>dasetta 7/7/7 (28)</i>	0	ST; M; ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
<i>daysee</i>	0	ST; M; ACA (Affordable Care Act)
<i>desog-e.estradiol/e.estradiol</i>	0	ST; M; ACA (Affordable Care Act)
<i>dolishale</i>	0	ST; M; ACA (Affordable Care Act)
<i>drospirenone-e.estradiol-lm.fa</i>	0	ST; M; ACA (Affordable Care Act)
<i>drospirenone-ethinyl estradiol</i>	0	ST; M; ACA (Affordable Care Act)
<i>econtra ez</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
<i>econtra one-step</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
<i>elinest</i>	0	ST; M; ACA (Affordable Care Act)
ELLA	0	ST; M; ACA (Affordable Care Act); QL
<i>enpresse</i>	0	ST; M; ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
<i>enskyce</i>	0	ST; M; ACA (Affordable Care Act)
<i>estarylla</i>	0	ST; M; ACA (Affordable Care Act)
<i>falmina (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>feirza</i>	0	ST; M; ACA (Affordable Care Act)
FEMLYV	0	ST; M; ACA (Affordable Care Act)
<i>finzala</i>	0	ST; M; ACA (Affordable Care Act)
<i>galbriela</i>	0	ST; M; ACA (Affordable Care Act)
<i>gemmily</i>	0	ST; M; ACA (Affordable Care Act)
<i>hailey</i>	0	ST; M; ACA (Affordable Care Act)
<i>hailey 24 fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>hailey fe 1.5/30 (28)</i>	0	ST; M; ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
<i>hailey fe 1/20 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>iclevia</i>	0	ST; M; ACA (Affordable Care Act)
<i>introvale</i>	0	ST; M; ACA (Affordable Care Act)
<i>isibloom</i>	0	ST; M; ACA (Affordable Care Act)
<i>jaimiess</i>	0	ST; M; ACA (Affordable Care Act)
<i>jasmiel (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>jolessa</i>	0	ST; M; ACA (Affordable Care Act)
<i>joyeaux</i>	0	ST; M; ACA (Affordable Care Act)
<i>juleber</i>	0	ST; M; ACA (Affordable Care Act)
<i>junel 1.5/30 (21)</i>	0	ST; M; ACA (Affordable Care Act)
<i>junel 1/20 (21)</i>	0	ST; M; ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
<i>junel fe 1.5/30 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>junel fe 1/20 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>junel fe 24</i>	0	ST; M; ACA (Affordable Care Act)
<i>kaitlib fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>kalliga</i>	0	ST; M; ACA (Affordable Care Act)
<i>kariva (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>kelnor 1/35 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>kurvelo (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>l norgest/e.estradiol-e.estrad</i>	0	ST; M; ACA (Affordable Care Act)
<i>larin 1.5/30 (21)</i>	0	ST; M; ACA (Affordable Care Act)
<i>larin 1/20 (21)</i>	0	ST; M; ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
<i>larin 24 fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>larin fe 1.5/30 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>larin fe 1/20 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>lessina</i>	0	ST; M; ACA (Affordable Care Act)
<i>levonest (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>levonorgest-eth.estradiol-iron</i>	0	ST; M; ACA (Affordable Care Act)
<i>levonorgestrel</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
<i>levonorgestrel-ethinyl estrad</i>	0	ST; M; ACA (Affordable Care Act)
<i>levonorg-eth estrad triphasic</i>	0	ST; M; ACA (Affordable Care Act)
LO LOESTRIN FE	0	ST; M; ACA (Affordable Care Act)
LOESTRIN 1.5/30 (21)	E	E; M

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Drug Name	Drug Tier	Requirements / Limits
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 (Affordable Care Act)
<i>loryna (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>low-ogestrel (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>lo-zumandimine (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>luizza</i>	0	ST; M; ACA (Affordable Care Act)
<i>lutra (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>marlissa (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>mibelas 24 fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>microgestin 1.5/30 (21)</i>	0	ST; M; ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1/20 (21)</i>	0	ST; M; ACA (Affordable Care Act)
<i>microgestin fe 1.5/30 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>microgestin fe 1/20 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>mili</i>	0	ST; M; ACA (Affordable Care Act)
<i>minzoya</i>	0	ST; M; ACA (Affordable Care Act)
<i>mono-linyah</i>	0	ST; M; ACA (Affordable Care Act)
<i>my choice</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
<i>my way</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
NATAZIA	0	ST; M; ACA (Affordable Care Act)
<i>necon 0.5/35 (28)</i>	0	ST; M; ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
<i>new day</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
NEXTSTELLIS	0	ST; M; ACA (Affordable Care Act)
<i>nikki (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>norethindrone ac-eth estradiol</i>	0	ST; M; ACA (Affordable Care Act)
<i>norethindrone-e.estradiol-iron</i>	0	ST; M; ACA (Affordable Care Act)
<i>norgestimate-ethinyl estradiol</i>	0	ST; M; ACA (Affordable Care Act)
<i>nortrel 0.5/35 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>nortrel 1/35 (21)</i>	0	ST; M; ACA (Affordable Care Act)
<i>nortrel 1/35 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>nortrel 7/7/7 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>nylia 1/35 (28)</i>	0	ST; M; ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 7/7/7 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>ocella</i>	0	ST; M; ACA (Affordable Care Act)
<i>opcicon one-step</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
<i>option-2</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
<i>philith</i>	0	ST; M; ACA (Affordable Care Act)
<i>pimtrea (28)</i>	0	ST; M; ACA (Affordable Care Act)
PLAN B ONE-STEP	2	ST; M; OTC (Over the Counter); QL
<i>portia 28</i>	0	ST; M; ACA (Affordable Care Act)
<i>reclipsen (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>rivelsa</i>	0	ST; M; ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
<i>rosyrah</i>	0	ST; M; ACA (Affordable Care Act)
SAFYRAL	E	E; M
<i>setlakin</i>	0	ST; M; ACA (Affordable Care Act)
<i>shewise</i>	0	ST; M; ACA (Affordable Care Act); OTC (Over the Counter); QL
<i>simliya (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>simpesse</i>	0	ST; M; ACA (Affordable Care Act)
SLYND	0	ST; M; ACA (Affordable Care Act)
<i>sprintec (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>syeda</i>	0	ST; M; ACA (Affordable Care Act)
TAKE ACTION	3	ST; M; OTC (Over the Counter); QL
<i>tarina 24 fe</i>	0	ST; M; ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
<i>tarina fe 1/20 (28)</i>	0	ST; M; ACA (Affordable Care Act)
TAYTULLA	E	E; M
<i>tilia fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-estarylla</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-legest fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-linyah</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-lo-estarylla</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-lo-marzia</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-lo-mili</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-lo-sprintec</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-mili</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-sprintec (28)</i>	0	ST; M; ACA (Affordable Care Act)

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-vylibra</i>	0	ST; M; ACA (Affordable Care Act)
<i>tri-vylibra lo</i>	0	ST; M; ACA (Affordable Care Act)
<i>turqoz (28)</i>	0	ST; M; ACA (Affordable Care Act)
TYBLUME	0	ST; M; ACA (Affordable Care Act)
<i>tydemy</i>	0	ST; M; ACA (Affordable Care Act)
<i>valtya</i>	0	ST; M; ACA (Affordable Care Act)
<i>velivet triphasic regimen (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>vestura (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>vienva</i>	0	ST; M; ACA (Affordable Care Act)
<i>viorele (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>volnea (28)</i>	0	ST; M; ACA (Affordable Care Act)

Drug Name	Drug Tier	Requirements / Limits
<i>vyfemla (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>vylibra</i>	0	ST; M; ACA (Affordable Care Act)
<i>wera (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>wymzya fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>xarah fe</i>	0	ST; M; ACA (Affordable Care Act)
<i>xelria fe</i>	0	ST; M; ACA (Affordable Care Act)
YASMIN (28)	E	E; M
YAZ (28)	3	ST; M
<i>zarah</i>	0	ST; M; ACA (Affordable Care Act)
<i>zovia 1-35 (28)</i>	0	ST; M; ACA (Affordable Care Act)
<i>zumandimine (28)</i>	0	ST; M; ACA (Affordable Care Act)
OXYTOCICS		
<i>methylergonovine</i>	1	QL
<i>oxytocin</i>	1	
PITOCIN	3	

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Drug Name	Drug Tier	Requirements / Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	
<i>bacitracin</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BESIFLOXACIN	E	E
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
VANCOMYCIN IN WATER	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
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

