

Select Drug List

for Municipalities

2024

This document is the complete ConnectiCare pharmacy drug list, or formulary, that is covered by your employer-sponsored plan for municipalities. This drug list is effective for plan year 2024. It is updated monthly and the last update was on December 1, 2024. The list is subject to change as new drugs come to market or are removed from the market. Please check the Pharmacy Center on connecticare.com for the most up-to-date drug list covered by your plan.

What is the Select Drug List?

It's a list of covered drugs — both generic and brand-name drugs — selected by ConnectiCare in consultation with a team of health care providers. It includes the prescription therapies believed to be a necessary part of a quality treatment program. ConnectiCare will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a ConnectiCare network pharmacy and other plan rules are followed.

How do I use the formulary?

To search for your drug within the formulary, please refer to the:

- *Table of Contents* on page 1 and look for your drug under the therapeutic class sections; or
- *Index*, which starts on page 174, and look for your drug and the corresponding page.

This formulary will tell you what tier your drug is in. A drug tier is a group of medications included within a similar price range. Check your benefit summary to see what your cost-share is for the drugs in each tier.

Tier	What drugs are included
Tier 0	Drugs covered under health care reform
Tier 1	Generic drugs
Tier 2	Preferred brand-name drugs
Tier 3	Non-preferred brand name drugs

*Specialty drugs — filled by a specialty pharmacy and limited to a 30-day supply — are prescription medications that often require special storage, handling and close monitoring by you, your doctor or pharmacist. These drugs, designated as “limited availability” (LA) in this formulary, are used to treat complex conditions.

If your doctor prescribes a drug that is not listed, please contact ConnectiCare for further information on coverage of the product in question. If it's appropriate, ask your doctor about a generic medication or a more affordable alternative that is included in the drug list. Refer to your benefit summary by logging in on connecticare.com to determine actual cost-share amounts applicable to your plan.

What are generic drugs and brand-name drugs?

A generic drug is approved by the U.S. Food and Drug Administration (FDA) as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

This formulary differentiates between the two kinds of drugs by how they are presented on the list:

- generic drugs are italicized and spelled out in lowercase letters
- brand-name drugs are not italicized and spelled out in uppercase letters

Under your plan, a pharmacist will fill a generic drug for a prescription whenever a generic is available. For the most part, this will happen even if your prescription is written for a brand-name drug. But you or your doctor can specifically instruct the pharmacist to fill the prescription with a brand-name drug. When this happens, you may pay more and the cost will depend on your plan benefits. Please refer to your plan documents for details.

Are there any limitations on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These are indicated in the formulary with initials after their names. Here is a key to the limitations and how you will see them noted in the formulary:

Preauthorization (PA)

Some drugs require preauthorization. This means that you or your doctor will need to get approval from us before you fill your prescriptions. If you don't get approval, the drug may not be covered and you may be responsible for the entire cost of the medication.

Preauthorization requests can be faxed to the ConnectiCare Pharmacy Services Department at 1-800-249-1367 by the prescribing physician's office. A form for submitting a request can be found on connecticare.com. If we deny a preauthorization request, we will notify you and your doctor in writing with the reason and information on how to appeal.

Some drugs that require preauthorization must be filled at a specialty pharmacy. Please refer to the "limited availability" section below for more information.

Quantity limits (QL)

For certain medications, ConnectiCare limits the amount of the drug that we will cover. For example, ConnectiCare covers MAXALT (or its generic version, *rizatriptan*) for 9 tablets per 30 days. This may be in addition to a standard one-month or three-month supply.

Step therapy (ST)

In some cases, ConnectiCare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Limited availability (LA)

Drugs labeled "LA" for "limited availability" must be filled by ConnectiCare's preferred specialty pharmacy, Accredo, and are limited to a 30-day supply. These drugs are prescription medications used to treat complex conditions and often require special storage, handling and close monitoring by you, your doctor or pharmacist. For more information, please visit accredo.com.

Over the counter (OTC)

ConnectiCare does not cover over-the-counter drugs unless they are listed in this formulary and have been prescribed by a doctor. The formulary notes which drugs have any additional requirements or limits.

Affordable Care Act (ACA)

This refers to the preventive guidelines of the federal Affordable Care Act, also known as health care reform. Drugs marked "ACA" may be free to you if they are prescribed under the preventive care guidelines of the ACA. You will not have to pay any copayment, coinsurance or anything toward your deductible. More information on ACA-covered drugs is available [here](#).

Can I get my prescriptions delivered to my home?

Our pharmacy benefit manager, Express Scripts, provides convenient home delivery by mail. Home delivery may save you money if you refill drugs every month and think you will be on the same drug(s) for six months or longer.

Home delivery is as safe as going to your local pharmacy. Express Scripts pharmacists check every order for accuracy and are available 24/7 to answer your questions. To

compare costs and sign up for home delivery, visit express-scripts.com or call Express Scripts at 1-877-603-1032.

How do I contact someone at ConnectiCare?

To reach Member Services:

- Call 1-800-251-7722 (TTY: 1-800-833-8134) Monday to Friday 8 a.m. to 6 p.m.
- Send a secure message by logging into connecticare.com.
- For general questions *only*, email us at info@connecticare.com. Please do not use this address to send any personal, confidential or medical information, such as member ID, Social Security number or medical information. This is a regular email address that is not secure.

To reach Provider Services:

- Call 1-800-828-3407 Monday-Friday, 8 a.m. to 6 p.m.
- For preauthorization requests or any medical management issue, call 1-800-562-6833 Monday-Friday from 8 a.m. to 5 p.m.
- Use our website at connecticare.com/providers to check benefit eligibility and claims status, review medical criteria and find forms.

If you need to mail us anything, send to:

ConnectiCare
Attention: Pharmacy Department
175 Scott Swamp Road
P.O. Box 4050
Farmington, CT 06034-4050

More contact information is available at connecticare.com.

Accessibility and Nondiscrimination Notice:

ConnectiCare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ConnectiCare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

ConnectiCare:

- Provides free aids and services to people with disabilities to communicate effectively with us including qualified interpreters and information in alternate formats.
- Provides free language services to people whose primary language is not English, including translated documents and oral interpretation.

If you need these services, contact The Committee for Civil Rights.

If you believe that ConnectiCare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

The Committee for Civil Rights
ConnectiCare
175 Scott Swamp Road
Farmington, CT 06032
1-800-251-7722 (TTY: 1-800-833-8134)

You can file a grievance in person at 175 Scott Swamp Road, Farmington, CT, or by mail or fax (860) 674-2232. If you need help filing a grievance, The Committee for Civil Rights is

available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office of Civil Rights Complaint Portal, available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019 (TTY: 800-537-7697)

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-251-7722 (TTY: 1-800-833-8134).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-251-7722 (TTY: 1-800-833-8134).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-251-7722 (TTY: 1-800-833-8134).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-251-7722 (TTY: 1-800-833-8134)。

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-251-7722 (TTY: 1-800-833-8134).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-251-7722 (ATS: 1-800-833-8134).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-251-7722 (TTY: 1-800-833-8134).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-251-7722 (телетайп: 1-800-833-8134).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-251-7722 (TTY: 1-800-833-8134).

1-800-251-7722 ب. رقم اتص..... ل. بالمج..... ان ل.ك تتواف..... ر اللغوي..... ة المس..... اعدة خدمات ف..... ان ،اللغ..... ة انك..... ر نتج..... ث كن..... ت إذا ؛ملحوظة 1-800-833-8134: واليك..... م الص..... م ه.اتف رق.....م) 7722

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-251-7722 (TTY: 1-800-833-8134)번으로 전화해 주십시오.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-251-7722 (TTY: 1-800-833-8134).

Úyan द यिद आप िहंदी बोलते हूतो आपके िलए मुयत मभाषा सहायता सेवाएं उपलब्ध हए। 1-800-251-7722 (TTY: 1-800-833-8134) पर कॉल कए

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-251-7722 (TTY: 1-800-833-8134).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-251-7722 (TTY: 1-800-833-8134).

របៀបនៃការប្រើប្រាស់សេវាភាសាខ្មែរ ឬសេវាភាសា គឺអាចមិនសំរាប់ ន។
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833-8134)។

સચના: જો તમે ગુજરાતી બોલતા હો, તો િન: શુદ્ધ ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-251-7722 (TTY: 1-800-833-8134).

Intro Rev. 2.28.17

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

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List of Abbreviations

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	3	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	*
<i>amphotericin b injection recon soln</i>	1	PA
<i>amphotericin b liposome intravenous suspension for reconstitution</i>	1	
ANCOBON ORAL CAPSULE	3	*
BREXAFEMME ORAL TABLET	3	ST
<i>clotrimazole mucous membrane troche</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN	3	PA
CRESEMBA ORAL CAPSULE	3	PA; QL
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	*
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	*
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN	3	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet</i>	1	
<i>flucytosine oral capsule</i>	1	
<i>griseofulvin microsize oral suspension</i>	1	
<i>griseofulvin microsize oral tablet</i>	1	
<i>griseofulvin ultramicrosize oral tablet</i>	1	
<i>itraconazole oral capsule</i>	1	
<i>itraconazole oral solution</i>	1	
<i>ketoconazole oral tablet</i>	1	
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA
NOXAFIL ORAL SUSPENSION	3	PA; *
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; *
<i>nystatin oral suspension</i>	1	
<i>nystatin oral tablet</i>	1	
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET	3	ST; QL

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole oral suspension</i>	1	PA
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA
SPORANOX ORAL CAPSULE	3	*
SPORANOX ORAL SOLUTION	3	*
<i>terbinafine hcl oral tablet</i>	1	
TOLSURA ORAL CAPSULE, SOLID DISPERSION	3	PA; QL
VFEND IV INTRAVENOUS RECON SOLN	3	PA; *
VFEND ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
VFEND ORAL TABLET	3	*; QL
VIVJOA ORAL CAPSULE	3	PA; QL
<i>voriconazole intravenous recon soln</i>	1	PA
<i>voriconazole oral suspension for reconstitution</i>	1	QL
<i>voriconazole oral tablet</i>	1	QL
ANTIVIRALS		
<i>abacavir oral solution</i>	1	QL
<i>abacavir oral tablet</i>	1	QL
<i>abacavir-lamivudine oral tablet</i>	1	QL
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir oral tablet</i>	1	
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	3	
APTIVUS ORAL CAPSULE	3	QL
<i>atazanavir oral capsule</i>	1	QL
ATRIPLA ORAL TABLET	3	*; QL
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	*
BEYFORTUS INTRAMUSCULAR SYRINGE	0	ACA
BIKTARVY ORAL TABLET	2	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>cidofovir intravenous solution</i>	1	PA
CIMDUO ORAL TABLET	3	QL
COMPLERA ORAL TABLET	3	QL
<i>darunavir oral tablet</i>	1	QL
DELSTRIGO ORAL TABLET	3	QL
DESCOVY ORAL TABLET	2	QL
DOVATO ORAL TABLET	3	QL
EDURANT ORAL TABLET	3	QL
<i>efavirenz oral tablet</i>	1	QL
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	1	QL
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	1	QL
<i>emtricitabine oral capsule</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	QL
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	ACA; QL
EMTRIVA ORAL CAPSULE	3	*; QL
EMTRIVA ORAL SOLUTION	2	QL
<i>entecavir oral tablet</i>	1	
EPCLUSA ORAL PELLETS IN PACKET	2	PA; LA; QL
EPCLUSA ORAL TABLET	2	PA; LA
EPIVIR ORAL SOLUTION	3	*; QL
EPIVIR ORAL TABLET	3	*; QL
<i>etravirine oral tablet</i>	1	QL
EVOTAZ ORAL TABLET	3	QL
<i>famciclovir oral tablet</i>	1	
FLUMADINE ORAL TABLET	3	*
<i>fosamprenavir oral tablet</i>	1	QL
FUZEON SUBCUTANEOUS RECON SOLN	3	PA; QL
GENVOYA ORAL TABLET	2	QL
HARVONI ORAL PELLETS IN PACKET	3	PA; LA; QL
HARVONI ORAL TABLET	3	PA; LA; QL
INTELENCE ORAL TABLET 100 MG, 200 MG	3	*; QL
INTELENCE ORAL TABLET 25 MG	3	QL
ISENTRESS HD ORAL TABLET	2	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
ISENTRESS ORAL POWDER IN PACKET	3	QL
ISENTRESS ORAL TABLET	2	QL
ISENTRESS ORAL TABLET,CHEWABLE	2	QL
JULUCA ORAL TABLET	3	QL
KALETRA ORAL SOLUTION	3	*; QL
KALETRA ORAL TABLET	3	*; QL
LAGEVRIO (EUA) ORAL CAPSULE	0	QL
<i>lamivudine oral solution</i>	1	QL
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	QL
<i>lamivudine-zidovudine oral tablet</i>	1	QL
LIVTENCITY ORAL TABLET	3	PA
<i>lopinavir-ritonavir oral solution</i>	1	QL
<i>lopinavir-ritonavir oral tablet</i>	1	QL
<i>maraviroc oral tablet</i>	1	QL
MAVYRET ORAL PELLETS IN PACKET	3	PA; LA; QL
MAVYRET ORAL TABLET	3	PA; LA; QL
<i>nevirapine oral suspension</i>	1	QL
<i>nevirapine oral tablet</i>	1	QL
<i>nevirapine oral tablet extended release 24 hr</i>	1	QL
NORVIR ORAL POWDER IN PACKET	3	QL
NORVIR ORAL TABLET	3	*; QL
ODEFSEY ORAL TABLET	3	QL
<i>oseltamivir oral capsule</i>	1	QL
<i>oseltamivir oral suspension for reconstitution</i>	1	QL
PAXLOVID ORAL TABLETS,DOSE PACK	3	QL
PIFELTRO ORAL TABLET	3	QL
PREVYMIS ORAL TABLET	3	PA
PREZCOBIX ORAL TABLET	3	QL
PREZISTA ORAL SUSPENSION	3	QL
PREZISTA ORAL TABLET 150 MG, 75 MG	3	QL
PREZISTA ORAL TABLET 600 MG, 800 MG	3	*; QL
RAPIVAB (PF) INTRAVENOUS SOLUTION	3	PA

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	2	QL
RETROVIR ORAL CAPSULE	3	*; QL
RETROVIR ORAL SYRUP	3	*; QL
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	*; QL
REYATAZ ORAL POWDER IN PACKET	3	QL
<i>ribavirin inhalation recon soln</i>	1	PA
<i>rimantadine oral tablet</i>	1	
<i>ritonavir oral tablet</i>	1	QL
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	3	QL
SELZENTRY ORAL SOLUTION	3	QL
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	*; QL
SOVALDI ORAL PELLETS IN PACKET	3	PA; LA
SOVALDI ORAL TABLET	3	PA; LA
STRIBILD ORAL TABLET	3	QL
SUNLENCA ORAL TABLET	3	PA; QL
SUNLENCA SUBCUTANEOUS SOLUTION	3	PA; QL
SYMFI LO ORAL TABLET	3	*; QL
SYMFI ORAL TABLET	3	*; QL
SYMTUZA ORAL TABLET	3	QL
SYNAGIS INTRAMUSCULAR SOLUTION	3	PA; LA; QL
TAMIFLU ORAL CAPSULE	3	*; QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
<i>tenofovir disoproxil fumarate oral tablet</i>	1	QL
TIVICAY ORAL TABLET 50 MG	3	QL
TIVICAY PD ORAL TABLET FOR SUSPENSION	3	QL
TRIUMEQ ORAL TABLET	3	QL
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	3	QL
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	3	PA; *; QL
TRUVADA ORAL TABLET 200-300 MG	0	PA; *; QL
TYBOST ORAL TABLET	3	QL