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Drug Name	Drug Tier	Requirements / Limits
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	2	SP
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 1 %</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS 0.05 %	3	
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	
MYDRIACYL	3	
<i>phenyleph-tropicamide in water</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E	3	

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	M
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	E	E; M
QLOSI	E	E
VIZZ	E	E
VUITY	E	E; M
MISCELLANEOUS OPHTHALMOLOGICS		
<i>acuicyn</i>	E	E
AKTEN (PF)	3	
<i>alaway</i>	E	E; OTC (Over the Counter)
ALCAINE	3	
<i>allergy eye (ketotifen)</i>	E	E; OTC (Over the Counter)
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
AVENOVA	E	E
<i>azelastine</i>	1	
BEOVU	3	PA; SP
<i>bepotastine besilate</i>	1	ST
BEPREVE	E	E
BEVACIZUMAB	3	
<i>bimatoprost</i>	E	E
BYOOVIZ	2	PA; SP
CEQUA	3	PA; M; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>children's alaway</i>	E	E; OTC (Over the Counter)
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	
ENCELTO	3	PA; SP
<i>epinastine</i>	1	
EPIOXA	3	SP
<i>eye allergy itch relief</i>	E	E; OTC (Over the Counter)
<i>eye allergy itch-redness rlf</i>	E	E; OTC (Over the Counter)
<i>eye itch relief</i>	E	E; OTC (Over the Counter)
EYLEA	E	E; SP
EYLEA HD	E	E; SP
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	
IHEEZO (PF)	3	
<i>ketotifen fumarate</i>	E	E; OTC (Over the Counter)
KLARITY (CHONDROITIN) (PF)	3	

Drug Name	Drug Tier	Requirements / Limits
LASTACAFT ONCE DAILY RELIEF	E	E; OTC (Over the Counter)
LATISSE	E	E
LUCENTIS	E	E; SP
LUXTURNA	2	PA; SP
MIEBO (PF)	2	PA; QL
MOXIFLOXACIN-BROMFENAC	3	
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
<i>olopatadine</i>	E	E; OTC (Over the Counter)
OMIDRIA	3	
OXERVATE	2	PA; SP
PATADAY ONCE DAILY RELIEF	E	E; OTC (Over the Counter)
PATADAY TWICE DAILY RELIEF	E	E; OTC (Over the Counter)
PAVBLU	2	PA; SP
<i>prednisoln sp-moxiflox-bromfen</i>	1	
PREDNISOLONE ACETATE-BROMFENAC	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
<i>prednisolone sod ph-bromfenac</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
PREDNISOLON-MOXIFLOX-KETOROLAC	3	
<i>proparacaine</i>	1	
RESTASIS	3	PA; M; QL
RESTASIS MULTIDOSE	2	PA; M; QL
<i>retaine allergy</i>	E	E; OTC (Over the Counter)
SUSVIMO	E	E; SP
SUSVIMO (INITIAL FILL)	E	E; SP
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF)	3	
TRYPTYR	2	PA; M
TYRVAYA	3	PA; M
VABYSMO	E	E; SP
VERKAZIA	E	E; M
VEVYE	3	PA; M; QL
<i>wal-zyr (ketotifen)</i>	E	E; OTC (Over the Counter)
XDEMVI	2	SP; QL
XIIDRA	2	PA; M; QL
ZADITOR	E	E; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
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	E	E
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
BIMATOPROST (PF)	3	
BRIMONIDINE-DORZOLAMIDE	3	M
BRIMONIDINE-DORZOLAMIDE (PF)	3	

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Drug Name	Drug Tier	Requirements / Limits
BRIMONIDINE-DORZOL-BIMATOPROST	3	M
<i>brimonidine-timolol</i>	1	M
<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	
OMLONTI	E	E; M
RHOPRESSA	3	M
ROCKLATAN	3	ST; M
SIMBRINZA	3	M
<i>tafluprost (pf)</i>	E	E; M
TIMOL-BRIMON-DORZOL-BIMATO(PF)	3	
TIMOLOL-BIMATOPROST	3	M

Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-BRIMON-DORZOL-BIMATOP	3	M
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID	3	M
TIMOLOL-DORZOLAM-BIMATOPRO(PF)	3	
TIMOLOL-DORZOLAMIDE-BIMATOPROS	3	M
TRAVATAN Z	E	E; M
<i>travoprost</i>	E	E; M
VYZULTA	E	E; M
XALATAN	E	E; M
YUVEZZI	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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<i>tobramycin-lotepred</i>	1	
ZYLET	E	E
STEROIDS		
ALREX	E	E
BYQLOVI	E	E
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

Drug Name	Drug Tier	Requirements / Limits
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		
<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		

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Drug Name	Drug Tier	Requirements / Limits
CYCLOMYDRIL	3	
<i>phenylephrine hcl</i>	1	
UPNEEQ (PF)	E	E

RESPIRATORY, ALLERGY, COUGH & COLD

ANTI-HISTAMINE & ANTI-ALLERGENIC 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	
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>carbzah</i>	1	ST
<i>cetirizine</i>	E	E
CLARINEX	3	QL
<i>clemastine</i>	E	E
<i>clemsza</i>	E	E

Drug Name	Drug Tier	Requirements / Limits
<i>corphena</i>	1	
<i>cyproheptadine</i>	1	
DESLORATADINE ORAL SOLUTION	E	E
<i>desloratadine oral tablet</i>	1	QL
<i>desloratadine oral tablet, disintegrating</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
<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 0.1 mg/ml</i>	1	
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	3	QL

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Drug Name	Drug Tier	Requirements / Limits
EPINEPHRINE PROFESSIONAL	E	E
EPINEPHRINESNAP	E	E
EPINEPHRINESNAP-EMS	E	E
EPINEPHRINESNAP-V	E	E
EPIPEN	3	PA; QL
EPIPEN JR	3	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	QL
NEFFY NASAL SPRAY, NON-AEROSOL 2 MG/SPRAY (0.1 ML)	2	QL
PHENERGAN	3	
<i>promethazine</i>	1	
<i>promethegan</i>	1	
QUZYTIR	3	
RYCLORA	3	
RYVENT	3	ST
COUGH & COLD THERAPY		

Drug Name	Drug Tier	Requirements / Limits
<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	
DURATUSS AC	3	
<i>g tussin ac</i>	1	
HISTEX-AC	3	
HYCODAN (WITH HOMATROPINE)	3	
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine</i>	1	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
NINJACOF-XG	3	
POLY-TUSSIN AC	3	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
RESPA-AR	3	
TUXARIN ER	3	

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Drug Name	Drug Tier	Requirements / Limits
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	E	E; OTC (Over the Counter)
ACCOLATE	3	M
<i>acetylcysteine</i>	1	
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; OTC (Over the Counter)
<i>allergy relief (fluticasone)</i>	E	E; OTC (Over the Counter)
ALVESCO	E	E; M
ALYFTREK	2	PA; SP; QL
<i>alyq</i>	1	PA; SP; QL
<i>ambrisentan</i>	1	PA; SP; QL
<i>aminophylline</i>	1	
ANDEMBRY AUTOINJECTOR	2	PA; SP
ANORO ELLIPTA	2	M; QL
<i>arformoterol</i>	1	M; QL
ARNUITY ELLIPTA	E	E; M

Drug Name	Drug Tier	Requirements / Limits
ASMANEX HFA	2	M; QL
ASMANEX TWISTHALER	2	M; QL
ATROVENT HFA	3	M; QL
<i>azelastine-fluticasone</i>	E	E
<i>beclomethasone dipropionate</i>	1	M
BERINERT	E	E; SP
BEVESPI AEROSPHERE	E	E; M
<i>bosentan</i>	1	PA; SP; QL
BREO ELLIPTA	2	ST; M; QL
<i>breyna</i>	1	ST; M; QL
BREZTRI AEROSPHERE	2	M; QL
BRINSUPRI	2	PA; SP
BRONCHITOL	3	PA; SP
BROVANA	3	M; QL
<i>budesonide inhalation</i>	1	M; QL
<i>budesonide nasal</i>	E	E; OTC (Over the Counter)
<i>budesonide-formoterol</i>	1	ST; M; QL
CHILDREN'S FLONASE ALLERGY RLF	E	E; OTC (Over the Counter)
CINQAIR	E	E; SP
CINRYZE	2	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
COMBIVENT RESPIMAT	2	M; QL
<i>cromolyn</i>	1	M
DALIRESP	E	E; M
DAWNZERA	E	E; SP
DUAKLIR PRESSAIR	E	E; M
DULERA	2	ST; M; QL
DYMISTA	E	E
EKTERLY	E	E; SP
ESBRIET	E	E; SP
EXDENSUR	E	E
FASENRA	2	PA; QL
FASENRA PEN	2	PA; QL
FIRAZYR	E	E; SP
FLONASE ALLERGY RELIEF	E	E; OTC (Over the Counter)
FLONASE SENSIMIST	E	E; OTC (Over the Counter)
<i>flunisolide</i>	1	ST; M; QL
FLUTICASONE FUROATE	E	E; M
FLUTICASONE FUROATE-VILANTEROL	E	E; M
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE	E	E; M

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION	E	E; M
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	1	M; QL
<i>fluticasone propionate nasal</i>	1	M; QL
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	PA; SP; QL
HYPER-SAL	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>icatibant</i>	1	PA; SP; QL
INCRUSE ELLIPTA	2	M; QL
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	1	M; QL
<i>ipratropium bromide inhalation solution</i>	1	M
<i>ipratropium-albuterol</i>	1	M; QL
JASCAYD	2	PA; SP
KALBITOR	3	PA; 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
NASACORT	E	E; OTC (Over the Counter)
<i>nasal allergy</i>	E	E; OTC (Over the Counter)
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
<i>nintedanib</i>	1	PA; SP; QL
NUCALA	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
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	PA; 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 RESPICLICK	E	E
PULMICORT	E	E; M
PULMICORT FLEXHALER	E	E; M
<i>pulmosal</i>	1	
PULMOZYME	2	PA; SP
QNASL	E	E; M
QVAR REDHALER	2	M; QL
REVATIO INTRAVENOUS	3	SP
REVATIO ORAL	3	PA; SP; QL
<i>roflumilast oral tablet 250 mcg</i>	1	PA; M; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>roflumilast oral tablet 500 mcg</i>	1	PA; M
RUCONEST	2	PA; SP; QL
RYALTRIS	3	ST; QL
<i>sajazir</i>	1	PA; 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
STIOLTO RESPIMAT	2	M; QL
STRIVERDI RESPIMAT	2	M; QL
SYMBICORT	E	E; M
SYMDEKO	2	PA; SP; QL
<i>tadalafil (pulm.hypertension)</i>	1	PA; SP; QL
TADLIQ	E	E; SP
TAKHZYRO	2	PA; SP; QL
<i>terbutaline oral</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<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	3	PA; SP; QL
TRELEGY ELLIPTA	2	M; QL
<i>triamcinolone acetonide</i>	E	E; OTC (Over the Counter)
TRIKAFTA	2	PA; SP; QL
TUDORZA PRESSAIR	E	E; M
TYVASO	2	PA; SP
TYVASO DPI	2	PA; SP
TYVASO REFILL KIT	2	PA; SP
TYVASO STARTER KIT	2	PA; SP
UMECLIDINIUM	E	E; M
UMECLIDINIUM-VILANTEROL	E	E; M
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

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
YUPELRI	2	M; QL
YUTREPIA	2	PA; SP
<i>zafirlukast</i>	1	M
<i>zileuton</i>	E	E; M
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2 GO	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	

Drug Name	Drug Tier	Requirements / Limits
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		
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

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Drug Name	Drug Tier	Requirements / Limits
<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	E; OTC (Over the Counter)
<i>solifenacin</i>	1	M
<i>tolterodine</i>	1	M
TOVIAZ	E	E; M
<i>tropium</i>	1	M
VESICARE	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
JALYN	3	ST; M
PROSCAR	3	ST; M
<i>silodosin</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</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
CYSTAGON	2	SP
<i>cytra-2</i>	E	E; OTC (Over the Counter)
<i>cytra-3</i>	E	E; OTC (Over the Counter)
<i>cytra-k</i>	E	E; OTC (Over the Counter)
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	

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Drug Name	Drug Tier	Requirements / Limits
ORACIT	3	
OXLUMO	3	PA; SP
<i>potassium citrate</i>	1	M
<i>potassium citrate-citric acid</i>	E	E; OTC (Over the Counter)
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; OTC (Over the Counter)
STENDRA	3	PA; M; QL
<i>tricitrates</i>	E	E; OTC (Over the Counter)
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
UROCID-K 10	3	M

Drug Name	Drug Tier	Requirements / Limits
UROCID-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>ildenafil</i>	1	PA; M; QL
VIAGRA	E	E; M
VYBRIQUE	E	E; M
URINARY ANESTHETICS		
<i>phenazopyridine</i>	1	
PYRIDIUM	E	E
VITAMINS, HEMATINICS & ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	1	
ALBUMINEX 5 %	3	
ELECTROLYTES		
AURYXIA	3	M
CALCIUM ACETATE	E	E; OTC (Over the Counter)
<i>calcium acetate(phosphat bind)</i>	1	M; QL

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Drug Name	Drug Tier	Requirements / Limits
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
<i>ferric citrate</i>	1	M
FOSRENOL ORAL POWDER IN PACKET	E	E
FOSRENOL ORAL TABLET,CHEWABLE	E	E; M
GALZIN	3	SP
<i>kionex</i>	1	
<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

Drug Name	Drug Tier	Requirements / Limits
<i>k-phos-neutral</i>	E	E; M; OTC (Over the Counter)
<i>lanthanum</i>	1	M; QL
LOKELMA	2	QL
<i>lugols</i>	1	M
MAGNEBIND 300	E	E; OTC (Over the Counter)
<i>magnesium chloride</i>	1	
<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; OTC (Over the Counter)
<i>phosphorous</i>	E	E; M; OTC (Over the Counter)
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 20 meq</i>	1	M
POTASSIUM CHLORIDE ORAL PACKET 40 MEQ	E	E; M