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir oral tablet</i>	1	
VALCYTE ORAL RECON SOLN	3	*
VALCYTE ORAL TABLET	3	*; QL
<i>valganciclovir oral recon soln</i>	1	
<i>valganciclovir oral tablet</i>	1	QL
VALTREX ORAL TABLET	3	*
VEMLIDY ORAL TABLET	3	PA
VIRACEPT ORAL TABLET	2	QL
VIRAZOLE INHALATION RECON SOLN	3	PA
VIREAD ORAL POWDER	3	QL
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL
VIREAD ORAL TABLET 300 MG	3	*; QL
VOSEVI ORAL TABLET	2	PA; LA; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER ORAL TABLET	2	PA; LA; QL
ZIAGEN ORAL SOLUTION	3	*; QL
<i>zidovudine oral capsule</i>	1	QL
<i>zidovudine oral syrup</i>	1	QL
<i>zidovudine oral tablet</i>	1	QL
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	3	PA
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir oral capsule</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>	1	PA

*Product may have an FDA approved Generic Equivalent available. Please discuss with your Healthcare provider. This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>cefepime injection recon soln</i>	1	PA
<i>cefixime oral capsule</i>	1	QL
<i>cefixime oral suspension for reconstitution</i>	1	QL
CEFOTAN INJECTION RECON SOLN	3	PA
<i>cefotaxime injection recon soln 1 gram, 2 gram</i>	1	PA
<i>cefotetan injection recon soln</i>	1	PA
<i>cefotetan intravenous recon soln</i>	1	PA
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</i>	1	PA
<i>cefoxitin intravenous recon soln</i>	1	PA
<i>cefpodoxime oral suspension for reconstitution</i>	1	QL
<i>cefpodoxime oral tablet</i>	1	QL
<i>cefprozil oral suspension for reconstitution</i>	1	
<i>cefprozil oral tablet</i>	1	
<i>ceftazidime injection recon soln</i>	1	PA
<i>ceftriaxone in dextrose,iso-os intravenous piggyback</i>	1	PA
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	PA
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	3	PA
<i>ceftriaxone intravenous recon soln</i>	1	PA
<i>cefuroxime axetil oral tablet</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA
<i>cefuroxime sodium intravenous recon soln</i>	1	PA
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<i>cephalexin oral tablet</i>	1	
<i>tazicef injection recon soln</i>	1	PA
TEFLARO INTRAVENOUS RECON SOLN	3	PA
ZERBAXA INTRAVENOUS RECON SOLN	3	PA
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	1	PA
<i>azithromycin oral packet</i>	1	
<i>azithromycin oral suspension for reconstitution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin oral suspension for reconstitution</i>	1	
<i>clarithromycin oral tablet</i>	1	
<i>clarithromycin oral tablet extended release 24 hr</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
DIFICID ORAL TABLET	3	PA; QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	*
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	*
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	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	*
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; *
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin lactobionate intravenous recon soln</i>	1	PA
<i>erythromycin oral capsule,delayed release(dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	1	
<i>erythromycin oral tablet,delayed release (dr/ec)</i>	1	
ZITHROMAX INTRAVENOUS RECON SOLN	3	PA; *
ZITHROMAX ORAL PACKET	3	*
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	*
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	*
ZITHROMAX TRI-PAK ORAL TABLET	3	*
ZITHROMAX Z-PAK ORAL TABLET	3	*

MISCELLANEOUS ANTIINFECTIVES

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Drug Name	Drug Tier	Requirements / Limits
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
<i>albendazole oral tablet</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ALINIA ORAL TABLET	3	*; QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	3	PA; QL
<i>atovaquone oral suspension</i>	1	PA
<i>atovaquone-proguanil oral tablet</i>	1	PA
AZACTAM INJECTION RECON SOLN	3	PA; *
<i>aztreonam injection recon soln</i>	1	PA
<i>bacitracin intramuscular recon soln</i>	1	PA
BENZNIDAZOLE ORAL TABLET	3	PA
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	3	*; LA
BILTRICIDE ORAL TABLET	3	*
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA
<i>chloramphenicol sod succinate intravenous recon soln</i>	1	PA
<i>chloroquine phosphate oral tablet</i>	1	PA
CLEOCIN HCL ORAL CAPSULE	3	*
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	*
<i>clindamycin hcl oral capsule</i>	1	
<i>clindamycin pediatric oral recon soln</i>	1	
COARTEM ORAL TABLET	3	PA
<i>colistin (colistimethate na) injection recon soln</i>	1	PA
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	PA; *
<i>cycloserine oral capsule</i>	1	
DALVANCE INTRAVENOUS SOLUTION	3	PA
<i>dapsone oral tablet</i>	1	
DARAPRIM ORAL TABLET	3	PA; *
EMVERM ORAL TABLET,CHEWABLE	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>ethambutol oral tablet</i>	1	
FLAGYL ORAL CAPSULE	3	*
<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, 120 MG/100 ML	3	
<i>gentamicin injection solution</i>	1	
<i>gentamicin sulfate (ped) (pf) injection solution</i>	1	
HUMATIN ORAL CAPSULE	3	LA
<i>hydroxychloroquine oral tablet</i>	1	
<i>imipenem-cilastatin intravenous recon soln</i>	1	PA
IMPAVIDO ORAL CAPSULE	3	PA
<i>isoniazid injection solution</i>	1	PA
<i>isoniazid oral solution</i>	1	
<i>isoniazid oral tablet</i>	1	
<i>ivermectin oral tablet</i>	1	
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	3	LA
KRINTAFEL ORAL TABLET	3	PA
LAMPIT ORAL TABLET	3	PA
LIKMEZ ORAL SUSPENSION	3	
<i>linezolid oral suspension for reconstitution</i>	1	QL
<i>linezolid oral tablet</i>	1	QL
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	1	PA
MALARONE ORAL TABLET	3	PA; *
MALARONE PEDIATRIC ORAL TABLET	3	PA; *
<i>mefloquine oral tablet</i>	1	PA
MEPRON ORAL SUSPENSION	3	PA; *
<i>metro i.v. intravenous piggyback</i>	1	PA
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	1	PA
<i>metronidazole oral capsule</i>	1	
<i>metronidazole oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MYCOBUTIN ORAL CAPSULE	3	*
NEBUPENT INHALATION RECON SOLN	3	*
<i>neomycin oral tablet</i>	1	
<i>nitazoxanide oral tablet</i>	1	QL
<i>paromomycin oral capsule</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	
<i>pentamidine inhalation recon soln</i>	1	
PLAQUENIL ORAL TABLET	3	*
<i>polymyxin b sulfate injection recon soln</i>	1	PA
<i>praziquantel oral tablet</i>	1	
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	
<i>primaquine oral tablet</i>	1	
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; *
<i>pyrazinamide oral tablet</i>	1	
<i>pyrimethamine oral tablet</i>	1	PA
QUALAQUIN ORAL CAPSULE	3	PA; *
<i>quinine sulfate oral capsule</i>	1	
<i>rifabutin oral capsule</i>	1	
RIFADIN INTRAVENOUS RECON SOLN	3	PA; *
<i>rifampin intravenous recon soln</i>	1	PA
<i>rifampin oral capsule</i>	1	
SIRTURO ORAL TABLET	3	PA
SIVEXTRO INTRAVENOUS RECON SOLN	3	PA
SIVEXTRO ORAL TABLET	3	PA
SOVUNA ORAL TABLET	3	ST
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	3	PA
STROMECTOL ORAL TABLET	3	*
<i>tinidazole oral tablet</i>	1	QL
TOBI INHALATION SOLUTION FOR NEBULIZATION	3	*; LA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	1	PA; LA
<i>tobramycin inhalation solution for nebulization</i>	1	LA
<i>tobramycin sulfate injection recon soln</i>	1	
<i>tobramycin sulfate injection solution</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION	3	LA
TRECTOR ORAL TABLET	3	
XENLETA ORAL TABLET	3	PA; QL
XIFAXAN ORAL TABLET	2	PA
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	*; QL
ZYVOX ORAL TABLET	3	*; QL
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	
<i>amoxicillin-pot clavulanate oral tablet</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln</i>	1	PA
<i>ampicillin sodium intravenous recon soln</i>	1	PA
<i>ampicillin-sulbactam injection recon soln</i>	1	PA
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	*
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	PA
BICILLIN L-A INTRAMUSCULAR SYRINGE	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>dicloxacillin oral capsule</i>	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.4 MILLION UNIT	3	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR	3	
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln</i>	1	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	PA
<i>oxacillin injection recon soln</i>	1	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
<i>penicillin g potassium injection recon soln</i>	1	PA
<i>penicillin g sodium injection recon soln</i>	1	PA
<i>penicillin v potassium oral recon soln</i>	1	
<i>penicillin v potassium oral tablet</i>	1	
<i>pfizerpen-g injection recon soln</i>	1	PA
UNASYN INJECTION RECON SOLN	3	PA; *
QUINOLONES		
BAXDELA ORAL TABLET	3	PA; QL
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	*
CIPRO ORAL TABLET 250 MG, 500 MG	3	*
<i>ciprofloxacin hcl oral tablet</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	1	PA
<i>ciprofloxacin oral suspension,microcapsule recon</i>	1	
FACTIVE ORAL TABLET	3	
<i>levofloxacin in d5w intravenous piggyback</i>	1	PA
<i>levofloxacin intravenous solution</i>	1	PA
<i>levofloxacin oral solution</i>	1	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	3	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	*
BACTRIM ORAL TABLET	3	*
<i>sulfadiazine oral tablet</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	1	PA
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	
<i>sulfatrim oral suspension</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET	3	PA; *
AVIDOXY DK KIT	3	PA
<i>avidoxy oral tablet</i>	1	
<i>demeclocycline oral tablet</i>	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	3	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG	3	PA; *
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	PA
<i>doxy-100 intravenous recon soln</i>	1	PA
<i>doxycycline hyclate intravenous recon soln</i>	1	PA
<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	PA
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	PA
<i>doxycycline monohydrate oral capsule</i>	1	
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
MINOCIN INTRAVENOUS RECON SOLN	3	PA
<i>minocycline oral capsule</i>	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	PA
<i>mondoxyne nl oral capsule</i>	1	
MONODOX ORAL CAPSULE	3	PA; *
MORGIDOX 1X100 KIT	3	
NUZYRA ORAL TABLET	3	PA
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE	3	PA; *
SEYSARA ORAL TABLET	3	PA
TARGADOX ORAL TABLET	3	PA; *
<i>tetracycline oral capsule</i>	1	
<i>tetracycline oral tablet</i>	1	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	3	*
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	1	QL
FURADANTIN ORAL SUSPENSION	3	*
MACROBID ORAL CAPSULE	3	*
<i>methenamine hippurate oral tablet</i>	1	
<i>methenamine mandelate oral tablet</i>	1	
<i>nitrofurantoin macrocrystal oral capsule</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	3	
PRIMSOL ORAL SOLUTION	3	
<i>trimethoprim oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	*
VANCOCIN ORAL CAPSULE	3	*
<i>vancomycin oral capsule</i>	1	
<i>vancomycin oral recon soln</i>	1	
VIBATIV INTRAVENOUS RECON SOLN 750 MG	3	PA

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

ELITEK INTRAVENOUS RECON SOLN	3	PA
ETHYOL INTRAVENOUS RECON SOLN	3	PA; *
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	3	PA
<i>leucovorin calcium injection recon soln</i>	1	PA
<i>leucovorin calcium injection solution</i>	1	PA
<i>leucovorin calcium oral tablet</i>	1	
<i>mesna intravenous solution</i>	1	PA
MESNEX INTRAVENOUS SOLUTION	3	PA; *
MESNEX ORAL TABLET	3	
VISTOGARD ORAL GRANULES IN PACKET	3	PA
XGEVA SUBCUTANEOUS SOLUTION	3	LA; QL

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet</i>	1	PA; LA; QL
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	3	PA; LA
ADCETRIS INTRAVENOUS RECON SOLN	3	LA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION	3	PA; *; LA
AFINITOR ORAL TABLET	3	PA; *; LA
AKEEGA ORAL TABLET	2	PA; QL
ALECENSA ORAL CAPSULE	3	PA; LA
ALKERAN ORAL TABLET	3	*
ALUNBRIG ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA
<i>anastrozole oral tablet</i>	0	ACA
ARIMIDEX ORAL TABLET	3	*
AROMASIN ORAL TABLET	3	*
ARRANON INTRAVENOUS SOLUTION	3	PA; *, LA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
AUGTYRO ORAL CAPSULE 40 MG	3	PA; LA
AYVAKIT ORAL TABLET	3	PA; QL
<i>azacitidine injection recon soln</i>	1	PA; LA
AZASAN ORAL TABLET	3	*
<i>azathioprine oral tablet</i>	1	
<i>azathioprine sodium injection recon soln</i>	1	PA
BALVERSA ORAL TABLET	3	PA
BAVENCIO INTRAVENOUS SOLUTION	3	PA
BELEODAQ INTRAVENOUS RECON SOLN	3	PA
<i>bexarotene oral capsule</i>	1	PA; LA
<i>bexarotene topical gel</i>	1	PA; LA
<i>bicalutamide oral tablet</i>	1	
<i>bleomycin injection recon soln</i>	1	PA
BLINCYTO INTRAVENOUS KIT	3	PA
BOSULIF ORAL CAPSULE	3	PA; LA; QL
BOSULIF ORAL TABLET	3	PA; LA; QL
BRAFTOVI ORAL CAPSULE	3	PA; LA; QL
BRUKINSA ORAL CAPSULE	3	PA; QL
<i>busulfan intravenous solution</i>	1	PA
BUSULFEX INTRAVENOUS SOLUTION	3	PA; *
CABOMETYX ORAL TABLET	3	PA; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	3	PA; QL
<i>capecitabine oral tablet</i>	1	PA; LA
CAPRELSA ORAL TABLET	3	PA; QL
<i>carboplatin intravenous recon soln</i>	1	PA
<i>carboplatin intravenous solution</i>	1	PA
CASODEX ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
CELLCEPT INTRAVENOUS INTRAVENOUS RECON SOLN	3	PA; *
CELLCEPT ORAL CAPSULE	3	*
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	3	PA; *
CELLCEPT ORAL TABLET	3	*
<i>cladribine intravenous solution</i>	1	PA
COMETRIQ ORAL CAPSULE	3	PA; LA
COPIKTRA ORAL CAPSULE	3	PA; QL
COSMEGEN INTRAVENOUS RECON SOLN	3	PA
COTELLIC ORAL TABLET	3	PA; LA
<i>cyclophosphamide intravenous recon soln</i>	1	PA
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine intravenous solution</i>	1	PA
<i>cyclosporine modified oral capsule</i>	1	
<i>cyclosporine modified oral solution</i>	1	
<i>cyclosporine oral capsule</i>	1	
<i>cytarabine (pf) injection solution</i>	1	PA
<i>cytarabine injection solution</i>	1	PA
<i>dacarbazine intravenous recon soln</i>	1	PA
<i>dactinomycin intravenous recon soln</i>	1	PA
DARZALEX INTRAVENOUS SOLUTION	3	PA; LA
<i>dasatinib oral tablet</i>	1	PA; LA
<i>daunorubicin intravenous solution</i>	1	PA
DAURISMO ORAL TABLET	3	PA; LA; QL
<i>decitabine intravenous recon soln</i>	1	PA; LA
DOXIL INTRAVENOUS SUSPENSION	3	PA; *
<i>doxorubicin, peg-liposomal intravenous suspension</i>	1	PA
DROXIA ORAL CAPSULE	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	LA

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Drug Name	Drug Tier	Requirements / Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	LA
ELIGARD SUBCUTANEOUS SYRINGE	3	LA
ELLENCE INTRAVENOUS SOLUTION 200 MG/100 ML	3	PA; *
ELLENCE INTRAVENOUS SOLUTION 50 MG/25 ML	3	PA
EMPLICITI INTRAVENOUS RECON SOLN	3	PA; LA
ENSPRYNG SUBCUTANEOUS SYRINGE	3	PA; LA
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	PA
ERBITUX INTRAVENOUS SOLUTION	3	PA; LA
<i>eribulin intravenous solution</i>	1	PA
ERIVEDGE ORAL CAPSULE	3	PA; LA; QL
ERLEADA ORAL TABLET	3	PA; LA; QL
<i>erlotinib oral tablet</i>	1	PA; LA; QL
ERWINASE INJECTION RECON SOLN	3	PA
ETOPOPHOS INTRAVENOUS RECON SOLN	3	PA
<i>etoposide intravenous solution</i>	1	PA
<i>etoposide oral capsule</i>	1	
EULEXIN ORAL CAPSULE	3	*
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; LA
<i>everolimus (antineoplastic) oral tablet for suspension</i>	1	PA; LA
<i>everolimus (immunosuppressive) oral tablet</i>	1	PA
<i>exemestane oral tablet</i>	0	ACA
FARESTON ORAL TABLET	3	*
FASLODEX INTRAMUSCULAR SYRINGE	3	PA; *
FEMARA ORAL TABLET	3	*
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN	3	PA; LA
<i>floxuridine injection recon soln</i>	1	PA
<i>fludarabine intravenous recon soln</i>	1	PA
<i>fludarabine intravenous solution</i>	1	PA
<i>fluorouracil intravenous solution</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
FOLOTYN INTRAVENOUS SOLUTION	3	PA; LA
FOTIVDA ORAL CAPSULE	3	PA
FRUZAQLA ORAL CAPSULE	3	PA; QL
<i>fulvestrant intramuscular syringe</i>	1	PA
GAVRETO ORAL CAPSULE	3	PA; QL
GAZYVA INTRAVENOUS SOLUTION	3	PA; LA
<i>gefitinib oral tablet</i>	1	PA; LA
<i>gengraf oral capsule</i>	1	
<i>gengraf oral solution</i>	1	
GILOTRIF ORAL TABLET	3	PA; LA; QL
GLEEVEC ORAL TABLET	3	PA; *; LA
GLEOSTINE ORAL CAPSULE	3	
GLIADEL WAFER IMPLANT WAFER	3	
HALAVEN INTRAVENOUS SOLUTION	3	PA; *; LA
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	3	PA; LA
HYCAMTIN ORAL CAPSULE	3	PA; LA
HYDREA ORAL CAPSULE	3	*
<i>hydroxyurea oral capsule</i>	1	
IBRANCE ORAL CAPSULE	2	PA; LA; QL
IBRANCE ORAL TABLET	3	PA; LA; QL
ICLUSIG ORAL TABLET	3	PA
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	PA; *
<i>idarubicin intravenous solution</i>	1	PA
IDHIFA ORAL TABLET	3	PA; LA; QL
IFEX INTRAVENOUS RECON SOLN	3	PA; *
<i>ifosfamide intravenous recon soln</i>	1	PA
<i>ifosfamide intravenous solution</i>	1	PA
<i>imatinib oral tablet</i>	1	PA; LA
IMBRUVICA ORAL CAPSULE	3	PA; QL
IMBRUVICA ORAL SUSPENSION	3	PA; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; QL
IMFINZI INTRAVENOUS SOLUTION	3	PA; LA
IMLYGIC INJECTION SUSPENSION	3	PA

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Drug Name	Drug Tier	Requirements / Limits
IMURAN ORAL TABLET	3	*
INLYTA ORAL TABLET	3	PA; LA; QL
INQOVI ORAL TABLET	3	PA; LA; QL
INREBIC ORAL CAPSULE	3	PA; LA; QL
IODOPEN INTRAVENOUS SOLUTION	3	PA
IRESSA ORAL TABLET	3	PA; *; LA
IWILFIN ORAL TABLET	3	PA; QL
IXEMPRA INTRAVENOUS RECON SOLN	3	PA; LA
JAKAFI ORAL TABLET	3	PA; LA; QL
JAYPIRCA ORAL TABLET	3	PA; LA
JEVTANA INTRAVENOUS SOLUTION	3	PA; LA
JYLAMVO ORAL SOLUTION	3	PA
KADCYLA INTRAVENOUS RECON SOLN	3	LA
KEYTRUDA INTRAVENOUS SOLUTION	3	PA
KISQALI ORAL TABLET	3	PA; LA
KLISYRI TOPICAL OINTMENT IN PACKET	3	PA
KOSELUGO ORAL CAPSULE	3	PA
KRAZATI ORAL TABLET	3	PA; QL
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA
<i>lapatinib oral tablet</i>	1	PA; LA; QL
LAZCLUZE ORAL TABLET	3	PA
<i>lenalidomide oral capsule</i>	1	PA; LA
LENVIMA ORAL CAPSULE	3	PA; LA
<i>letrozole oral tablet</i>	1	
LEUKERAN ORAL TABLET	2	
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA
<i>leuprolide subcutaneous kit</i>	1	LA
LONSURF ORAL TABLET	3	PA; LA
LORBRENA ORAL TABLET	3	PA; LA
LUMAKRAS ORAL TABLET 120 MG, 320 MG	3	PA; LA; QL
LUPKYNIS ORAL CAPSULE	3	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	3	LA

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Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	3	LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	3	LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	3	LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	3	LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT	3	LA
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	3	LA
LYNPARZA ORAL TABLET	3	PA; LA
LYSODREN ORAL TABLET	3	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	3	PA
MATULANE ORAL CAPSULE	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	3	PA; LA; QL
MEKINIST ORAL TABLET	3	PA; LA; QL
MEKTOVI ORAL TABLET	3	PA; LA; QL
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium (pf) injection recon soln</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
<i>methotrexate sodium injection solution</i>	1	
<i>methotrexate sodium oral tablet</i>	1	
<i>mitoxantrone intravenous concentrate</i>	1	PA; LA
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	1	PA
<i>mycophenolate mofetil oral capsule</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	
<i>mycophenolate mofetil oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	1	
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC)	3	*
MYHIBBIN ORAL SUSPENSION	3	
MYLERAN ORAL TABLET	2	
<i>nelarabine intravenous solution</i>	1	PA; LA
NEORAL ORAL CAPSULE	3	*
NEORAL ORAL SOLUTION	3	*
NERLYNX ORAL TABLET	3	PA; LA; QL
NEXAVAR ORAL TABLET	3	PA; *, LA
NILANDRON ORAL TABLET	3	PA; *
<i>nilutamide oral tablet</i>	1	PA
NINLARO ORAL CAPSULE	3	PA; LA
NIPENT INTRAVENOUS RECON SOLN	3	PA
NUBEQA ORAL TABLET	3	PA; LA; QL
NULOJIX INTRAVENOUS RECON SOLN	3	PA
<i>octreotide acetate injection solution</i>	1	PA; LA
<i>octreotide acetate injection syringe</i>	1	PA; LA
<i>octreotide, microspheres intramuscular suspension, extended rel recon</i>	1	PA; LA; QL
ODOMZO ORAL CAPSULE	3	PA; LA; QL
OGSIVEO ORAL TABLET	3	PA; QL
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL
OJEMDA ORAL TABLET	3	PA; QL
OJJAARA ORAL TABLET	3	PA; QL
ONCASPAR INJECTION SOLUTION	3	PA
ONUREG ORAL TABLET	3	PA; LA
ORGOVYX ORAL TABLET	3	PA
ORSERDU ORAL TABLET	3	PA
<i>oxaliplatin intravenous recon soln</i>	1	PA
<i>oxaliplatin intravenous solution</i>	1	PA
<i>paclitaxel intravenous concentrate</i>	1	PA
<i>paclitaxel protein-bound intravenous suspension for reconstitution</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>paraplatin intravenous solution</i>	1	PA
<i>pazopanib oral tablet</i>	1	PA; LA
PEMAZYRE ORAL TABLET	3	PA; QL
PERJETA INTRAVENOUS SOLUTION	3	PA; LA
PHOTOFRIN INTRAVENOUS RECON SOLN	3	PA
PIQRAY ORAL TABLET	3	PA; LA; QL
POMALYST ORAL CAPSULE	3	PA; LA
PRALATREXATE INTRAVENOUS SOLUTION	3	PA; LA
PROGRAF INTRAVENOUS SOLUTION	3	PA
PROGRAF ORAL CAPSULE	3	*
PROGRAF ORAL GRANULES IN PACKET	3	
PURIXAN ORAL SUSPENSION	3	
QINLOCK ORAL TABLET	3	PA; QL
RETEVMO ORAL TABLET	3	PA; LA; QL
REVLIMID ORAL CAPSULE	2	PA; LA
REZUROCK ORAL TABLET	3	PA; QL
ROZLYTREK ORAL CAPSULE	3	PA; LA; QL
ROZLYTREK ORAL PELLETS IN PACKET	3	PA; LA
RUBRACA ORAL TABLET 250 MG, 300 MG	3	PA; LA
RYDAPT ORAL CAPSULE	3	PA; LA
RYLAZE INTRAMUSCULAR SOLUTION	3	PA
SANDIMMUNE INTRAVENOUS SOLUTION	3	PA; *
SANDIMMUNE ORAL CAPSULE	3	*
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; *, LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; LA; QL
SCSEMBLIX ORAL TABLET	3	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; QL
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA
SIKLOS ORAL TABLET	3	PA
SIMULECT INTRAVENOUS RECON SOLN	3	PA
<i>sirolimus oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sirolimus oral tablet</i>	1	
SOLTAMOX ORAL SOLUTION	0	ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	3	PA; LA
<i>sorafenib oral tablet</i>	1	PA; LA
SPRYCEL ORAL TABLET	2	PA; LA
STIVARGA ORAL TABLET	3	PA; LA; QL
<i>sunitinib malate oral capsule</i>	1	PA; LA; QL
SUTENT ORAL CAPSULE	3	PA; *; LA; QL
SYLVANT INTRAVENOUS RECON SOLN	3	PA; LA
TABLOID ORAL TABLET	2	
TABRECTA ORAL TABLET	3	PA; LA; QL
<i>tacrolimus oral capsule</i>	1	
TAFINLAR ORAL CAPSULE	3	PA; LA; QL
TAFINLAR ORAL TABLET FOR SUSPENSION	3	PA; LA; QL
TAGRISSO ORAL TABLET	3	PA; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	3	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	3	PA; LA; QL
<i>tamoxifen oral tablet</i>	0	ACA
TARCEVA ORAL TABLET 100 MG	3	PA; *; LA; QL
TARGRETIN ORAL CAPSULE	3	PA; *; LA
TARGRETIN TOPICAL GEL	3	PA; *; LA
TASIGNA ORAL CAPSULE	3	PA; LA
TAZVERIK ORAL TABLET	3	PA; QL
TEMODAR INTRAVENOUS RECON SOLN	3	PA; LA
<i>temozolomide oral capsule</i>	1	PA; LA
TEPMETKO ORAL TABLET	3	PA; QL
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; LA; QL
TIBSOVO ORAL TABLET	3	PA; QL
<i>topotecan intravenous recon soln</i>	1	PA; LA
<i>topotecan intravenous solution</i>	1	PA; LA
<i>toremifene oral tablet</i>	1	
<i>torpenz oral tablet</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA
<i>tretinoin (antineoplastic) oral capsule</i>	1	PA
TREXALL ORAL TABLET	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA
TRUQAP ORAL TABLET	3	PA; QL
TUKYSA ORAL TABLET	3	PA; QL
TURALIO ORAL CAPSULE 125 MG	3	PA; QL
TYKERB ORAL TABLET	3	PA; *; LA; QL
UNITUXIN INTRAVENOUS SOLUTION	3	PA; QL
VANFLYTA ORAL TABLET	3	PA
VECTIBIX INTRAVENOUS SOLUTION	3	PA; LA
VENCLEXTA ORAL TABLET	3	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	3	PA
VERZENIO ORAL TABLET	2	PA; LA
VIDAZA INJECTION RECON SOLN	3	PA; *; LA
VIJOICE ORAL GRANULES IN PACKET	3	PA; QL
VIJOICE ORAL TABLET	3	PA; QL
<i>vinblastine intravenous solution</i>	1	PA
<i>vincasar pfs intravenous solution</i>	1	PA
<i>vincristine intravenous solution</i>	1	PA
<i>vinorelbine intravenous solution</i>	1	PA
VITRAKVI ORAL CAPSULE	3	PA; LA; QL
VITRAKVI ORAL SOLUTION	3	PA; LA; QL
VIZIMPRO ORAL TABLET	3	PA; LA; QL
VONJO ORAL CAPSULE	3	PA; QL
VORANIGO ORAL TABLET	3	PA
VOTRIENT ORAL TABLET	3	PA; *; LA
WELIREG ORAL TABLET	3	PA
XALKORI ORAL CAPSULE	3	PA; LA; QL
XALKORI ORAL PELLET	3	PA; LA; QL
XATMEP ORAL SOLUTION	3	PA
XELODA ORAL TABLET	3	PA; *; LA

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Drug Name	Drug Tier	Requirements / Limits
XERMELO ORAL TABLET	3	PA
XOSPATA ORAL TABLET	3	PA; QL
XPOVIO ORAL TABLET	3	PA
XTANDI ORAL CAPSULE	3	PA; LA; QL
XTANDI ORAL TABLET	3	PA; LA; QL
YERVOY INTRAVENOUS SOLUTION	3	PA; LA
YONDELIS INTRAVENOUS RECON SOLN	3	PA
YONSA ORAL TABLET	3	PA; LA; QL
ZALTRAP INTRAVENOUS SOLUTION	3	PA; LA
ZANOSAR INTRAVENOUS RECON SOLN	3	PA
ZEJULA ORAL TABLET	3	PA; LA; QL
ZELBORAF ORAL TABLET	3	PA; LA; QL
ZEVALIN (Y-90) INTRAVENOUS KIT	3	PA
ZOLADEX SUBCUTANEOUS IMPLANT	3	LA
ZOLINZA ORAL CAPSULE	3	PA; LA
ZORTRESS ORAL TABLET	3	PA; *
ZYDELIG ORAL TABLET	3	PA; LA
ZYKADIA ORAL TABLET	3	PA; LA
ZYTIGA ORAL TABLET	3	PA; *; LA; QL

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APTIOM ORAL TABLET	3	PA
BANZEL ORAL SUSPENSION	3	*
BANZEL ORAL TABLET	3	*
BRIVIACT INTRAVENOUS SOLUTION	3	PA
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET 10 MG	3	
BRIVIACT ORAL TABLET 100 MG, 25 MG, 50 MG, 75 MG	3	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</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	