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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	E	E; M
VELTASSA	2	QL
XPHOZAH	E	E; SP
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
DOJOLVI	3	PA; SP
<i>electrolyte-148</i>	1	
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; OTC (Over the Counter)
ASCOR	3	
<i>ascorbic acid (vitamin c)</i>	1	
ATABEX ONE	E	E; OTC (Over the Counter)
AZESCO	E	E
<i>b complex 1 (with folic acid)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>b complex 100</i>	1	
<i>b complex-vitamin c-folic acid</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
BABY DDROPS	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
<i>bal-care dha</i>	1	M
BAL-CARE DHA ESSENTIAL	3	M
<i>b-complex with vitamin c</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>biotin oral tablet 1 mg</i>	E	E; OTC (Over the Counter)
BIOTIN ORAL TABLET 10 MG, 5 MG	E	E; OTC (Over the Counter)
CADEAU DHA	E	E; OTC (Over the Counter)
CALTRATE GUMMY BITES	E	E; OTC (Over the Counter)
<i>cholecalciferol (vitamin d3) oral capsule</i>	E	E; OTC (Over the Counter)
<i>cholecalciferol (vitamin d3) oral drops</i>	E	E; OTC (Over the Counter)
CHOLECALCIFEROL (VITAMIN D3) ORAL LIQUID	E	E; OTC (Over the Counter)
<i>cholecalciferol (vitamin d3) oral tablet</i>	E	E; OTC (Over the Counter)
<i>classic prenatal</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
<i>cod liver oil</i>	E	E; OTC (Over the Counter)
<i>complete natal dha</i>	1	M
<i>completenate</i>	E	E; OTC (Over the Counter)
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; OTC (Over the Counter)
DECARA ORAL CAPSULE 625 MCG (25,000 UNIT)	E	E; OTC (Over the Counter)
DERMACINRX PRENATRIX	E	E; M
DERMACINRX PRENATRYL	E	E; M
DERMACINRX PRETRATE	E	E; M
DERMACINRX PUREFOLIX	E	E; OTC (Over the Counter)
<i>dialyvite 800</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
DIALYVITE 800 WITH IRON	E	E; OTC (Over the Counter)
DIALYVITE 800 WITH ZINC 15	E	E; OTC (Over the Counter)
DIALYVITE 800 WITH ZINC 50	E	E; OTC (Over the Counter)
DIALYVITE VITAMIN D3 MAX	E	E; OTC (Over the Counter)
<i>elite-ob</i>	1	M
<i>embriva</i>	E	E
ENBRACE HR	3	M
<i>ergocalciferol (vitamin d2) oral capsule</i>	1	M
<i>ergocalciferol (vitamin d2) oral drops</i>	E	E; OTC (Over the Counter)
<i>ezfe 200</i>	E	E; OTC (Over the Counter)
FA-8	E	E; OTC (Over the Counter)
FEOSOL	E	E; OTC (Over the Counter)
FEOSOL BIFERA	E	E; OTC (Over the Counter)
FERAHEME	E	E
FER-IN-SOL	E	E; OTC (Over the Counter)
<i>ferosul</i>	E	E; OTC (Over the Counter)
<i>ferretts</i>	E	E; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
FERRETTS IPS	E	E; OTC (Over the Counter)
<i>ferrex 150 forte</i>	E	E; OTC (Over the Counter)
<i>ferrex 150 forte plus</i>	E	E; OTC (Over the Counter)
<i>ferrex 150 plus</i>	E	E; OTC (Over the Counter)
FERRIMIN 150	E	E; OTC (Over the Counter)
<i>ferrous gluconate</i>	E	E; OTC (Over the Counter)
<i>ferrous sulfate</i>	E	E; OTC (Over the Counter)
<i>ferumoxytol</i>	1	PA
FLORIVA (FLUORIDE-VITAMIN D3)	E	E; OTC (Over the Counter)
<i>flotrex</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>fluoride (sodium)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
FOLATEXCEL	E	E; M
<i>folbee</i>	E	E; OTC (Over the Counter)
<i>folbic</i>	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
<i>folic acid injection</i>	1	
FOLIC ACID ORAL CAPSULE	E	E; OTC (Over the Counter)
<i>folic acid oral tablet 1 mg</i>	1	M
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>folitab</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>folivane-f</i>	E	E; OTC (Over the Counter)
<i>folivane-ob</i>	1	M
<i>folplex 2.2</i>	E	E; OTC (Over the Counter)
<i>foltabs 800</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>full spectrum b-vitamin c</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>gestyra</i>	E	E
<i>hematinic/folic acid</i>	E	E; OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
<i>hematogen fa</i>	E	E; OTC (Over the Counter)
<i>hydroxocobalamin</i>	1	
ICAR	E	E; OTC (Over the Counter)
ICAR-C	E	E; OTC (Over the Counter)
ICAR-C PLUS	E	E; OTC (Over the Counter)
<i>iferex 150 forte</i>	E	E; OTC (Over the Counter)
INFED	2	PA
INFUVITE PEDIATRIC	2	
INJECTAFER	3	PA
INTEGRA F	E	E; OTC (Over the Counter)
<i>iron 100 plus</i>	E	E; OTC (Over the Counter)
<i>iron chews</i>	E	E; OTC (Over the Counter)
<i>iron sucrose</i>	1	PA
IROSPAN 24/6	E	E; OTC (Over the Counter)
<i>kobee</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
KOSHER PRENATAL PLUS IRON	3	M

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Drug Name	Drug Tier	Requirements / Limits
KPN	E	E; OTC (Over the Counter)
<i>ludent fluoride</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
MARNATAL-F	3	M
MASONATAL PRENATAL	E	E; OTC (Over the Counter)
MATERNACEL	E	E; M
MATERVIA	E	E; M
MATRONEX	E	E; M
MAXIMUM D3	E	E; OTC (Over the Counter)
MECOBALAMIN (VITAMIN B12)	3	
MERIBIN	E	E; OTC (Over the Counter)
MINI PRENATAL	E	E; OTC (Over the Counter)
<i>m-natal plus</i>	1	M
MONOFERRIC	E	E
<i>multigen</i>	E	E; OTC (Over the Counter)
<i>multigen plus</i>	E	E; OTC (Over the Counter)
<i>multi-vitamin with fluoride</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
<i>multivit-fluoride (metafolin)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>mvc-fluoride</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>myferon 150 forte</i>	E	E; OTC (Over the Counter)
<i>mynatal</i>	1	M
<i>mynatal plus</i>	1	M
<i>mynatal-z</i>	1	M
NASCOBAL	2	ST; M; QL
NEEVODHA (WITH ALGAL OIL)	3	M
NEOMATERNA	E	E; 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; OTC (Over the Counter)
NOVAFERRUM ALL GOOD	E	E; OTC (Over the Counter)
NOVAFERRUM WOW	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
NOVAFERRUM YUMMY PEDIATRIC	E	E; OTC (Over the Counter)
NOXIFOL-D3	E	E; OTC (Over the Counter)
NU-IRON	E	E; OTC (Over the Counter)
OB COMPLETE	3	M
OB COMPLETE ONE	3	M
OB COMPLETE PETITE	3	M
OB COMPLETE PREMIER	3	M
OB COMPLETE WITH DHA	3	M
<i>obstetrix dha prenatal duo</i>	E	E; OTC (Over the Counter)
OBSTETRIX EC	E	E; OTC (Over the Counter)
ONE A DAY WOMEN'S PRENATAL DHA	E	E; OTC (Over the Counter)
<i>one natal rx</i>	1	M
ONE-A-DAY PRENATAL ADVANCED	E	E; OTC (Over the Counter)
ONE-A-DAY PRENATAL-1	E	E; OTC (Over the Counter)
ORTHO DF	E	E; OTC (Over the Counter)
PHYSICIANS EZ USE B-12	E	E

Drug Name	Drug Tier	Requirements / Limits
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; OTC (Over the Counter)
POLY-VI-SOL	E	E; OTC (Over the Counter)
<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
<i>prenatabs rx</i>	1	M
<i>prenatal + dha oral combo pack 28 mg iron- 975 mcg-200 mg</i>	E	E; OTC (Over the Counter)
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	E	E; OTC (Over the Counter)
<i>prenatal 19</i>	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
<i>prenatal complete</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
PRENATAL ESSENTIALS	E	E; OTC (Over the Counter)
PRENATAL FORMULA	E	E; OTC (Over the Counter)
PRENATAL FORMULA-DHA	E	E; OTC (Over the Counter)
PRENATAL MULTI	E	E; OTC (Over the Counter)
<i>prenatal multi-dha (algal oil)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
PRENATAL MULTI-DHA(WITH VIT K)	E	E; OTC (Over the Counter)
<i>prenatal multivitamins</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>prenatal one daily</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
PRENATAL ORAL TABLET 28-800 MG-MCG	E	E; OTC (Over the Counter)
<i>prenatal plus</i>	1	M
<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 (Affordable Care Act); OTC (Over the Counter)
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 800 MCG	E	E; OTC (Over the Counter)
<i>prenatal vitamin plus low iron</i>	E	E; OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin with minerals</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
PRENATAL WITH DHA-FOLIC ACID	E	E; OTC (Over the Counter)
<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
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
PRO FE	E	E; OTC (Over the Counter)
PROFERRIN ES	E	E; OTC (Over the Counter)
PROVIDA OB	3	M

Drug Name	Drug Tier	Requirements / Limits
<i>purevita folic acid</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>rena-vite</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>reno caps</i>	E	E; OTC (Over the Counter)
REPLESTA NX	E	E; OTC (Over the Counter)
R-NATAL OB	3	M
ROXIFOL-D	E	E; OTC (Over the Counter)
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; OTC (Over the Counter)
SLOW RELEASE IRON	E	E; OTC (Over the Counter)
<i>solvita a,c,d with fluoride</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)

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Drug Name	Drug Tier	Requirements / Limits
<i>stress formula with iron(sulf)</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
STUART ONE	E	E; OTC (Over the Counter)
<i>super b-50 complex</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>super quints</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
TANDEM DUAL ACTION	E	E; OTC (Over the Counter)
TANDEM PLUS	E	E; OTC (Over the Counter)
<i>taron-c dha</i>	1	M
THERA-D 4000	E	E; OTC (Over the Counter)
THERANATAL	E	E; OTC (Over the Counter)
THERANATAL COMPLETE	E	E; OTC (Over the Counter)
THERANATAL ONE	E	E; OTC (Over the Counter)
THERANATAL PLUS	E	E; OTC (Over the Counter)
THRIVITE RX	3	M
TRICARE	3	M

Drug Name	Drug Tier	Requirements / Limits
<i>tricon</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
<i>trigels-f forte</i>	E	E; OTC (Over the Counter)
<i>trinatal rx 1</i>	1	M
<i>trinate</i>	1	M
TRINAZ	E	E; M
TRISTART DHA	3	M
<i>tri-vitamin with fluoride</i>	0	ACA (Affordable Care Act); OTC (Over the Counter)
TRONVITE	E	E; OTC (Over the Counter)
ULTRA PRENATAL PLUS DHA	E	E; OTC (Over the Counter)
VENOFER	3	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
VITALARA	E	E; M
VITALIPID N INFANT	3	