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Drug Name	Drug Tier	Requirements / Limits
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	3	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	*
CELONTIN ORAL CAPSULE 300 MG	3	*
CEREBYX INJECTION SOLUTION	3	PA; *
<i>clobazam oral suspension</i>	1	PA
<i>clobazam oral tablet</i>	1	PA
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet,disintegrating</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	*
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	*
DIACOMIT ORAL CAPSULE	3	PA; QL
DIACOMIT ORAL POWDER IN PACKET	3	PA; QL
<i>diazepam rectal kit</i>	1	
DILANTIN EXTENDED ORAL CAPSULE	3	*
DILANTIN INFATABS ORAL TABLET,CHEWABLE	3	*
DILANTIN ORAL CAPSULE	2	
DILANTIN-125 ORAL SUSPENSION	3	*
<i>divalproex oral capsule, delayed rel sprinkle</i>	1	
<i>divalproex oral tablet extended release 24 hr</i>	1	
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
EPIDIOLEX ORAL SOLUTION	3	PA; LA
<i>epitol oral tablet</i>	1	
EPRONTIA ORAL SOLUTION	3	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	PA
<i>ethosuximide oral capsule</i>	1	
<i>ethosuximide oral solution</i>	1	
<i>felbamate oral suspension</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>felbamate oral tablet</i>	1	
FELBATOL ORAL TABLET	3	*
FINTEPLA ORAL SOLUTION	3	PA
<i>fosphenytoin injection solution</i>	1	PA
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>gabapentin oral tablet extended release 24 hr</i>	1	ST
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	ST; *
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	ST
KEPPRA INTRAVENOUS SOLUTION	3	PA; *
KEPPRA ORAL SOLUTION	3	*
KEPPRA ORAL TABLET	3	*
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	*
KLONOPIN ORAL TABLET	3	*
<i>lacosamide intravenous solution</i>	1	PA
<i>lacosamide oral solution</i>	1	
<i>lacosamide oral tablet</i>	1	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	3	*
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	3	*
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	3	*
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	3	*
LAMICTAL ORAL TABLET	3	*
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	*
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	*

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Drug Name	Drug Tier	Requirements / Limits
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	*
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	*
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	*
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	PA
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	PA
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>lamotrigine oral tablet,disintegrating</i>	1	
<i>lamotrigine oral tablets,dose pack</i>	1	
<i>levetiracetam intravenous solution</i>	1	PA
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LIBERVANT BUCCAL FILM	3	PA
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; *; QL
LYRICA ORAL CAPSULE	3	PA; *; QL
<i>methsuximide oral capsule</i>	1	
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST
MYSOLINE ORAL TABLET	3	*
NAYZILAM NASAL SPRAY,NON-AEROSOL	3	PA; QL
NEURONTIN ORAL CAPSULE	3	*
NEURONTIN ORAL SOLUTION	3	*
NEURONTIN ORAL TABLET	3	*
ONFI ORAL SUSPENSION	3	PA; *
ONFI ORAL TABLET	3	PA; *
<i>oxcarbazepine oral suspension</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; *
<i>phenobarbital oral elixir</i>	1	
<i>phenobarbital oral tablet</i>	1	
PHENYTEK ORAL CAPSULE	3	*
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet,chewable</i>	1	
<i>phenytoin sodium extended oral capsule</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	PA
<i>phenytoin sodium intravenous syringe</i>	1	PA
<i>pregabalin oral capsule</i>	1	PA; QL
<i>pregabalin oral solution</i>	1	PA; QL
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA; QL
PRIMIDONE ORAL TABLET 125 MG	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; *
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension</i>	1	
<i>rufinamide oral tablet</i>	1	
SABRIL ORAL POWDER IN PACKET	3	*, LA
SABRIL ORAL TABLET	3	*, LA
SPRITAM ORAL TABLET FOR SUSPENSION	3	
<i>subvenite oral tablet</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	1	
SYMPAZAN ORAL FILM	3	PA
TEGRETOL ORAL SUSPENSION	3	*
TEGRETOL ORAL TABLET	3	*
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>tiagabine oral tablet</i>	1	
TOPAMAX ORAL CAPSULE, SPRINKLE	3	*
TOPAMAX ORAL TABLET	3	*
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral capsule,extended release 24hr</i>	1	PA
<i>topiramate oral capsule,sprinkle,er 24hr</i>	1	PA
<i>topiramate oral tablet</i>	1	
TRILEPTAL ORAL SUSPENSION	3	*
TRILEPTAL ORAL TABLET	3	*
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; *
<i>valproate sodium intravenous solution</i>	1	PA
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	
<i>valproic acid oral capsule</i>	1	
VALTOCO NASAL SPRAY, NON-AEROSOL	3	PA
<i>vigabatrin oral powder in packet</i>	1	LA
<i>vigabatrin oral tablet</i>	1	LA
<i>vigadrone oral powder in packet</i>	1	
<i>vigadrone oral tablet</i>	1	
VIGAFYDE ORAL SOLUTION	3	
<i>vigpoder oral powder in packet</i>	1	
VIMPAT INTRAVENOUS SOLUTION	3	PA; *
VIMPAT ORAL SOLUTION	3	*
VIMPAT ORAL TABLET	3	*
XCOPRI MAINTENANCE PACK ORAL TABLET	3	PA
XCOPRI ORAL TABLET	3	PA
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK	3	PA
ZARONTIN ORAL CAPSULE	3	*
ZARONTIN ORAL SOLUTION	3	*
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	*
ZONISADE ORAL SUSPENSION	3	PA
<i>zonisamide oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ZTALMY ORAL SUSPENSION	3	PA
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	3	PA; LA; QL
<i>apomorphine subcutaneous cartridge</i>	1	PA; QL
AZILECT ORAL TABLET	3	*
<i>benztropine injection solution</i>	1	PA
<i>benztropine oral tablet</i>	1	
<i>bromocriptine oral capsule</i>	1	
<i>bromocriptine oral tablet</i>	1	
<i>carbidopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE	3	
DHIVY ORAL TABLET	3	
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	3	LA
<i>entacapone oral tablet</i>	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA
LODOSYN ORAL TABLET	3	*
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 2.25 MG, 3 MG, 3.75 MG	3	*
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
NOURIANZ ORAL TABLET	3	PA; LA
ONGENTYS ORAL CAPSULE	3	PA; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	3	PA
<i>pramipexole oral tablet</i>	1	
<i>pramipexole oral tablet extended release 24 hr</i>	1	
<i>rasagiline oral tablet</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole oral tablet 3 mg, 4 mg, 5 mg</i>	1	QL
<i>ropinirole oral tablet extended release 24 hr</i>	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	
<i>selegiline hcl oral capsule</i>	1	
<i>selegiline hcl oral tablet</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	*
TASMAR ORAL TABLET 100 MG	3	*
<i>tolcapone oral tablet</i>	1	
<i>trihexyphenidyl oral elixir</i>	1	
<i>trihexyphenidyl oral tablet</i>	1	
XADAGO ORAL TABLET	3	PA
ZELAPAR ORAL TABLET,DISINTEGRATING	3	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
AJOVY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>almotriptan malate oral tablet</i>	1	QL
<i>dihydroergotamine injection solution</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol</i>	1	PA; QL
<i>eletriptan oral tablet</i>	1	PA; QL
ELYXYB ORAL SOLUTION	3	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	1	
FROVA ORAL TABLET	3	*; QL
<i>frovatriptan oral tablet</i>	1	QL
IMITREX ORAL TABLET	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR	3	*; QL
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	*; QL
MAXALT ORAL TABLET 10 MG	3	*; QL
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	*; QL
<i>migergot rectal suppository</i>	1	
MIGRANAL NASAL SPRAY,NON-AEROSOL	3	*; QL
<i>naratriptan oral tablet</i>	1	QL
NURTEC ODT ORAL TABLET,DISINTEGRATING	3	ST; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
QULIPTA ORAL TABLET	3	PA; QL
RELPAX ORAL TABLET	3	ST; *; QL
REYVOW ORAL TABLET	3	ST; QL
<i>rizatriptan oral tablet</i>	1	QL
<i>rizatriptan oral tablet,disintegrating</i>	1	QL
<i>sumatriptan nasal spray,non-aerosol</i>	1	QL
<i>sumatriptan succinate oral tablet</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan-naproxen oral tablet</i>	1	PA; QL
TOSYMRA NASAL SPRAY,NON-AEROSOL	3	PA; QL
TREXIMET ORAL TABLET	3	PA; *; QL
TRUDHESA NASAL SPRAY,NON-AEROSOL	3	QL
UBRELVY ORAL TABLET	3	ST; QL
ZAVZPRET NASAL SPRAY,NON-AEROSOL	2	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	3	PA; QL
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	PA; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	QL
<i>zolmitriptan oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan oral tablet,disintegrating</i>	1	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG	2	QL
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	3	*; QL
ZOMIG ORAL TABLET	3	*; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	PA
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; *; LA; QL
ARICEPT ORAL TABLET 10 MG, 5 MG	3	*
ARICEPT ORAL TABLET 23 MG	3	PA; *
AUSTEDO ORAL TABLET	3	PA; LA
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR	3	PA; LA; QL
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	3	PA; LA; QL
<i>dalfampridine oral tablet extended release 12 hr</i>	1	PA; LA; QL
DAYBUE ORAL SOLUTION	3	PA; QL
<i>dichlorphenamide oral tablet</i>	1	PA; LA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	PA
<i>donepezil oral tablet,disintegrating</i>	1	PA
EVRYSDI ORAL RECON SOLN	3	PA; LA
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	PA; *
FIRDAPSE ORAL TABLET	3	PA; QL
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	PA
<i>galantamine oral solution</i>	1	PA
<i>galantamine oral tablet</i>	1	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	3	PA; QL
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK	3	PA; QL
INGREZZA ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	3	PA
KEVEYIS ORAL TABLET	3	PA; *; QL
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA
<i>memantine oral solution</i>	1	PA
<i>memantine oral tablet</i>	1	PA
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	2	PA
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	3	PA; *
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA
NUEDEXTA ORAL CAPSULE	3	PA; QL
<i>ormalvi oral tablet</i>	1	PA; QL
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	3	LA
<i>rivastigmine tartrate oral capsule</i>	1	PA
<i>rivastigmine transdermal patch 24 hour</i>	1	PA
SKYCLARYS ORAL CAPSULE	3	PA
<i>tetrabenazine oral tablet</i>	1	PA; LA; QL
TYSABRI INTRAVENOUS SOLUTION	3	PA; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR	3	PA
XENAZINE ORAL TABLET	3	PA; *; LA; QL
ZEPOSIA ORAL CAPSULE	2	PA; LA
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	2	PA; LA
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	2	PA; LA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA; *; QL
<i>atracurium intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
BACLOFEN ORAL SOLUTION	3	PA
<i>baclofen oral suspension</i>	1	PA
<i>baclofen oral tablet</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION	3	PA; *
<i>carisoprodol oral tablet</i>	1	
<i>carisoprodol-aspirin oral tablet</i>	1	
<i>carisoprodol-aspirin-codeine oral tablet</i>	1	QL
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr</i>	1	PA; QL
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>cyclobenzaprine oral tablet 7.5 mg</i>	1	PA
DANTRIUM ORAL CAPSULE 25 MG	3	*
<i>dantrolene oral capsule</i>	1	
FEXMID ORAL TABLET	3	PA; *
FLEQSUVY ORAL SUSPENSION	3	PA; *
LORZONE ORAL TABLET	3	PA; *
LYVISPAH ORAL GRANULES IN PACKET	3	PA
<i>meprobamate oral tablet</i>	1	
MESTINON ORAL SYRUP	3	*
MESTINON ORAL TABLET	3	*
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	3	*
<i>metaxalone oral tablet</i>	1	
<i>methocarbamol injection solution</i>	1	PA
<i>methocarbamol oral tablet</i>	1	
<i>neostigmine methylsulfate intravenous solution</i>	1	PA
NORGESIC FORTE ORAL TABLET	3	PA; *
NORGESIC ORAL TABLET	3	PA; *
<i>orphenadrine citrate injection solution</i>	1	PA
<i>orphenadrine citrate oral tablet extended release</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	1	PA
<i>orphengesic forte oral tablet</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
OZOBAX DS ORAL SOLUTION	3	PA
OZOBAX ORAL SOLUTION	3	PA
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>regonol injection solution</i>	1	PA
ROBAXIN INJECTION SOLUTION	3	PA; *
SOMA ORAL TABLET 250 MG	3	ST; *
SOMA ORAL TABLET 350 MG	3	*
<i>tanlor oral tablet</i>	1	
<i>tizanidine oral capsule</i>	1	
<i>tizanidine oral tablet</i>	1	
<i>vanadom oral tablet</i>	1	
ZANAFLEX ORAL CAPSULE	3	*
ZANAFLEX ORAL TABLET	3	*
ZILBRYSQ SUBCUTANEOUS SYRINGE	3	PA
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL
<i>acetaminophen-codeine oral tablet</i>	1	QL
<i>ascomp with codeine oral capsule</i>	1	QL
BELBUCA BUCCAL FILM	3	QL
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	3	LA
<i>buprenorphine hcl injection solution</i>	1	QL
<i>buprenorphine hcl injection syringe</i>	1	QL
<i>buprenorphine hcl sublingual tablet</i>	1	
<i>buprenorphine transdermal patch weekly</i>	1	QL
<i>butalbital-acetaminop-caf-cod oral capsule</i>	1	QL
<i>butalbital-acetaminophen oral tablet</i>	1	
<i>butalbital-acetaminophen-caff oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff oral tablet</i>	1	
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>butalbital-aspirin-caffeine oral tablet</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY	3	*; QL
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	QL
<i>codeine-bitalbital-asa-caff oral capsule</i>	1	QL
DEMEROL (PF) INJECTION SYRINGE	3	QL
DEMEROL INJECTION SOLUTION	3	QL
DILAUDID ORAL LIQUID	3	*; QL
DILAUDID ORAL TABLET	3	*; QL
<i>diskets oral tablet,soluble</i>	1	PA; QL
<i>endocet oral tablet</i>	1	QL
ESGIC ORAL TABLET	3	*
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg, 600 mcg</i>	1	PA; QL
<i>fentanyl transdermal patch 72 hour</i>	1	PA; QL
FIORICET ORAL CAPSULE	3	*
FIORICET WITH CODEINE ORAL CAPSULE	3	*; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	1	PA; QL
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	1	PA; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	1	QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen oral tablet</i>	1	QL
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	1	QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; QL
<i>hydromorphone rectal suppository</i>	1	QL
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR	3	PA; *; QL
<i>levorphanol tartrate oral tablet</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	1	QL
<i>meperidine oral solution</i>	1	QL
<i>meperidine oral tablet 50 mg</i>	1	QL
<i>methadone injection solution</i>	1	PA; QL
<i>methadone oral concentrate</i>	1	PA; QL
<i>methadone oral solution</i>	1	PA; QL
<i>methadone oral tablet</i>	1	PA; QL
<i>methadone oral tablet,soluble</i>	1	PA; QL
<i>methadose oral concentrate</i>	1	PA; QL
<i>methadose oral tablet,soluble</i>	1	PA; QL
<i>morphine concentrate oral solution</i>	1	QL
MORPHINE INJECTION SYRINGE 2 MG/ML	3	QL
<i>morphine injection syringe 4 mg/ml</i>	1	QL
MORPHINE INTRAMUSCULAR PEN INJECTOR	3	QL
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	QL
MORPHINE INTRAVENOUS SYRINGE 8 MG/ML	3	QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; QL
<i>morphine oral capsule,extend.release pellets</i>	1	PA; QL
<i>morphine oral solution</i>	1	QL
<i>morphine oral tablet</i>	1	QL
<i>morphine oral tablet extended release</i>	1	PA; QL
<i>morphine rectal suppository</i>	1	QL
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	PA; *; QL
NALOCET ORAL TABLET	3	QL
<i>oxycodone oral capsule</i>	1	QL
<i>oxycodone oral concentrate</i>	1	QL
<i>oxycodone oral solution</i>	1	QL
<i>oxycodone oral tablet</i>	1	QL
OXYCODONE ORAL TABLET, ORAL ONLY	3	QL