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Drug Name	Drug Tier	Requirements / Limits
VITAMEDMD ONE RX	3	M
<i>vitamin d3</i>	E	E; OTC (Over the Counter)
VITA-RESPA	E	E; OTC (Over the Counter)
VITLIPID N INFANT	3	
<i>wescap-pn dha</i>	1	M
<i>wesnate dha</i>	1	M

Drug Name	Drug Tier	Requirements / Limits
<i>westab plus</i>	1	M
<i>westgel dha</i>	1	M
WOMEN'S PRENATAL PLUS DHA	E	E; OTC (Over the Counter)
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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BELEODAQ	16	<i>benztropine</i>	29	BEVESPI AEROSPHERE	157
<i>belladonna alkaloids-opium</i>	118	BEOVU	150	<i>bexarotene</i>	16
BELRAPZO	16	<i>bepotastine besilate</i>	150	BEXSERO	129
		BEPREVE	150	BEYAZ	141
		BERINERT	157	BEYFORTUS	4
		<i>beser</i>	80	<i>bicalutamide</i>	16
		BESER KIT	80	BICILLIN C-R	11
				BICILLIN L-A	11

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BICNU	16	<i>bismuth subcit k-metronidz-ten</i>	125	BLULINK GLUCOSE TEST STRIP	95
BIDIL	57	<i>bisoprolol fumarate</i>	57	BOMYNTRA	15
BIGFOOT UNITY	94	BISOPROLOL FUMARATE	57	BONJESTA	120
BIJUVA	137	<i>bisoprolol-hydrochlorothiazide</i>	57	BONSITY	134
BIKTARVY	4	<i>bivalirudin</i>	61	BOOSTRIX TDAP	129
BILDYOS.....	133	BIVALIRUDIN	61	<i>bortezomib</i>	16
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BIMZELX AUTOINJECTOR	67	<i>bleomycin</i>	16	BOSULIF	16
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BINAXNOW COVID-19 AG CARD.....	85	<i>blisovi 24 fe</i>	141	BOTOX COSMETIC	129
BINAXNOW COVID-19 AG SELF TEST	85	<i>blisovi fe 1.5/30 (28)</i>	141	<i>bp 10-1</i>	73
BINOSTO.....	134	<i>blisovi fe 1/20 (28)</i>	141	BRAFTOVI	16
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BIONIME RIGHTEST TEST STRIPS.....	94	BLOOD GLUCOSE TEST ..	94	BREEZE 2 CONTROL SOLUTION,HIGH	95
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BIOTHRAX	129	BLOXIVERZ	33	BRENZAVVY	115
<i>biotin</i>	166	BLUJEP A	13	BREO ELLIPTA.....	157
BIOTIN	166	BLULINK DIABETIC TEST BUNDLE.....	95	BREVIBLOC	57
<i>bisacodyl</i>	120	BLULINK GLUCOSE MONITOR SYSTEM.....	95	BREVIBLOC IN NA CL (ISO- OSM).....	57
				BREYANZI	16
				<i>brey na</i>	157
				BREZTRI AEROSPHERE .	157

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<i>briellyn</i>	142	<i>budesonide</i>	120, 157	BYLVAY	120
BRILINTA	61	<i>budesonide-formoterol</i>	157	BYNFEZIA	16
<i>brimonidine</i>	73, 154	<i>bufferin</i>	43	BYOOVIZ	150
BRIMONIDINE- DORZOLAMIDE.....	152	<i>bumetanide</i>	57	BYQLOVI.....	154
BRIMONIDINE- DORZOLAMIDE (PF) ..	152	BUPHENYL.....	87	BYSTOLIC.....	57
BRIMONIDINE-DORZOL- BIMATOPROST	153	<i>bupivacaine (pf)</i>	77	C	
<i>brimonidine-timolol</i>	153	<i>bupivacaine hcl</i>	77	CABENUVA	4
BRINEURA	112	<i>bupivacaine-dextrose-water(pf)</i>	87	<i>cabergoline</i>	112
BRINSUPRI.....	157	<i>bupivacaine-epinephrine (pf)</i>	77	CABLIVI.....	61
<i>brinzolamide</i>	153	<i>buprenorphine</i>	35	CABOMETYX.....	16
BRIUMVI.....	55	<i>buprenorphine hcl</i>	35	CABTREO	73
<i>brivaracetam</i>	25	<i>buprenorphine-naloxone</i>	43	CADEAU DHA.....	166
BRIVIACT	25	<i>bupropion hcl</i>	48	CADUET	64
BRIXADI	35	<i>bupropion hcl (smoking deter)</i>	89	CAFERGOT	30
BROMFED DM	156	<i>bupirone</i>	48	<i>caffeine citrate</i>	87
<i>bromfenac</i>	152	<i>busulfan</i>	16	<i>calcipotriene</i>	67
<i>bromocriptine</i>	29	BUSULFEX	16	CALCIPOTRIENE.....	67
<i>brompheniramine-pseudoeph- dm</i>	156	<i>butalbital-acetaminop-caf-cod</i>	35	<i>calcipotriene-betamethasone</i>	67
BROMSITE.....	152	<i>butalbital-acetaminophen</i>	35	<i>calcitonin (salmon)</i>	112
BRONCHITOL	157	<i>butalbital-acetaminophen-caff</i>	35	<i>calcitriol</i>	67, 112
BROVANA.....	157	<i>butalbital-aspirin-caffeine</i>	35	CALCIUM ACETATE	163
BRUKINSA	16	<i>butorphanol</i>	43	<i>calcium acetate(phosphat bind)</i>	163
BRYHALI	80	BUTRANS	35	<i>calcium gluc in nacl, iso-osm</i>	164
BRYNOVIN	115			CALCIUM GLUC IN NAACL, ISO-OSM.....	164
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16	25	95
CALTRATE GUMMY BITES	CARBATROL	CARESENS S TEST STRIP
166	25	95
CAMBIA.....	<i>carbidopa</i>	CARESTART COVID-19 AG HOME TST
43	29	85
CAMCEVI (6 MONTH).....	<i>carbidopa-levodopa</i>	CARETOUCH CONTROL SOLN L2-L3
16	29	95
<i>camila</i>	CARBIDOPA-LEVODOPA.....	CARETOUCH GLUCOSE MONITORING
137	29	95
CAMPTOSAR	<i>carbidopa-levodopa-</i> <i>entacapone</i>	CARETOUCH TEST STRIP
16	29	95
<i>camrese</i>	<i>carbinoxamine maleate</i>	95
142	155	<i>carglumic acid</i>
<i>camrese lo</i>	CARBINOXAMINE MALEATE	87
142	155	<i>carisoprodol</i>
CAMZYOS	<i>carboplatin</i>	33
66	16	<i>carisoprodol-aspirin-codeine</i>
CANASA	<i>carbzah</i>	33
120	155	<i>carmustine</i>
<i>candesartan</i>	CARDAMYST.....	16
57	57	CARNITOR.....
<i>candesartan-</i> <i>hydrochlorothiazid</i>	CARDIZEM.....	87
57	57	CARNITOR (SUGAR-FREE)
<i>capecitabine</i>	CARDIZEM CD.....	87
16	57	CAROSPIR.....
CAPEX.....	CARDIZEM LA.....	57
80	57	<i>carteolol</i>
CAPLYTA	CARDURA	149
48	57	<i>cartia xt</i>
CAPRELSA	CARDURA XL	57
16	57	<i>carvedilol</i>
CAPSINAC	CARESENS CONTROL A AND B.....	57
43	95	<i>carvedilol phosphate</i>
<i>captopril</i>	CARESENS N.....	57
57	95	CARVYKTI.....
<i>captopril-hydrochlorothiazide</i>	CARESENS N FELIZ GLUCOSE METER.....	16
57	95	CASGEVY
CAPVAXIVE	CARESENS N TEST STRIPS	87
129	95	CASODEX
CARAC.....	CARESENS N VOICE	16
69	95	<i>caspofungin</i>
CARAFATE	CARESENS S CONTROL A AND B.....	3
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CAVERJECT IMPULSE....	162	<i>cefpodoxime</i>	7	CEREBYX	25
CAYA CONTOURED.....	136	<i>cefprozil</i>	7	CEREZYME.....	112
CAYSTON	8	<i>ceftaroline fosamil</i>	7	CERVIDIL.....	139
<i>caziant (28)</i>	142	<i>ceftazidime</i>	7	<i>cetirizine</i>	155
<i>cefaclor</i>	6	<i>ceftriaxone</i>	7	CETRAXAL.....	91
<i>cefadroxil</i>	6	CEFTRIAZONE	7	<i>cetorelix</i>	112
<i>cefazolin</i>	7	<i>ceftriaxone in dextrose,iso-os</i> .7	CETROTIDE.....	112	
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<i>cefazolin in dextrose 5 %</i>	7	<i>celecoxib</i>	43	<i>chateal eq (28)</i>	142
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<i>cefdinir</i>	7	CELLCEPT INTRAVENOUS	16	CHILDREN'S FLONASE ALLERGY RLF	157
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<i>cefepime in dextrose,iso-osm</i> ..	7	CENTANY AT.....	78	<i>chlordiazepoxide hcl</i>	48
<i>cefixime</i>	7	<i>cephalexin</i>	8	<i>chlordiazepoxide-clidinium</i>	118
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<i>cefotaxime</i>	7	CEPROTIN (GREEN BAR)	61	<i>chloroprocaine (pf)</i>	77
<i>cefotetan</i>	7	CEQUA	150	<i>chloroquine phosphate</i>	9
<i>cefoxitin</i>	7	CEQUR SIMPLICITY	108	<i>chlorothiazide sodium</i>	57
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<i>cholestyramine light</i>	64	<i>ciprofloxacin</i>	12	CLEOCIN HCL.....	9
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CIALIS	162	<i>ciprofloxacin in 5 % dextrose</i>	12	CLEOCIN T	73
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<i>ciclopirox</i>	79	<i>cisatracurium</i>	33	CLEVER CHOICE MICRO.....	95
<i>ciclopirox-ure-camph-menth- euc</i>	79	<i>cisplatin</i>	17	CLEVER CHOICE MICRO TEST STRIP	95
<i>cidofovir</i>	4	CISPLATIN	16	CLEVER CHOICE PRO.....	96
<i>cilostazol</i>	61	<i>citalopram</i>	48	CLEVER CHOICE TALK GLUCOSE SYS	96
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CIMERLI	151	<i>cladribine(multiple sclerosis)</i>	55	CLEVER CHOICE VOICE PLUS TEST.....	96
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<i>cimetidine hcl</i>	125	CLARINEX.....	155	CLIMARA PRO	137
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CIMZIA POWDER FOR RECONST.....	120	<i>clarithromycin</i>	8		
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		<i>cleansing wash</i>	73		