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Drug Name	Drug Tier	Requirements / Limits
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG, 80 MG	3	PA; QL
<i>oxycodone-acetaminophen oral solution</i>	1	QL
<i>oxycodone-acetaminophen oral tablet</i>	1	QL
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL
<i>oxymorphone oral tablet</i>	1	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; QL
PERCOCET ORAL TABLET	3	*; QL
PRIMLEV ORAL TABLET	3	QL
PROLATE ORAL SOLUTION	3	QL
<i>prolate oral tablet</i>	1	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	*; QL
ROXYBOND ORAL TABLET, ORAL ONLY	3	QL
SEGLENTIS ORAL TABLET	3	PA; QL
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	3	LA
<i>tencon oral tablet</i>	1	
TREZIX ORAL CAPSULE	3	QL
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH)	3	PA; QL
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
ANAPROX DS ORAL TABLET	3	*
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; *
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	PA; *
<i>aspirin childrens oral tablet,chewable</i>	0	ACA; OTC
<i>aspirin oral tablet,chewable</i>	0	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	0	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>buprenorphine-naloxone sublingual film</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>butorphanol injection solution</i>	1	QL
<i>butorphanol nasal spray,non-aerosol</i>	1	QL
CAMBIA ORAL POWDER IN PACKET	3	PA; *; QL
CELEBREX ORAL CAPSULE	3	*; QL
<i>celecoxib oral capsule</i>	1	QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; QL
COXANTO ORAL CAPSULE	3	
DAYPRO ORAL TABLET	3	*
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	3	PA
<i>diclofenac potassium oral capsule</i>	1	PA
<i>diclofenac potassium oral powder in packet</i>	1	PA; QL
<i>diclofenac potassium oral tablet 25 mg</i>	1	PA
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec)</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	PA
DICLOFENAC SUBMICRONIZED ORAL CAPSULE	3	PA
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	1	
<i>diflunisal oral tablet</i>	1	
DISALCID ORAL TABLET	3	*
DOLOBID ORAL TABLET	3	
DUEXIS ORAL TABLET	3	PA; *; QL
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*
<i>ecotrin low strength oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>etodolac oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>etodolac oral tablet</i>	1	
<i>etodolac oral tablet extended release 24 hr</i>	1	
FENOPROFEN ORAL CAPSULE 200 MG	3	PA
<i>fenoprofen oral capsule 400 mg</i>	1	PA
<i>fenoprofen oral tablet</i>	1	PA
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	PA
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	1	PA; QL
INDOCIN ORAL SUSPENSION	3	*
INDOCIN RECTAL SUPPOSITORY	3	*
<i>indomethacin oral capsule</i>	1	
<i>indomethacin oral capsule, extended release</i>	1	
<i>indomethacin oral suspension</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	PA
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	PA
<i>ketorolac oral tablet</i>	1	QL
<i>kiprofen oral capsule</i>	1	PA
KLOXXADO NASAL SPRAY, NON-AEROSOL	3	QL
LICART TRANSDERMAL PATCH 24 HOUR	3	PA
LODINE ORAL TABLET	3	*
<i>lofena oral tablet</i>	1	PA
<i>lofexidine oral tablet</i>	1	PA; QL
LUCEMYRA ORAL TABLET	3	PA; QL
<i>meclofenamate oral capsule</i>	1	
<i>mefenamic acid oral capsule</i>	1	
MELOXICAM ORAL SUSPENSION	3	PA
<i>meloxicam oral tablet</i>	1	
<i>meloxicam submicronized oral capsule</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>nabumetone oral tablet</i>	1	
<i>nalbuphine injection solution</i>	1	QL
NALFON ORAL CAPSULE 400 MG	3	PA; *
NALFON ORAL TABLET	3	PA; *
NALMEFENE INJECTION SOLUTION	2	
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal spray,non-aerosol</i>	1	OTC; QL
<i>naltrexone oral tablet</i>	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR	3	PA; *
NAPROSYN ORAL SUSPENSION	3	*
NAPROSYN ORAL TABLET 500 MG	3	*
<i>naproxen oral suspension</i>	1	
<i>naproxen oral tablet</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	PA
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>	1	PA; QL
NARCAN NASAL SPRAY,NON-AEROSOL	3	*; QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; QL
NUCYNTA ORAL TABLET	3	QL
OPVEE NASAL SPRAY,NON-AEROSOL	3	QL
OXAPROZIN ORAL CAPSULE	3	
<i>oxaprozin oral tablet</i>	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	PA; *
<i>pentazocine-naloxone oral tablet</i>	1	QL
<i>piroxicam oral capsule</i>	1	
QDOLO ORAL SOLUTION	3	PA; QL
RELAFEN DS ORAL TABLET	3	PA
REXTOVY NASAL SPRAY,NON-AEROSOL	3	QL
<i>salsalate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SPRIX NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>st joseph aspirin oral tablet, chewable</i>	0	ACA; OTC
<i>st. joseph aspirin oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
SUBOXONE SUBLINGUAL FILM	3	*; QL
<i>sulindac oral tablet</i>	1	
TOLECTIN 600 ORAL TABLET	3	PA; *
<i>tolmetin oral capsule</i>	1	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	3	PA; QL
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; QL
TRAMADOL ORAL SOLUTION	3	PA; QL
TRAMADOL ORAL TABLET 100 MG, 25 MG	3	QL
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen oral tablet</i>	1	QL
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC	3	PA; *
VISCO-3 INTRA-ARTICULAR SYRINGE	2	PA; LA
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	3	LA; QL
VIVLODEX ORAL CAPSULE	3	PA; *
ZIMHI INJECTION SYRINGE	3	
ZIPSOR ORAL CAPSULE	3	PA; *
ZORVOLEX ORAL CAPSULE	2	PA
ZUBSOLV SUBLINGUAL TABLET	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	3	QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	2	QL
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	2	QL
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD	3	PA; QL
ABILIFY ORAL TABLET	3	*; QL
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED	3	
ADDERALL ORAL TABLET	3	*; QL
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*; QL
ADDYI ORAL TABLET	3	QL
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	PA; QL
<i>alprazolam intensol oral concentrate</i>	1	
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	1	
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	3	*
AMBIEN ORAL TABLET	3	*
<i>amitriptyline oral tablet</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet</i>	1	
<i>amoxapine oral tablet</i>	1	
<i>amphetamine sulfate oral tablet</i>	1	QL
ANAFRANIL ORAL CAPSULE	3	*
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	PA; *; QL
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL
<i>aripiprazole oral tablet,disintegrating</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	3	QL
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	2	QL
<i>armodafinil oral tablet</i>	1	PA; QL
<i>asenapine maleate sublingual tablet</i>	1	ST; QL
ATIVAN INJECTION SOLUTION	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
ATIVAN ORAL TABLET	3	*
<i>atomoxetine oral capsule</i>	1	QL
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	PA; QL
AZSTARYS ORAL CAPSULE	3	PA
BELSOMRA ORAL TABLET	3	PA; QL
<i>bupropion hcl oral tablet</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	
<i>buspirone oral tablet</i>	1	
CAPLYTA ORAL CAPSULE	3	PA; QL
CELEXA ORAL TABLET	3	ST; *
<i>chlordiazepoxide hcl oral capsule</i>	1	
<i>chlorpromazine oral concentrate</i>	1	
<i>chlorpromazine oral tablet</i>	1	
CITALOPRAM ORAL CAPSULE	3	PA
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	
<i>clomipramine oral capsule</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	QL
<i>clorazepate dipotassium oral tablet</i>	1	
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet,disintegrating</i>	1	
CLOZARIL ORAL TABLET 100 MG, 25 MG	3	*
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	*; QL
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	PA; QL
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	*
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	*; QL
DAYVIGO ORAL TABLET	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>desipramine oral tablet</i>	1	
DESOXYN ORAL TABLET	3	*; QL
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	1	QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	*; QL
<i>dexmethylphenidate oral capsule,er biphasic 50- 50</i>	1	QL
<i>dexmethylphenidate oral tablet</i>	1	QL
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	QL
<i>dextroamphetamine sulfate oral solution</i>	1	QL
<i>dextroamphetamine sulfate oral tablet</i>	1	QL
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	1	QL
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	QL
<i>dextroamphetamine-amphetamine oral tablet</i>	1	QL
<i>diazepam injection solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA
<i>diazepam intensol oral concentrate</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
DORAL ORAL TABLET	3	ST
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>doxepin oral tablet</i>	1	PA
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	PA
<i>duloxetine oral capsule,delayed release(dr/ec)</i>	1	
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA; QL
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
EMSAM TRANSDERMAL PATCH 24 HOUR	3	PA
<i>ergoloid oral tablet</i>	1	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	
<i>estazolam oral tablet</i>	1	
<i>eszopiclone oral tablet</i>	1	QL
EVEKEO ORAL TABLET	3	*; QL
FANAPT ORAL TABLET	3	ST; QL
FANAPT ORAL TABLETS,DOSE PACK	3	ST; QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	ST
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	ST
<i>fluoxetine oral capsule</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet</i>	1	
<i>fluphenazine decanoate injection solution</i>	1	
<i>fluphenazine hcl injection solution</i>	1	PA
<i>fluphenazine hcl oral concentrate</i>	1	
<i>fluphenazine hcl oral elixir</i>	1	
<i>fluphenazine hcl oral tablet</i>	1	
<i>flurazepam oral capsule</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	ST
<i>fluvoxamine oral tablet</i>	1	
FOCALIN ORAL TABLET	3	*; QL
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	3	PA; *; QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	PA
GEODON ORAL CAPSULE	3	*; QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	QL
HALCION ORAL TABLET 0.25 MG	3	*

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Drug Name	Drug Tier	Requirements / Limits
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	*
<i>haloperidol decanoate intramuscular solution</i>	1	
<i>haloperidol lactate injection solution</i>	1	PA
<i>haloperidol lactate oral concentrate</i>	1	
<i>haloperidol oral tablet</i>	1	
HETLIOZ LQ ORAL SUSPENSION	3	PA; LA
HETLIOZ ORAL CAPSULE	3	PA; *, LA
<i>imipramine hcl oral tablet</i>	1	
<i>imipramine pamoate oral capsule</i>	1	
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR	3	*, QL
INVEGA HAFYERA INTRAMUSCULAR SYRINGE	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG	3	*, QL
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SYRINGE	3	
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	PA
LATUDA ORAL TABLET	3	ST; *, QL
LEXAPRO ORAL TABLET	3	ST; *
<i>lisdexamfetamine oral capsule</i>	1	QL
<i>lisdexamfetamine oral tablet,chewable</i>	1	QL
<i>lithium carbonate oral capsule</i>	1	
<i>lithium carbonate oral tablet</i>	1	
<i>lithium carbonate oral tablet extended release</i>	1	
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	*
<i>lorazepam injection solution</i>	1	PA
<i>lorazepam injection syringe</i>	1	PA
<i>lorazepam intensol oral concentrate</i>	1	
<i>lorazepam oral concentrate</i>	1	
<i>lorazepam oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	PA
<i>loxapine succinate oral capsule</i>	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET	3	PA; LA
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	3	PA
LUNESTA ORAL TABLET	3	*; QL
<i>lurasidone oral tablet</i>	1	ST; QL
LYBALVI ORAL TABLET	3	PA
MARPLAN ORAL TABLET	3	
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	3	PA; *; QL
<i>methamphetamine oral tablet</i>	1	QL
METHYLIN ORAL SOLUTION	3	*; QL
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	QL
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	QL
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	QL
<i>methylphenidate hcl oral solution</i>	1	QL
<i>methylphenidate hcl oral tablet</i>	1	QL
<i>methylphenidate hcl oral tablet extended release</i>	1	QL
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	3	ST; QL
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	QL
<i>methylphenidate hcl oral tablet,chewable</i>	1	QL
<i>methylphenidate transdermal patch 24 hour</i>	1	QL
<i>mirtazapine oral tablet</i>	1	
<i>mirtazapine oral tablet,disintegrating</i>	1	
<i>modafinil oral tablet</i>	1	PA; QL
<i>molindone oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	*; QL
NARDIL ORAL TABLET	3	*
<i>nefazodone oral tablet</i>	1	
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	1	
NUPLAZID ORAL CAPSULE	3	PA; LA; QL
NUPLAZID ORAL TABLET	3	PA; LA; QL
NUVIGIL ORAL TABLET	3	PA; *; QL
<i>olanzapine intramuscular recon soln</i>	1	QL
<i>olanzapine oral tablet</i>	1	QL
<i>olanzapine oral tablet,disintegrating</i>	1	QL
<i>olanzapine-fluoxetine oral capsule</i>	1	
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR	3	
<i>oxazepam oral capsule</i>	1	
<i>paliperidone oral tablet extended release 24hr</i>	1	QL
PAMELOR ORAL CAPSULE	3	*
PARNATE ORAL TABLET	3	*
<i>paroxetine hcl oral suspension</i>	1	
<i>paroxetine hcl oral tablet</i>	1	
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	
<i>paroxetine mesylate(menop.sym) oral capsule</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
PAXIL ORAL SUSPENSION	3	ST; *
PAXIL ORAL TABLET	3	ST; *
<i>perphenazine oral tablet</i>	1	
<i>perphenazine-amitriptyline oral tablet</i>	1	
<i>phenelzine oral tablet</i>	1	
<i>pimozide oral tablet</i>	1	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	*; QL
<i>procentra oral solution</i>	1	QL
<i>protriptyline oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PROVIGIL ORAL TABLET	3	PA; *, QL
PROZAC ORAL CAPSULE	3	ST; *
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR	3	QL
QUAZEPAM ORAL TABLET	3	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg</i>	1	QL
QUETIAPINE ORAL TABLET 150 MG	3	
<i>quetiapine oral tablet 400 mg, 50 mg</i>	1	
<i>quetiapine oral tablet extended release 24 hr</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR	3	PA; QL
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	3	PA; QL
QUVIVIQ ORAL TABLET	3	PA; QL
<i>ramelteon oral tablet</i>	1	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	ST; *, QL
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; QL
REMERON ORAL TABLET 15 MG, 30 MG	3	*
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	*
RESTORIL ORAL CAPSULE	3	*
REXULTI ORAL TABLET	3	PA
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; *, QL
RISPERDAL ORAL SOLUTION	3	*
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	*
<i>risperidone microspheres intramuscular suspension,extended rel recon</i>	1	QL
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	
<i>risperidone oral tablet,disintegrating</i>	1	QL
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50	3	*, QL