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CLINDACIN ETZ.....	73	<i>clomiphene citrate</i>	112	COLESTID.....	64
<i>clindacin p</i>	73	<i>clomipramine</i>	48	<i>colestipol</i>	64
CLINDACIN PAC	73	<i>clonazepam</i>	25	<i>colistin (colistimethate na)</i>	9
CLINDAGEL	73	<i>clonidine</i>	57	COLUMVI	17
<i>clindamycin hcl</i>	9	<i>clonidine hcl</i>	48, 57	COLY-MYCIN M PARENTERAL	9
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<i>clobazam</i>	25	COBENFY	48	<i>complete natal dha</i>	166
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CONSENSI	57	CORDX COVID-19 AG HOME TEST	85	COTELLIC	17
<i>constulose</i>	120	CORDX TYFAST FLU- COVID-19 TEST	85	COTEMPLA XR-ODT	48
CONTEPO	13	COREG	57	<i>covaryx</i>	137
CONTOUR CONTROL SOLUTION, NML	96	COREG CR	57	<i>covaryx h.s.</i>	137
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CONTOUR NEXT TEST STRIPS	96	<i>corti-sav</i>	78	CREON	120
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COPIKTRA	17	COSENTYX (2 SYRINGES)	67	<i>cryselle (28)</i>	142
CORDRAN TAPE LARGE ROLL	81	COSENTYX PEN	67	CRYSVITA	112
		COSENTYX PEN (2 PENS)	67	CTEXLI	120
		COSENTYX UNOREADY PEN	67	CUPRIMINE	135
		COSOPT	153	<i>curity sterile water</i>	87
		COSOPT (PF)	153	CUTAQUIG	129
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<i>cyclobenzaprine</i>	33	CYSTARAN.....	151	DAPTACEL (DTAP PEDIATRIC) (PF)	129
CYCLOGYL	150	<i>cytarabine</i>	17	<i>daptomycin</i>	9
CYCLOMYDRIL.....	155	<i>cytarabine (pf)</i>	17	DAPTOMYCIN.....	9
<i>cyclopentolate</i>	150	CYTOGAM.....	129	DAPTOMYCIN IN 0.9 % SOD CHLOR.....	9
<i>cyclopen-tropic-phenyleph- watr</i>	150	CYTOMEL.....	117	DARAPRIM	9
CYCLOPENT-TROPIC- PHEN-KETR-WAT	150	CYTOTEC.....	125	<i>darifenacin</i>	161
<i>cyclophosphamide</i>	17	<i>cytra-2</i>	162	DARTISLA.....	118
CYCLOPHOSPHAMIDE	17	<i>cytra-3</i>	162	<i>darunavir</i>	4
CYCLOP-TROP-PROPA- PHEN-KET-WAT	150	<i>cytra-k</i>	162	DARZALEX.....	17
<i>cycloserine</i>	9	D		DARZALEX FASPRO.....	17
CYCLOSET	115	<i>dabigatran etexilate</i>	62	<i>dasatinib</i>	17
<i>cyclosporine</i>	17, 151	<i>dacarbazine</i>	17	<i>dasetta 1/35 (28)</i>	142
<i>cyclosporine modified</i>	17	<i>dactinomycin</i>	17	<i>dasetta 7/7/7 (28)</i>	142
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<i>deblitane</i>	137	DEPEN TITRATABS.....	135	DERMAWERX SDS.....	81
<i>decara</i>	166	DEPO-ESTRADIOL	137	DERMOTIC OIL.....	91
DECARA	166	DEPO-PROVERA.....	137	DESCOVY	4
<i>decitabine</i>	17	DEPO-SUBQ PROVERA 104		<i>desipramine</i>	48
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<i>deferasirox</i>	87	DEPO-TESTOSTERONE..	112	DESLORATADINE.....	155
<i>deferiprone</i>	87	DERMACINRX LEXITRAL		DESMODA	112
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<i>deflazacort</i>	92	<i>dermacinrx lidocan</i>	77	DESMOPRESSIN.....	113
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DELIBON	79	DERMACINRX LIDOREX..77		142
DELSTRIGO.....	4	DERMACINRX PRENATRIX		<i>desonide</i>	81
<i>demeclocycline</i>	12	166	<i>desoximetasone</i>	81
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DEMEROL (PF).....	35	166	DESVENLAFAXINE.....	49
DENAVIR	80	DERMACINRX PRETRATE		<i>desvenlafaxine succinate</i>	49
DENGVAXIA (PF)	129	166	<i>dexabliss</i>	92
<i>denta 5000 plus</i>	90	<i>dermacinrx prizopak</i>	77	<i>dexamethasone</i>	92
<i>denta 5000 plus sensitive</i>	90	DERMACINRX PUREFOLIX		<i>dexamethasone intensol</i>	92
<i>dentagel</i>	90	166	<i>dexamethasone sodium</i>	
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		<i>derma-r</i>	69	NACL,ISO.....	153

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DEXCOM G6 RECEIVER..	96	DIAOXIA.....	74	DICLOTREX	44
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DEXCOM G7 15 DAY SENSOR.....	96	DIASOXIA.....	74	DICYCLOMINE	118
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DEXCOM G7 SENSOR	96	DIATRUE PLUS BLOOD GLUCOSE MET	96	DIFFERIN	74
DEXEDRINE SPANSULE ..	49	DIATRUE PLUS TEST STRIP	97	DIFICID	8
DEXILANT.....	125	<i>diazepam</i>	26, 49	<i>diflorasone</i>	81
<i>dexlansoprazole</i>	125	<i>diazepam intensol</i>	49	DIFLUCAN.....	3
<i>dexmethylphenidate</i>	49	<i>diazoxide</i>	108	<i>diflunisal</i>	44
<i>dexrazoxane hcl</i>	15	<i>dichlorphenamide</i>	31	<i>difluprednate</i>	154
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<i>dextroamphetamine-</i> <i>amphetamine</i>	49	<i>diclofenac potassium</i>	43	<i>dihydroergotamine</i>	30
DHIVY	29	<i>diclofenac sodium</i> ...43, 69, 152		DILANTIN	26
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				DIMENTHO.....	44
				<i>dimethyl fumarate</i>	55
				DIMOXIA	74