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Drug Name	Drug Tier	Requirements / Limits
RITALIN ORAL TABLET	3	*; QL
ROZEREM ORAL TABLET	3	*; QL
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	3	PA; QL
SAPHRIS SUBLINGUAL TABLET	3	ST; *; QL
SECUADO TRANSDERMAL PATCH 24 HOUR	3	ST; QL
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG	3	*; QL
SEROQUEL ORAL TABLET 400 MG, 50 MG	3	*
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR	3	*; QL
SERTRALINE ORAL CAPSULE	3	PA
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	
SILENOR ORAL TABLET	3	PA; *
SODIUM OXYBATE ORAL SOLUTION	3	PA; QL
STRATTERA ORAL CAPSULE	3	*; QL
SUNOSI ORAL TABLET	3	PA
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	*
<i>tasimelteon oral capsule</i>	1	PA; LA
<i>temazepam oral capsule</i>	1	
<i>thioridazine oral tablet</i>	1	
<i>thiothixene oral capsule</i>	1	
<i>tranylcypromine oral tablet</i>	1	
<i>trazodone oral tablet</i>	1	
<i>triazolam oral tablet</i>	1	
<i>trifluoperazine oral tablet</i>	1	
<i>trimipramine oral capsule</i>	1	
TRINTELLIX ORAL TABLET	3	ST
VALIUM ORAL TABLET	3	*
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR	3	ST
<i>venlafaxine oral capsule,extended release 24hr</i>	1	
<i>venlafaxine oral tablet</i>	1	
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
VERSACLOZ ORAL SUSPENSION	3	
VIIIBRYD ORAL TABLET	3	ST; *
<i>vilazodone oral tablet</i>	1	ST
VRAYLAR ORAL CAPSULE	3	PA; QL
VYVANSE ORAL CAPSULE	3	*; QL
VYVANSE ORAL TABLET,CHEWABLE	3	*; QL
WAKIX ORAL TABLET	3	PA; LA
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	3	*
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR	3	*; QL
XANAX ORAL TABLET	3	*
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR	3	*
XELSTRYM TRANSDERMAL PATCH 24 HOUR	3	PA; QL
XYREM ORAL SOLUTION	3	PA; QL
XYWAV ORAL SOLUTION	3	PA
<i>zaleplon oral capsule</i>	1	
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	QL
ZENZEDI ORAL TABLET 15 MG, 20 MG, 30 MG, 7.5 MG	3	*; QL
ZENZEDI ORAL TABLET 2.5 MG	3	QL
<i>ziprasidone hcl oral capsule</i>	1	QL
ZOLOFT ORAL CONCENTRATE	3	ST; *
ZOLOFT ORAL TABLET	3	ST; *
ZOLPIDEM ORAL CAPSULE	3	PA
<i>zolpidem oral tablet</i>	1	
<i>zolpidem oral tablet,ext release multiphase</i>	1	
<i>zolpidem sublingual tablet</i>	1	
ZURZUVAE ORAL CAPSULE	3	PA; QL
ZYPREXA INTRAMUSCULAR RECON SOLN	3	*; QL
ZYPREXA ORAL TABLET	3	*; QL
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	

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Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING	3	*, QL

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	1	PA
<i>amiodarone intravenous solution</i>	1	PA
<i>amiodarone oral tablet</i>	1	
BETAPACE AF ORAL TABLET	3	*
BETAPACE ORAL TABLET	3	*
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide oral capsule</i>	1	
<i>flecainide oral tablet</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine oral capsule</i>	1	
MULTAQ ORAL TABLET	3	
NEXTERONE INTRAVENOUS SOLUTION	3	PA
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG	2	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 150 MG	3	
NORPACE ORAL CAPSULE	3	*
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution</i>	1	PA
<i>propafenone oral capsule,extended release 12 hr</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral tablet extended release</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af oral tablet</i>	1	
SOTALOL INTRAVENOUS SOLUTION	3	PA
<i>sotalol oral tablet</i>	1	
SOTYLIZE ORAL SOLUTION	3	
TIKOSYN ORAL CAPSULE	3	*

ANTIHYPERTENSIVE THERAPY

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Drug Name	Drug Tier	Requirements / Limits
ACCUPRIL ORAL TABLET	3	*
ACCURETIC ORAL TABLET	3	*
<i>acebutolol oral capsule</i>	1	
ALDACTONE ORAL TABLET	3	*
<i>aliskiren oral tablet</i>	1	ST
ALTACE ORAL CAPSULE	3	*
<i>amiloride oral tablet</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	
<i>amlodipine oral tablet</i>	1	
<i>amlodipine-benazepril oral capsule</i>	1	
<i>amlodipine-olmesartan oral tablet</i>	1	ST
<i>amlodipine-valsartan oral tablet</i>	1	ST
<i>amlodipine-valsartan-hctiazid oral tablet</i>	1	
ATACAND HCT ORAL TABLET	3	ST; *
ATACAND ORAL TABLET	3	ST; *
<i>atenolol oral tablet</i>	1	
<i>atenolol-chlorthalidone oral tablet</i>	1	
AVALIDE ORAL TABLET	3	*
AVAPRO ORAL TABLET	3	*
AZOR ORAL TABLET	3	ST; *
<i>benazepril oral tablet</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	
BENICAR HCT ORAL TABLET	3	ST; *
BENICAR ORAL TABLET	3	ST; *
<i>betaxolol oral tablet</i>	1	
BIDIL ORAL TABLET	3	*
<i>bisoprolol fumarate oral tablet</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	
<i>bumetanide injection solution</i>	1	PA
<i>bumetanide oral tablet</i>	1	
BYSTOLIC ORAL TABLET	3	*
<i>candesartan oral tablet</i>	1	ST
<i>candesartan-hydrochlorothiazid oral tablet</i>	1	ST
<i>captopril oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	*
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	*
CARDURA ORAL TABLET	3	*
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	ST
<i>cartia xt oral capsule,extended release 24hr</i>	1	
<i>carvedilol oral tablet</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	1	ST
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	*
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	*
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	*
<i>chlorothiazide sodium intravenous recon soln</i>	1	PA
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine hcl oral tablet</i>	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	2	
<i>clonidine transdermal patch weekly</i>	1	
CONJUPRI ORAL TABLET	3	PA
CONSENSI ORAL TABLET	3	PA; QL
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR	3	*
COREG ORAL TABLET	3	*
COZAAR ORAL TABLET	3	*
DEMSEER ORAL CAPSULE	3	PA; *
DIBENZYLINE ORAL CAPSULE	3	PA; *
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable</i>	1	
DIOVAN HCT ORAL TABLET	3	*
DIOVAN ORAL TABLET	3	*
DIURIL ORAL SUSPENSION	3	
<i>doxazosin oral tablet</i>	1	
DYRENIUM ORAL CAPSULE	3	*
EDARBI ORAL TABLET	3	ST
EDARBYCLOR ORAL TABLET	3	ST
EDECRIN ORAL TABLET	3	*
<i>enalapril maleate oral solution</i>	1	PA
<i>enalapril maleate oral tablet</i>	1	
<i>enalaprilat intravenous solution</i>	1	PA
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	
EPANED ORAL SOLUTION	3	PA; *
<i>eplerenone oral tablet</i>	1	
<i>epoprostenol intravenous recon soln</i>	1	PA; LA
<i>eprosartan oral tablet</i>	1	ST
<i>ethacrynate sodium intravenous recon soln</i>	1	PA
<i>ethacrynic acid oral tablet</i>	1	
EXFORGE HCT ORAL TABLET	3	*
EXFORGE ORAL TABLET	3	ST; *
<i>felodipine oral tablet extended release 24 hr</i>	1	
FLOLAN INTRAVENOUS RECON SOLN	3	PA; LA
<i>fosinopril oral tablet</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	
FUROSCIX SUBCUTANEOUS KIT	3	PA; QL
<i>furosemide injection solution</i>	1	PA
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>guanfacine oral tablet</i>	1	
HEMANGEOL ORAL SOLUTION	3	
<i>hydralazine injection solution</i>	1	PA
<i>hydralazine oral tablet</i>	1	
<i>hydrochlorothiazide oral capsule</i>	1	
<i>hydrochlorothiazide oral tablet</i>	1	
HYZAAR ORAL TABLET	3	*
<i>indapamide oral tablet</i>	1	
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	*
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	2	
INSPIRA ORAL TABLET	3	*
<i>irbesartan oral tablet</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	
<i>isosorbide-hydralazine oral tablet</i>	1	
<i>isradipine oral capsule</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR	3	
KATERZIA ORAL SUSPENSION	3	PA
KERENDIA ORAL TABLET	3	PA; QL
<i>labetalol oral tablet</i>	1	
LASIX ORAL TABLET	3	*
LEVAMLODIPINE ORAL TABLET	3	PA
<i>lisinopril oral tablet</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	
LOPRESSOR ORAL TABLET	3	*
<i>losartan oral tablet</i>	1	
<i>losartan-hydrochlorothiazide oral tablet</i>	1	
LOTENSIN HCT ORAL TABLET	3	*
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	*
LOTREL ORAL CAPSULE	3	*
<i>matzim la oral tablet extended release 24 hr</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>methyldopa oral tablet</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet</i>	1	
<i>methyldopate intravenous solution</i>	1	PA
<i>metolazone oral tablet</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	1	
<i>metoprolol tartrate intravenous solution</i>	1	PA
<i>metoprolol tartrate oral tablet</i>	1	
<i>metirosine oral capsule</i>	1	PA
MICARDIS HCT ORAL TABLET	3	ST; *
MICARDIS ORAL TABLET	3	ST; *
<i>minoxidil oral tablet</i>	1	
<i>moexipril oral tablet</i>	1	
<i>nadolol oral tablet</i>	1	
<i>nebivolol oral tablet</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR	3	
<i>nicardipine oral capsule</i>	1	
<i>nifedipine oral capsule</i>	1	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>nimodipine oral capsule</i>	1	PA
<i>nisoldipine oral tablet extended release 24 hr</i>	1	
NORLIQVA ORAL SOLUTION	3	PA
NORVASC ORAL TABLET	3	*
NYMALIZE ORAL SOLUTION	3	PA
NYMALIZE ORAL SYRINGE	3	PA
<i>olmesartan oral tablet</i>	1	ST
<i>olmesartan-amlodipin-hcthiazyd oral tablet</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	ST
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	3	PA; LA
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	3	PA; LA
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA; LA
<i>papaverine injection solution</i>	1	PA
<i>perindopril erbumine oral tablet</i>	1	
<i>phenoxybenzamine oral capsule</i>	1	PA
<i>pindolol oral tablet</i>	1	
<i>prazosin oral capsule</i>	1	
PRESTALIA ORAL TABLET	3	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	*
<i>propranolol intravenous solution</i>	1	PA
<i>propranolol oral capsule,extended release 24 hr</i>	1	
<i>propranolol oral solution</i>	1	
<i>propranolol oral tablet</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet</i>	1	
QBRELIS ORAL SOLUTION	3	PA
<i>quinapril oral tablet</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	1	
REMODULIN INJECTION SOLUTION	3	PA; *, LA
SOAANZ ORAL TABLET	3	
<i>spironolactone oral suspension</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	*
TEKTURNA ORAL TABLET	3	ST; *
<i>telmisartan oral tablet</i>	1	ST
<i>telmisartan-amlodipine oral tablet</i>	1	ST
<i>telmisartan-hydrochlorothiazid oral tablet</i>	1	ST
TENORETIC 100 ORAL TABLET	3	*
TENORETIC 50 ORAL TABLET	3	*
TENORMIN ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>terazosin oral capsule</i>	1	
THALITONE ORAL TABLET	3	
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	*
<i>timolol maleate oral tablet</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	*
<i>torse mide oral tablet</i>	1	
<i>trandolapril oral tablet</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	
<i>treprostinil sodium injection solution</i>	1	PA; LA
<i>triamterene oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	
TRIBENZOR ORAL TABLET	3	*
UPTRAVI INTRAVENOUS RECON SOLN	3	PA
UPTRAVI ORAL TABLET	3	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK	3	PA; LA
VALSARTAN ORAL SOLUTION	3	ST
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	
VASERETIC ORAL TABLET	3	*
VASOTEC ORAL TABLET	3	*
<i>veletri intravenous recon soln</i>	1	PA; LA
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT	3	*
ZESTORETIC ORAL TABLET	3	*
ZESTRIL ORAL TABLET	3	*

CARDIAC GLYCOSIDES

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Drug Name	Drug Tier	Requirements / Limits
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet</i>	1	
LANOXIN ORAL TABLET	3	*
COAGULATION THERAPY		
ALVAIZ ORAL TABLET	3	PA; LA
AMICAR ORAL SOLUTION	3	*
AMICAR ORAL TABLET	3	*
<i>aminocaproic acid intravenous solution</i>	1	PA
<i>aminocaproic acid oral solution</i>	1	
<i>aminocaproic acid oral tablet</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE	3	*
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	1	
BRILINTA ORAL TABLET	2	
CABLIVI INJECTION KIT	3	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	PA; LA
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	PA; LA
<i>cilostazol oral tablet</i>	1	
<i>clopidogrel oral tablet</i>	1	
CYKLOKAPRON INTRAVENOUS SOLUTION	3	PA; *
<i>dabigatran etexilate oral capsule</i>	1	QL
<i>dipyridamole oral tablet</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET	3	PA; LA; QL
EFFIENT ORAL TABLET	3	*
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
ELIQUIS ORAL TABLET	2	
<i>enoxaparin subcutaneous solution</i>	1	
<i>enoxaparin subcutaneous syringe</i>	1	
<i>fondaparinux subcutaneous syringe</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION	3	
FRAGMIN SUBCUTANEOUS SYRINGE	3	
<i>hep flush-10 (pf) intravenous solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution</i>	1	PA
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution</i>	1	PA
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	
<i>jantoven oral tablet</i>	1	
KENGREAL INTRAVENOUS RECON SOLN	3	PA
LOVENOX SUBCUTANEOUS SOLUTION	3	PA; *
LOVENOX SUBCUTANEOUS SYRINGE	3	*
MULPLETA ORAL TABLET	3	PA; LA; QL
NPLATE SUBCUTANEOUS RECON SOLN	3	PA; LA
<i>pentoxifylline oral tablet extended release</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	*
PRADAXA ORAL CAPSULE	3	PA; *, QL
PRADAXA ORAL PELLETS IN PACKET	3	PA
<i>prasugrel oral tablet</i>	1	
PROMACTA ORAL POWDER IN PACKET	3	PA; LA
PROMACTA ORAL TABLET	3	PA; LA
<i>protamine intravenous solution</i>	1	PA
SAVAYSA ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements / Limits
TAVALISSE ORAL TABLET	3	PA
<i>tranexamic acid intravenous solution</i>	1	PA
<i>warfarin oral tablet</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	
XARELTO ORAL TABLET	2	
ZONTIVITY ORAL TABLET	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	3	ST
<i>amlodipine-atorvastatin oral tablet</i>	1	
ATORVALIQ ORAL SUSPENSION	3	PA; QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	0	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET ORAL TABLET	3	*
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light oral powder</i>	1	
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam oral powder in packet</i>	1	
<i>colesevelam oral tablet</i>	1	
COLESTID ORAL GRANULES	3	*
COLESTID ORAL TABLET	3	*
<i>colestipol oral granules</i>	1	
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	
CRESTOR ORAL TABLET	3	*
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE	3	
<i>ezetimibe oral tablet</i>	1	QL
EZETIMIBE-ROSUVASTATIN ORAL TABLET	3	PA
<i>ezetimibe-simvastatin oral tablet</i>	1	
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	3	
<i>fenofibrate nanocrystallized oral tablet</i>	1	
FENOFIBRATE ORAL CAPSULE	3	
<i>fenofibrate oral tablet</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	1	
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET	3	ST; *
FIBRICOR ORAL TABLET	3	ST; *
FLOLIPID ORAL SUSPENSION	3	PA; QL
<i>fluvastatin oral capsule</i>	0	ACA
<i>fluvastatin oral tablet extended release 24 hr</i>	0	ACA
<i>gemfibrozil oral tablet</i>	1	
<i>icosapent ethyl oral capsule</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 5 MG	3	PA; LA; QL
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	*
LIPITOR ORAL TABLET	3	*
LIPOFEN ORAL CAPSULE	3	
LIVALO ORAL TABLET	3	ST; *; QL
LOPID ORAL TABLET	3	*
<i>lovastatin oral tablet</i>	0	ACA
LOVAZA ORAL CAPSULE	3	PA; *
NEXLETOL ORAL TABLET	3	PA; QL
NEXLIZET ORAL TABLET	3	PA; QL
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>omega-3 acid ethyl esters oral capsule</i>	1	PA
<i>pitavastatin calcium oral tablet</i>	0	ST; ACA; QL
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>pravastatin oral tablet</i>	0	ACA
<i>prevalite oral powder</i>	1	
<i>prevalite oral powder in packet</i>	1	
QUESTRAN LIGHT ORAL POWDER	3	*