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<i>diphenoxylate-atropine</i>	118	<i>dorzolamide</i>	153	142
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<i>dipyridamole</i>	62	<i>dorzolamide-timolol (pf)</i>	153	DRYSOL DAB-O-MATIC ...	69
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<i>disulfiram</i>	87	<i>doxazosin</i>	57	DUAVEE	137
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<i>dutasteride-tamsulosin</i>	162	EASY TOUCH GLUCOSE MONITOR.....	97	<i>econazole nitrate</i>	79
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EFFER-K.....	ELIGARD	98
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ELAHERE.....	62	GLUCOSE SYS
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165	<i>elite-ob</i>	EMBRACE TALK TEST
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98	<i>eluryng</i>	92
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<i>emtricitabine-tenofovir (tdf)</i> ...	4	ENOXILUV	62	CHL,ISO(PF).....	155
<i>emtricitabine-tenofovir (tdf)</i> ..	4	<i>enpresse</i>	142	EPINEPHRINE	
EMTRIVA	4	ENSACOVE.....	18	PROFESSIONAL.....	156
<i>emulsion sb</i>	69	<i>enskyce</i>	143	EPINEPHRINESNAP	156
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<i>enalapril maleate</i>	58	<i>entacapone</i>	29	EPINEPHRINESNAP-V	156
<i>enalaprilat</i>	58	ENTADFI	162	EPIOXA	151
<i>enalapril-hydrochlorothiazide</i>		<i>entecavir</i>	4	EPIPEN.....	156
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ENHERTU	18	<i>epinastine</i>	151	<i>ergocalciferol (vitamin d2)</i> .	167
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<i>erlotinib</i>	18	<i>esomeprazole sodium</i>	125	EUA PATIENT ASSESSMENT.....	86
<i>errin</i>	138	ESPEROCT	62	EUCRISA	70
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<i>ery pads</i>	74	<i>estradiol</i>	138	EVAMIST	138
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ERYPED 400.....	8	<i>estradiol valerate</i>	138	EVENCARE G2.....	98
<i>ery-tab</i>	8	<i>estradiol-norethindrone acet</i>	138	EVENCARE G3 GLUCOSE METER.....	98
ERY-TAB	8	ESTRATEST H.S.	138	EVENCARE G3 TEST	99
ERYTHROCIN	8	ESTRING	138	EVENCARE MINI GLUCOSE TEST STR.....	99
<i>erythrocin (as stearate)</i>	8	ESTROGEL.....	138	EVENCARE MINI MONITOR SYSTEM.....	99
<i>erythromycin</i>	8, 149	<i>estrogens-methyltestosterone</i>	138	EVENCARE PROVIEW TEST STRIP	99
<i>erythromycin ethylsuccinate</i> ...	8	<i>eszopiclone</i>	49	EVENITY	134
<i>erythromycin lactobionate</i>	8	<i>ethacrynate sodium</i>	58	<i>everolimus (antineoplastic)</i> ..	18
<i>erythromycin with ethanol</i>	74	<i>ethacrynic acid</i>	58	<i>everolimus</i> (<i>immunosuppressive</i>)	18
<i>erythromycin-benzoyl peroxide</i>	74	<i>ethambutol</i>	9	EVERSENSE 365 SENSOR	99
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<i>eslicarbazepine</i>	26	<i>etodolac</i>	44		

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EVOLUTION TEST STRIPS	99	EZ SMART SYSTEM.....	99	FASENRA PEN.....	158
EVOMELA	18	EZ SMART TEST	99	FASLODEX.....	18
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<i>exemestane</i>	18	FABHALTA.....	87	FELBATOL	26
<i>exenatide</i>	115	FABIOR.....	74	<i>felodipine</i>	58
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EXPAREL (PF)	77	<i>famotidine (pf)</i>	125	<i>fenofibrate</i>	65
EXTENCILLINE	11	FAMOTIDINE (PF)	125	FENOFIBRATE	65
EXXUA.....	49	<i>famotidine (pf)-nacl (iso-os)</i>	125	<i>fenofibrate micronized</i>	65
<i>eye allergy itch relief</i>	151	FANAPT.....	49	<i>fenofibrate nanocrystallized</i> .	65
<i>eye allergy itch-redness rlf</i> .	151	FANAPT TITRATION PACK A	49	<i>fenofibric acid</i>	65
<i>eye itch relief</i>	151			<i>fenofibric acid (choline)</i>	65

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FENOPROFEN.....	44	<i>ferric citrate</i>	164	FINTEPLA	26
FENOPRON.....	44	FERRIMIN 150.....	167	<i>finzala</i>	143
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<i>fentanyl</i>	35	<i>ferrous gluconate</i>	167	FIRMAGON KIT W DILUENT SYRINGE.....	18
<i>fentanyl (pf)-bupivacaine-nacl</i>	35	<i>ferrous sulfate</i>	167	FIRVANQ	14
FENTANYL (PF)- BUPIVACAINE-NACL ...	36	<i>ferumoxytol</i>	167	<i>flac otic oil</i>	91
<i>fentanyl citrate (pf)</i>	36	FERVINA.....	79	FLAREX.....	154
FENTANYL CITRATE (PF)	36	<i>fesoterodine</i>	161	<i>flavoxate</i>	161
<i>fentanyl citrate (pf)-0.9%nacl</i>	36, 37	FETROJA.....	8	FLEBOGAMMA DIF	130
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<i>fentanyl-ropivacaine-nacl (pf)</i>	37	FEXMID.....	33	FLECTOR	44
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<i>ferosul</i>	167	FIBRYGA.....	62	FLONASE SENSIMIST ...	158
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<i>ferrex 150 forte</i>	167	FILOMA.....	79	FLOWFLEX COVID-19 AG HOME TEST	86
<i>ferrex 150 forte plus</i>	167	FILSPARI.....	66	FLOWFLEX PLUS COVID- 19 AND FLU	86
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		<i>finasteride</i>	87, 162		

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FLUAD 2025-2026 (65 YR UP)(PF)	130	FLUORIDEX DAILY DEFENSE	90	<i>fluvoxamine</i>	50
FLUARIX 2025-2026 (PF) 130		FLUORIDEX SENSITIVITY RELIEF	90	FLUZONE 2025-2026.....	130
FLUBLOK 2025-2026 (PF)	130	FLUORIMAX 5000	90	FLUZONE 2025-2026 (PF)130	
FLUCELVAX 2025-2026... 130		FLUORIMAX 5000 SENSITIVE.....	90	FLUZONE HIGH-DOSE 2025-26 (PF).....	130
FLUCELVAX 2025-2026 (PF)	130	<i>fluorometholone</i>	154	FML FORTE.....	154
<i>fluconazole</i>	3	<i>fluorouracil</i>	18, 70	FML LIQUIFILM.....	154
<i>fluconazole in nacl (iso-osm)</i> .3		FLUOROURACIL	70	FOCALIN	50
<i>flucytosine</i>	3	<i>fluoxetine</i>	50	FOCALIN XR	50
<i>fludarabine</i>	18	FLUOXIA	81	FOCINVEZ	121
<i>fludrocortisone</i>	92	<i>fluphenazine decanoate</i>	50	FOLATEXCEL.....	167
FLULAVAL 2025-2026 (PF)	130	<i>fluphenazine hcl</i>	50	<i>folbee</i>	167
FLUMADINE	4	<i>flurandrenolide</i>	81	<i>folbic</i>	167
FLUMIST 2025-2026	130	<i>flurazepam</i>	50	<i>folic acid</i>	168
FLUMIST HOME 2025-2026	130	<i>flurbiprofen</i>	44	FOLIC ACID	168
<i>flunisolide</i>	158	<i>flurbiprofen sodium</i>	152	<i>folitab</i>	168
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LUXAMEND	70	<i>magnesium citrate</i>	122	MAVENCLAD (7 TABLET PACK)	55
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LYUMJEV KWIKPEN U-200 INSULIN.....	111	MATERVIA.....	169	<i>mb hydrogel (cyclomethicone)</i>	70
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<i>megestrol</i>	20	<i>meropenem</i>	10	METHOTREXATE (PF) IN NACL,ISO.....	21
MEKINIST	20	MEROPENEM-0.9% SODIUM CHLORIDE	10	<i>methotrexate sodium</i>	21
MEKTOVI	21	<i>mesalamine</i>	122	<i>methotrexate sodium (pf)</i>	21
<i>meleya</i>	138	<i>mesalamine with cleansing wipe</i>	122	<i>methoxsalen</i>	70
<i>meloxicam</i>	45	<i>mesna</i>	15	<i>methscopolamine</i>	119
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MENOPUR	113	<i>methadone</i>	40	<i>methylprednisolone</i>	92
MENOSTAR	138	METHADONE IN 0.9 % SOD.CHLORID	40	<i>methyltestosterone</i>	113
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<i>mepidine (pf)</i>	40			<i>metoprolol succinate</i>	59

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<i>metoprolol ta-hydrochlorothiaz</i>	MICRODOT XTRA BLOOD GLUCOSE.....	<i>mili</i>
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<i>metoprolol tartrate</i>	<i>microgestin 1.5/30 (21)</i>	<i>milk of magnesia</i>
59	145	122
METOPROLOL TARTRATE	<i>microgestin 1/20 (21)</i>	<i>milk of magnesia concentrated</i>
59	145	122
<i>metro i.v.</i>	<i>microgestin fe 1.5/30 (28)</i> ... 145	<i>millipred</i>
10	145	92
METROCREAM.....	<i>microgestin fe 1/20 (28)</i> 145	<i>millipred dp</i>
74	145	92
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74	161	136
<i>metronidazole</i>	MICURADERM	<i>milophene</i>
10, 74, 139	70	113
METRONIDAZOLE.....	<i>midazolam</i>	<i>mimvey</i>
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<i>metirosine</i>	<i>midazolam (pf)</i>	MINIMED 780G INSULIN PUMP
59	51	109
<i>mexiletine</i>	<i>midazolam (pf) in 0.9 % nacl</i> 51	MINIMED INSTINCT SENSOR.....
56	51	103
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113	51	109
<i>mibelas 24 fe</i>	MIDAZOLAM IN 0.9 % SOD CHLORID	MINIMED QUICK SET 43109
145	51	
<i>micafungin</i>	MIDAZOLAM IN NACL, ISO-OSMOTIC	MINIMED SILHOUETTE 23
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MICARDIS HCT	MIEBO (PF).....	MINOCIN.....
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80	140	13
<i>miconazole-3</i>	<i>mifepristone</i>	MINOCYCLINE
140	113, 140	13
MICORT-HC	<i>migergot</i>	<i>minoxidil</i>
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MICROCHAMBER.....	<i>miglustat</i>	<i>minzoya</i>
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MIRENA	137	MORGIDOX 1X 50	13	<i>moxifloxacin-sod.chloride(iso)</i>	12
<i>mirtazapine</i>	52	MORGIDOX 1X100	13	MOZOBIL	128
MIRVASO	74	<i>morphine</i>	41, 42	MRESVIA (PF)	131
<i>misoprostol</i>	126	MORPHINE	41	MS CONTIN	42
MITIGARE	133	<i>morphine (pf)</i>	41	MUGARD	90
MITIGO (PF)	40	<i>morphine (pf) in 0.9 % sod chl</i>	40, 41	MULPLETA	63
<i>mitomycin</i>	21	MORPHINE (PF) IN 0.9 % SOD CHL	40, 41	MULTAQ.....	56
<i>mitoxantrone</i>	21	<i>morphine concentrate</i>	41	<i>multigen</i>	169
MIUDELLA	137	<i>morphine in 0.9 % sodium chlor</i>	41	<i>multigen plus</i>	169
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<i>mynatal-z</i>	169	NAPRELAN CR	45	NENDRUX.....	69
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ZENZEDI	54	ZIMHI	47	<i>zolmitriptan</i>	31
ZEPATIER.....	6	<i>zingiber</i>	174	ZOLMITRIPTAN	31
ZEPBOUND.....	85	ZINPLAVA	133		
ZEPBOUND KWIKPEN	84				

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.

ZOLOFT.....	54	ZOSYN IN DEXTROSE (ISO-OSM).....	12	ZYKADIA.....	25
<i>zolpidem</i>	54	<i>zovia 1-35 (28)</i>	148	ZYLET	154
ZOLPIDEM.....	54	ZOVIRAX	80	ZYLOPRIM.....	133
ZOMACTON	128	ZTALMY	29	ZYMFENTRA.....	125
ZOMIG.....	31	ZTLIDO.....	78	ZYNLONTA.....	25
ZONALON.....	71	ZUBSOLV	47	ZYNRELEF.....	89
ZONEGRAN.....	29	<i>zumandimine (28)</i>	148	ZYNTEGLO.....	128
ZONISADE.....	29	ZUNVEYL	33	ZYNYZ.....	25
<i>zonisamide</i>	29	ZURNAI.....	47	ZYPITAMAG.....	66
ZONTIVITY	64	ZURZUVAE.....	54	ZYPREXA.....	54
ZORTRESS	25	ZYBIC	47	ZYPREXA RELPREVV	54
ZORVOLEX.....	47	ZYCLARA	71	ZYPREXA ZYDIS	54
ZORYVE.....	68	ZYDELIG.....	25	ZYTIGA	25
				ZYVOX.....	11

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COVERED COLONOSCOPY AND BOWEL PREP AGENTS

Colonoscopy and bowel prep agents fall under the Gastroenterology category of medications. To make identifying your options easier, we are providing this stand-alone list of colonoscopy and bowel prep medications covered under the Texas HealthSelectSM Prescription Drug Program, which is offered by the Employees Retirement System of Texas and administered by Express Scripts.

These drug agents are covered by the plan when prescribed by a provider. Please share this list with your provider to decide which is right for you, ask for a prescription, and take the prescription to an in-network pharmacy of your choice.

Brand Name	Generic Drug Name	Strength
BISACODYL	BISACODYL	5 MG
CITRATE OF MAGNESIA	MAGNESIUM CITRATE	1.745G/30ML
CITROMA	MAGNESIUM CITRATE	1.745G/30ML
CLEARLAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
DULCOLAX	MAGNESIUM HYDROXIDE	400 MG/5ML
GAVILAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
GAVILYTE-C	PEG3350/SOD SULF,BICARB,CL/KCL	240-22.72G
GAVILYTE-G	PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G
GAVILYTE-N	SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G
GENTLE LAXATIVE	BISACODYL	5 MG
GENTLE LAXATIVE	MAGNESIUM HYDROXIDE	400 MG/5ML
GENTLELAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
LAXATIVE	BISACODYL	5 MG
LAXATIVE PEG 3350	POLYETHYLENE GLYCOL 3350	17 G/DOSE
MAGNESIUM CITRATE	MAGNESIUM CITRATE	1.745G/30ML
MILK OF MAGNESIA	MAGNESIUM HYDROXIDE	400 MG/5ML
MILK OF MAGNESIA	MAGNESIUM HYDROXIDE	2400 MG/10
NATURA-LAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
ONELAX MAGNESIUM CITRATE	MAGNESIUM CITRATE	1.745G/30ML
ORAL SALINE LAXATIVE	SODIUM PHOSPHATE,MONO-DIBASIC	7.2-2.7/15
PEG 3350-ELECTROLYTE	SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G
PEG-3350 AND ELECTROLYTES	PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G

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PEG3350-SOD SUL- NACL-KCL-ASB-C	PEG3350/SOD SUL/NACL/KCL/ASB/C	7.5-2.691G
PEG-PREP	BISAC/NACL/NAHCO3/KCL/PEG 3350	5 MG-210 G
PHOSPHATE LAXATIVE	SODIUM PHOSPHATE, MONO-DIBASIC	7.2-2.7/15
POLYETHYLENE GLYCOL 3350	POLYETHYLENE GLYCOL 3350	17 G/DOSE
POWDERLAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
PURELAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
SMOOTHLAX	POLYETHYLENE GLYCOL 3350	17 G/DOSE
SOD SULF-POTASS SULF- MAG SULF	SODIUM, POTASSIUM, MAG SULFATES	17.5-3.13G
SUTAB	SODIUM SULFATE, MAG SULFATE, POTASSIUM CHLORIDE	1479MG/225MG/188MG
WOMEN'S GENTLE LAXATIVE	BISACODYL	5 MG