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Drug Name	Drug Tier	Requirements / Limits
QUESTRAN ORAL POWDER	3	*
QUESTRAN ORAL POWDER IN PACKET	3	*
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
ROSZET ORAL TABLET	3	PA
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR ORAL TABLET	3	*
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	*
VASCEPA ORAL CAPSULE	3	PA; *
VYTORIN 10-10 ORAL TABLET	3	*
VYTORIN 10-20 ORAL TABLET	3	*
VYTORIN 10-40 ORAL TABLET	3	*
VYTORIN 10-80 ORAL TABLET	3	*
WELCHOL ORAL POWDER IN PACKET	3	*
WELCHOL ORAL TABLET	3	*
ZETIA ORAL TABLET	3	*, QL
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; *
ZYPITAMAG ORAL TABLET	3	ST
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET	3	
CAMZYOS ORAL CAPSULE	3	PA; LA; QL
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	3	PA; *
ENTRESTO ORAL TABLET	2	
ENTRESTO SPRINKLE ORAL PELLETT	2	
FILSPARI ORAL TABLET	3	PA; QL
<i>ivabradine oral tablet</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
LODOCO ORAL TABLET	3	PA; QL
<i>ranolazine oral tablet extended release 12 hr</i>	1	
VERQUVO ORAL TABLET	3	PA
VYNDAMAX ORAL CAPSULE	3	PA; LA; QL
VYNDAQEL ORAL CAPSULE	3	PA; LA; QL
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET	3	
ISORDIL ORAL TABLET	3	*
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	*
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	
<i>nitro-bid transdermal ointment</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	2	
<i>nitroglycerin sublingual tablet</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual spray,non-aerosol</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL	3	*
NITROMIST TRANSLINGUAL AEROSOL, SPRAY	3	*
NITROSTAT SUBLINGUAL TABLET	3	*
<i>nitro-time oral capsule, extended release</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	1	PA
ANALPRAM-HC TOPICAL LOTION	3	*
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA
BIMZELX SUBCUTANEOUS SYRINGE	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene scalp solution</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
CALCIPOTRIENE TOPICAL FOAM	3	ST; QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene-betamethasone topical ointment</i>	1	PA; QL
<i>calcipotriene-betamethasone topical suspension</i>	1	PA; QL
<i>calcitriol topical ointment</i>	1	QL
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	3	PA; LA; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
COSENTYX SUBCUTANEOUS SYRINGE	3	PA; LA; QL
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
ENSTILAR TOPICAL FOAM	3	PA; QL
EPIFOAM TOPICAL FOAM	3	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
ILUMYA SUBCUTANEOUS SYRINGE	3	PA; LA
OVACE PLUS SHAMPOO TOPICAL SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL	3	
OVACE TOPICAL CLEANSER	3	*
PLEXION NS TOPICAL SHAMPOO	3	
PRAMOSONE TOPICAL CREAM 1-1 %	3	
PRAMOSONE TOPICAL LOTION	3	
PRAMOSONE TOPICAL OINTMENT	3	
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SILIQ SUBCUTANEOUS SYRINGE	3	PA; LA; QL
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; LA; QL
SORILUX TOPICAL FOAM	3	ST; QL
SOTYKTU ORAL TABLET	3	PA; LA
SPEVIGO SUBCUTANEOUS SYRINGE	3	PA; LA; QL
STELARA INTRAVENOUS SOLUTION	3	PA; LA; QL
STELARA SUBCUTANEOUS SOLUTION	3	PA; LA; QL
STELARA SUBCUTANEOUS SYRINGE	2	PA; LA; QL
<i>sulfacetamide sodium topical cleanser</i>	1	
<i>sulfacetamide sodium topical cleanser, gel</i>	1	
<i>sulfacetamide sodium topical shampoo</i>	1	
TACLONEX TOPICAL SUSPENSION	3	*; QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	2	PA; LA; QL
TERSI FOAM TOPICAL FOAM	3	
VECTICAL TOPICAL OINTMENT	3	*; QL
VTAMA TOPICAL CREAM	3	PA; QL
WYNZORA TOPICAL CREAM	3	PA; QL
ZORYVE TOPICAL CREAM	3	PA; QL
ZORYVE TOPICAL FOAM	3	PA
BURN THERAPY		
SILVADENE TOPICAL CREAM	3	*
<i>silver sulfadiazine topical cream</i>	1	
<i>ssd topical cream</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA; QL
ADBRY SUBCUTANEOUS SYRINGE	2	PA; LA; QL
CARAC TOPICAL CREAM	3	
CIBINQO ORAL TABLET	2	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
CONDYLOX TOPICAL GEL	3	*
CORTANE-B TOPICAL LOTION	3	*
<i>diclofenac sodium topical gel 3 %</i>	1	
<i>doxepin topical cream</i>	1	PA
DRYSOL DAB-O-MATIC TOPICAL SOLUTION	3	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR	2	PA; LA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; LA
EFUDEX TOPICAL CREAM	3	*
ELIDEL TOPICAL CREAM	3	*; QL
EUCRISA TOPICAL OINTMENT	3	PA
FLUOROPLEX TOPICAL CREAM	3	
FLUOROURACIL TOPICAL CREAM 0.5 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR TOPICAL GEL	3	PA; QL
IODOFLEX TOPICAL PADS, MEDICATED	3	
IODOSORB TOPICAL GEL	3	
LEVULAN TOPICAL SOLUTION	3	
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA TOPICAL CREAM	3	PA
PANRETIN TOPICAL GEL	3	PA
<i>pimecrolimus topical cream</i>	1	QL
<i>podofilox topical gel</i>	1	
<i>podofilox topical solution</i>	1	
<i>pradoxin topical cream</i>	1	PA
QBREXZA TOPICAL TOWELETTE	3	PA; QL
REGRANEX TOPICAL GEL	3	PA
SOFDRA TOPICAL GEL WITH PUMP	3	PA; QL
<i>tacrolimus topical ointment</i>	1	QL
TOLAK TOPICAL CREAM	3	

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Drug Name	Drug Tier	Requirements / Limits
UVADEX INJECTION SOLUTION	3	PA
VALCHLOR TOPICAL GEL	3	PA; LA; QL
VEREGEN TOPICAL OINTMENT	3	
<i>wintergreen oil oil</i>	1	
ZONALON TOPICAL CREAM	3	PA; *
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE	3	PA
ABSORICA ORAL CAPSULE	3	*
ACANYA TOPICAL GEL WITH PUMP	3	PA; *
<i>accutane oral capsule</i>	1	
ACZONE TOPICAL GEL	3	PA; *
ACZONE TOPICAL GEL WITH PUMP	3	PA; *
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.1 %</i>	1	OTC
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	
<i>adapalene topical solution</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump</i>	1	
AKLIEF TOPICAL CREAM	3	PA
ALTRENO TOPICAL LOTION	3	PA
<i>amnestem oral capsule</i>	1	
AMZEEQ TOPICAL FOAM	3	PA
ARAZLO TOPICAL LOTION	3	PA
ATRALIN TOPICAL GEL	3	*
AVAR LS TOPICAL CLEANSER	3	ST
<i>avar topical cleanser</i>	1	ST
<i>azelaic acid topical gel</i>	1	PA
AZELEX TOPICAL CREAM	2	PA
BENZAMYCIN TOPICAL GEL	3	*
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER	3	*
<i>benzepro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>benzoyl peroxide topical foam</i>	1	PA
<i>bp 10-1 topical cleanser</i>	1	
<i>brimonidine topical gel with pump</i>	1	PA
CABTREO TOPICAL GEL	3	
<i>claravis oral capsule</i>	1	
CLENIA PLUS TOPICAL SUSPENSION	3	
CLEOCIN T TOPICAL LOTION	3	*
CLINDACIN ETZ TOPICAL KIT	3	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p topical swab</i>	1	
CLINDACIN PAC TOPICAL KIT	3	
<i>clindacin topical foam</i>	1	
CLINDAGEL TOPICAL GEL, ONCE DAILY	3	PA; *
<i>clindamycin phosphate topical foam</i>	1	
<i>clindamycin phosphate topical gel</i>	1	
<i>clindamycin phosphate topical gel, once daily</i>	1	ST
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	1	
<i>clindamycin-tretinoin topical gel</i>	1	
<i>dapsone topical gel</i>	1	PA
<i>dapsone topical gel with pump</i>	1	PA
DIFFERIN TOPICAL CREAM	3	*
DIFFERIN TOPICAL GEL 0.1 %	3	*; OTC
DIFFERIN TOPICAL GEL WITH PUMP	3	*
DIFFERIN TOPICAL LOTION	3	
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	*
EPSOLAY TOPICAL CREAM	3	PA
<i>ery pads topical swab</i>	1	
<i>erygel topical gel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide topical gel</i>	1	
EVOCLIN TOPICAL FOAM	3	*
FABIOR TOPICAL FOAM	3	
FINACEA TOPICAL FOAM	3	PA
<i>isotretinoin oral capsule</i>	1	
<i>ivermectin topical cream</i>	1	PA
METROCREAM TOPICAL CREAM	3	*
METROGEL TOPICAL GEL 1 %	3	*
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel</i>	1	
<i>metronidazole topical gel with pump</i>	1	
<i>metronidazole topical lotion</i>	1	
MIRVASO TOPICAL GEL WITH PUMP	3	PA; *
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL	3	
<i>neuac topical gel</i>	1	
NORITATE TOPICAL CREAM	2	PA
ONEXTON TOPICAL GEL WITH PUMP	3	*
PLEXION TOPICAL CLEANSER	3	ST
PR BENZOYL PEROXIDE TOPICAL CLEANSER	3	*
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.08 %, 0.1 %	3	*
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	3	
RETIN-A MICRO TOPICAL GEL	3	*
RETIN-A TOPICAL CREAM	3	*
RETIN-A TOPICAL GEL	3	*
RHOFADE TOPICAL CREAM	3	PA
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSDAN TOPICAL KIT, CLEANSER AND GEL	3	
ROSDAN TOPICAL KIT, CLEANSER AND CREAM	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>rosula cleansing cloths topical pads, medicated</i>	1	PA
ROSULA TOPICAL CLEANSER	3	PA
SOOLANTRA TOPICAL CREAM	3	PA; *
<i>sss 10-5 topical cream</i>	1	
<i>sss 10-5 topical foam</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 % , 10-5 % (w/w), 9-4 % , 9-4.5 % , 9.8-4.8 %</i>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 %	3	ST
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 % , 8-4 %</i>	1	
SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 %	3	
<i>sulfacleanse 8-4 topical suspension</i>	1	
SUMADAN TOPICAL CLEANSER	3	
SUMADAN TOPICAL KIT	3	
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM	3	
<i>tazarotene topical cream</i>	1	
TAZAROTENE TOPICAL FOAM	3	
<i>tazarotene topical gel</i>	1	
TAZORAC TOPICAL CREAM	3	*
TAZORAC TOPICAL GEL	3	*
<i>tretinoin microspheres topical gel</i>	1	
<i>tretinoin microspheres topical gel with pump</i>	1	
<i>tretinoin topical cream</i>	1	
<i>tretinoin topical gel</i>	1	
TWYNEO TOPICAL CREAM	3	ST
VANOXIDE-HC TOPICAL SUSPENSION	3	
VELTIN TOPICAL GEL	3	PA; *
WINLEVI TOPICAL CREAM	3	PA
<i>zenatane oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ZIANA TOPICAL GEL	3	*
ZILXI TOPICAL FOAM	3	PA
TOPICAL ANESTHETICS		
<i>bupivacaine-epinephrine (pf) injection solution</i>	1	PA
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %)</i>	1	PA
<i>dermacinrx lidocan topical adhesive patch,medicated</i>	1	
EXPAREL (PF) LOCAL INFILTRATION SUSPENSION	3	PA
<i>lidocaine hcl laryngotracheal solution</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000</i>	1	PA
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocaine-prilocaine topical kit</i>	1	
LIDOCAINE-TETRACAINE TOPICAL CREAM	3	
<i>lidocan iii topical adhesive patch,medicated</i>	1	
<i>lidocan iv topical adhesive patch,medicated</i>	1	
<i>lidocan v topical adhesive patch,medicated</i>	1	
<i>lidocort topical cream</i>	1	
LIDODERM TOPICAL ADHESIVE PATCH,MEDICATED	3	*
NYNUTEY TOPICAL CREAM	3	
PLIAGLIS TOPICAL CREAM	3	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 20 mg/ml (2 %)</i>	1	PA
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200,000	3	PA
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 2 %-1:200,000	3	PA; *

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Drug Name	Drug Tier	Requirements / Limits
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	3	PA
TOPICAL ANTIBACTERIALS		
ALCORTIN A TOPICAL GEL	3	PA
ALCORTIN A TOPICAL GEL IN PACKET	3	PA
ALTABAX TOPICAL OINTMENT	3	PA
CENTANY AT TOPICAL OINTMENT KIT	3	PA
CENTANY TOPICAL OINTMENT	3	PA
<i>gentamicin topical cream</i>	1	
<i>gentamicin topical ointment</i>	1	
KLARON TOPICAL SUSPENSION	3	*
<i>lugols topical solution</i>	1	
<i>mafenide acetate topical packet</i>	1	
<i>mupirocin calcium topical cream</i>	1	PA
<i>mupirocin topical ointment</i>	1	
NEO-SYNALAR KIT TOPICAL CREAM	3	
NEO-SYNALAR TOPICAL CREAM	3	
<i>strong iodine topical solution</i>	1	
<i>sulfacetamide sodium (acne) topical suspension</i>	1	
SULFAMYLON TOPICAL CREAM	3	
XEPI TOPICAL CREAM	3	PA
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	
<i>ciclodan topical cream</i>	1	
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical gel</i>	1	
<i>ciclopirox topical shampoo</i>	1	
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	
<i>ciclopirox-ure-camph-menth-euc topical solution</i>	1	
<i>clotrimazole topical cream</i>	1	
<i>clotrimazole topical solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>clotrimazole-betamethasone topical lotion</i>	1	
<i>econazole topical cream</i>	1	
ECOZA TOPICAL FOAM	3	PA; QL
ERTACZO TOPICAL CREAM	3	
EXELDERM TOPICAL CREAM	3	PA
EXELDERM TOPICAL SOLUTION	3	PA
EXTINA TOPICAL FOAM	3	*
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	PA
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical foam</i>	1	
<i>ketoconazole topical shampoo</i>	1	
<i>ketodan topical foam</i>	1	
<i>klayesta topical powder</i>	1	
LOPROX (AS OLAMINE) TOPICAL CREAM	3	*
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	3	*
LULICONAZOLE TOPICAL CREAM	3	PA; QL
LUZU TOPICAL CREAM	3	PA; QL
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	PA; QL
<i>naftifine topical cream</i>	1	
<i>naftifine topical gel 2 %</i>	1	
NAFTIN TOPICAL GEL 2 %	3	*
<i>nyamyc topical powder</i>	1	
<i>nystatin topical cream</i>	1	
<i>nystatin topical ointment</i>	1	
<i>nystatin topical powder</i>	1	
<i>nystatin-triamcinolone topical cream</i>	1	
<i>nystatin-triamcinolone topical ointment</i>	1	
<i>nystop topical powder</i>	1	
<i>oxiconazole topical cream</i>	1	PA
OXISTAT TOPICAL LOTION	3	
SULCONAZOLE TOPICAL CREAM	3	PA

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Drug Name	Drug Tier	Requirements / Limits
SULCONAZOLE TOPICAL SOLUTION	3	PA
<i>tavaborole topical solution with applicator</i>	1	PA
VUSION TOPICAL OINTMENT	3	PA; QL
XOLEGEL TOPICAL GEL	3	
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA
<i>acyclovir topical ointment</i>	1	PA
DENAVIR TOPICAL CREAM	3	*
<i>penciclovir topical cream</i>	1	
XERESE TOPICAL CREAM	3	PA
ZOVIRAX TOPICAL CREAM	3	PA; *
ZOVIRAX TOPICAL OINTMENT	3	PA; *
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION	3	*
<i>alclometasone topical cream</i>	1	
<i>alclometasone topical ointment</i>	1	
<i>amcinonide topical cream</i>	1	PA
<i>amcinonide topical ointment</i>	1	PA
<i>apexicon e topical cream</i>	1	PA
<i>beser topical lotion</i>	1	PA
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	PA
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	1	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
BRYHALI TOPICAL LOTION	3	PA
CAPEX TOPICAL SHAMPOO	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol scalp solution</i>	1	PA
<i>clobetasol topical cream</i>	1	PA
<i>clobetasol topical foam</i>	1	PA; QL
<i>clobetasol topical gel</i>	1	PA
<i>clobetasol topical lotion</i>	1	PA
<i>clobetasol topical ointment</i>	1	PA
<i>clobetasol topical shampoo</i>	1	PA
<i>clobetasol topical spray,non-aerosol</i>	1	PA
<i>clobetasol-emollient topical cream</i>	1	PA
<i>clobetasol-emollient topical foam</i>	1	PA; QL
CLOBEX TOPICAL SHAMPOO	3	PA; *
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	PA; *
<i>clocortolone pivalate topical cream</i>	1	PA
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER	3	PA
<i>clodan topical shampoo</i>	1	PA
CORDRAN TAPE LARGE ROLL TOPICAL TAPE	3	PA; QL
CORDRAN TOPICAL CREAM 0.025 %	3	PA
CORDRAN TOPICAL CREAM 0.05 %	3	PA; *
CORDRAN TOPICAL LOTION	3	PA; *
CORDRAN TOPICAL OINTMENT	3	PA; *
DERMA-SMOOTH/FS BODY OIL TOPICAL OIL	3	*
DERMA-SMOOTH/FS SCALP OIL SCALP OIL	3	*
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	PA
<i>desonide topical lotion</i>	1	PA
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream 0.05 %</i>	1	PA
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	1	PA
<i>desoximetasone topical ointment</i>	1	PA
<i>desoximetasone topical spray,non-aerosol</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>diflorasone topical cream</i>	1	PA
<i>diflorasone topical ointment</i>	1	PA
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	*
DUOBRII TOPICAL LOTION	3	PA; QL
<i>fluocinolone and shower cap scalp oil</i>	1	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	1	
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	1	PA
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-e topical cream</i>	1	
<i>flurandrenolide topical cream</i>	1	PA
<i>flurandrenolide topical lotion</i>	1	PA
<i>flurandrenolide topical ointment</i>	1	PA
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	PA
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide topical cream</i>	1	PA
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical foam</i>	1	PA
<i>halobetasol propionate topical ointment</i>	1	
HALOG TOPICAL CREAM	3	PA; *
HALOG TOPICAL OINTMENT	3	PA
HALOG TOPICAL SOLUTION	3	PA
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical lotion</i>	1	PA
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical lotion 2 %</i>	1	ST
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	1	
IMPOYZ TOPICAL CREAM	3	PA
KENALOG TOPICAL AEROSOL	3	*
LOCOID LIPOCREAM TOPICAL CREAM	3	*
LOCOID TOPICAL LOTION	3	PA; *
<i>mometasone topical cream</i>	1	
<i>mometasone topical ointment</i>	1	
<i>mometasone topical solution</i>	1	
NUCORT TOPICAL LOTION	3	
OLUX TOPICAL FOAM	3	PA; *, QL
PANDEL TOPICAL CREAM	3	
<i>prednicarbate topical cream</i>	1	
<i>prednicarbate topical ointment</i>	1	
PROCTOCORT TOPICAL CREAM	3	*
SCALACORT DK TOPICAL COMBO PACK	3	PA
<i>scalacort topical lotion</i>	1	
SYNALAR CREAM KIT TOPICAL CREAM	3	
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM	3	
SYNALAR TOPICAL CREAM	3	*
SYNALAR TOPICAL OINTMENT	3	*
SYNALAR TOPICAL SOLUTION	3	*
SYNALAR TS TOPICAL KIT	3	
TEXACORT TOPICAL SOLUTION	3	
TOPICORT TOPICAL CREAM 0.05 %	3	PA; *
TOPICORT TOPICAL CREAM 0.25 %	3	*
TOPICORT TOPICAL GEL	3	PA; *
TOPICORT TOPICAL OINTMENT	3	PA; *
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	PA; *
<i>tovet emollient topical foam</i>	1	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical aerosol</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	PA
<i>triderm topical cream</i>	1	
ULTRAVATE TOPICAL LOTION	3	PA
VANOS TOPICAL CREAM	3	PA; *
VERDESO TOPICAL FOAM	3	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT	3	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	1	
ELIMITE TOPICAL CREAM	3	*
EURAX TOPICAL CREAM	2	
EURAX TOPICAL LOTION	2	
<i>malathion topical lotion</i>	1	
NATROBA TOPICAL SUSPENSION	3	*
OVIDE TOPICAL LOTION	3	*
<i>permethrin topical cream</i>	1	
<i>spinosad topical suspension</i>	1	
ULESFIA TOPICAL LOTION	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	PA
PHYSIOLYTE IRRIGATION SOLUTION	3	*
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	*
<i>ringer's irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION	3	
<i>tis-u-sol pentalyte irrigation irrigation solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	1	
<i>acetic acid irrigation solution</i>	1	
AGRYLIN ORAL CAPSULE	3	*
AMPHADASE INJECTION SOLUTION	3	PA
<i>anagrelide oral capsule</i>	1	
BUPHENYL ORAL POWDER	3	PA; *
BUPHENYL ORAL TABLET	3	PA; *
<i>caffeine citrate oral solution</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE	3	*; LA
<i>carglumic acid oral tablet, dispersible</i>	1	
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	*
CARNITOR INTRAVENOUS SOLUTION	3	PA; *
CARNITOR ORAL SOLUTION	3	*
CARNITOR ORAL TABLET	3	*
<i>cevimeline oral capsule</i>	1	
CHEMET ORAL CAPSULE	3	
CUVRIOR ORAL TABLET	3	PA
<i>deferasirox oral granules in packet</i>	1	PA; LA
<i>deferasirox oral tablet</i>	1	PA; LA
<i>deferasirox oral tablet, dispersible</i>	1	PA; LA
<i>deferiprone oral tablet</i>	1	LA
<i>disulfiram oral tablet</i>	1	
<i>droxidopa oral capsule</i>	1	PA; LA; QL
DUVYZAT ORAL SUSPENSION	3	PA
EMPAVELI SUBCUTANEOUS SOLUTION	3	PA
ENDARI ORAL POWDER IN PACKET	3	PA; LA; QL
EVOXAC ORAL CAPSULE	3	*
EXJADE ORAL TABLET, DISPERSIBLE	3	PA; *; LA
FABHALTA ORAL CAPSULE	3	PA; QL
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	3	
FERRIPROX ORAL SOLUTION	3	
FERRIPROX ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
FERRLECIT INTRAVENOUS SOLUTION	3	PA; *
<i>glutamine (sickle cell) oral powder in packet</i>	1	PA; LA; QL
HYLENEX INJECTION SOLUTION	3	PA
INCRELEX SUBCUTANEOUS SOLUTION	3	PA; LA
JADENU ORAL TABLET	3	PA; *; LA
JADENU SPRINKLE ORAL GRANULES IN PACKET	3	PA; *; LA
JOENJA ORAL TABLET	3	PA; QL
<i>levocarnitine (with sugar) oral solution</i>	1	
<i>levocarnitine intravenous solution</i>	1	PA
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITFULO ORAL CAPSULE	3	PA; LA; QL
LITHOSTAT ORAL TABLET	3	
METOPIRONE ORAL CAPSULE	3	
<i>midodrine oral tablet</i>	1	
<i>nitisinone oral capsule</i>	1	PA; LA
NITYR ORAL TABLET	3	PA; LA
NORTHERA ORAL CAPSULE	3	PA; *; LA; QL
OLPRUVA ORAL PELLETS IN PACKET	3	PA
ORFADIN ORAL CAPSULE	3	PA; *
ORFADIN ORAL SUSPENSION	3	PA
PHEBURANE ORAL GRANULES	3	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET	3	PA
PYRUKYND ORAL TABLETS,DOSE PACK	3	PA
RADIOGARDASE ORAL CAPSULE	3	
RAVICTI ORAL LIQUID	3	PA; LA
REZDIFFRA ORAL TABLET	3	PA; LA; QL
RILUTEK ORAL TABLET	3	*
<i>riluzole oral tablet</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	*
<i>sodium chlor 0.9% bacteriostat injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe</i>	1	
<i>sodium ferric gluconat-sucrose intravenous solution</i>	1	PA
<i>sodium phenylbutyrate oral powder</i>	1	PA
<i>sodium phenylbutyrate oral tablet</i>	1	PA
SOHONOS ORAL CAPSULE	3	PA
SOLIRIS INTRAVENOUS SOLUTION	3	PA; LA
SYPRINE ORAL CAPSULE	3	*
TAVNEOS ORAL CAPSULE	3	PA
TEGLUTIK ORAL SUSPENSION	3	PA; QL
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA
THIOLA ORAL TABLET	3	PA; *
TIGLUTIK ORAL SUSPENSION	3	PA; QL
<i>tiopronin oral tablet</i>	1	PA; LA
<i>tiopronin oral tablet, delayed release (dr/ec)</i>	1	PA
<i>trientine oral capsule 250 mg</i>	1	PA
TRIENTINE ORAL CAPSULE 500 MG	3	PA
VOYDEYA ORAL TABLET	3	PA; QL
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET	3	PA
ZOKINVY ORAL CAPSULE	3	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	0	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET	0	ACA
CHANTIX ORAL TABLET 1 MG	0	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	0	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR	0	*; ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL GUM 2 MG	0	*, ACA; OTC
<i>nicorette buccal gum 4 mg</i>	0	ACA; OTC
NICORETTE BUCCAL LOZENGE	0	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE	0	ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	0	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge</i>	0	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	0	ACA; OTC
<i>nicotine transdermal patch 24 hour</i>	0	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential</i>	0	ACA; OTC
NICOTROL NS NASAL SPRAY, NON-AEROSOL	0	ACA
<i>quit 2 buccal gum</i>	0	ACA; OTC
<i>quit 2 buccal lozenge</i>	0	ACA; OTC
<i>quit 4 buccal gum</i>	0	ACA; OTC
<i>quit 4 buccal lozenge</i>	0	ACA; OTC
<i>stop smoking aid buccal lozenge</i>	0	ACA; OTC
<i>varenicline oral tablet</i>	0	ACA
<i>varenicline oral tablets, dose pack</i>	0	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol</i>	1	
CLINPRO 5000 DENTAL PASTE	3	
<i>denta 5000 plus dental cream</i>	1	
<i>denta 5000 plus sensitive dental paste</i>	1	
<i>dentagel dental gel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
<i>fluoride (sodium) dental solution</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000 DENTAL PASTE	3	

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Drug Name	Drug Tier	Requirements / Limits
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	
<i>fraiche 5000 dental gel</i>	1	
FRAICHE 5000 PREVI DENTAL GEL	3	ST
FRAICHE 5000 SENSITIVE DENTAL GEL	3	ST
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	
JUST RIGHT 5000 DENTAL PASTE	3	
<i>kourzeq dental paste</i>	1	
MUGARD MUCOUS MEMBRANE SOLUTION	3	
<i>olopatadine nasal spray,non-aerosol</i>	1	ST
<i>oralone dental paste</i>	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	*
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	
PREVIDENT DENTAL GEL	3	*
PREVIDENT DENTAL SOLUTION	3	*
PREVIDENT KIDS DENTAL PASTE	3	
Q-CARE RX Q4 KIT	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	*
<i>sf 5000 plus dental cream</i>	1	
<i>sf dental gel</i>	1	
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	
<i>triamcinolone acetonide dental paste</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	
CETRAXAL OTIC (EAR) DROPPERETTE	3	
<i>ciprofloxacin hcl otic (ear) dropperette</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS	3	*
<i>flac otic oil otic (ear) drops</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops</i>	1	
<i>ofloxacin otic (ear) drops</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	2	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	1	
CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION	3	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution</i>	1	
OTOVEL OTIC (EAR) SOLUTION	3	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	3	PA; LA; QL
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	3	PA; LA
AGAMREE ORAL SUSPENSION	3	PA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE	3	PA
CORTEF ORAL TABLET	3	*
<i>cortisone oral tablet</i>	1	
CORTROPHIN GEL INJECTION GEL	3	PA; LA; QL
CORTROSYN INJECTION RECON SOLN	3	PA; *
<i>cosyntropin injection recon soln</i>	1	PA
<i>deflazacort oral suspension</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>deflazacort oral tablet</i>	1	PA; LA
DEPO-MEDROL INJECTION SUSPENSION	3	
<i>dexabliss oral tablets,dose pack</i>	1	PA
<i>dexamethasone intensol oral drops</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets,dose pack</i>	1	PA
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution</i>	1	
EMFLAZA ORAL SUSPENSION	3	PA; LA
EMFLAZA ORAL TABLET	3	PA; *, LA
<i>fludrocortisone oral tablet</i>	1	
HEMADY ORAL TABLET	3	PA
<i>hydrocortisone oral tablet</i>	1	
KENALOG INJECTION SUSPENSION 10 MG/ML	3	
KENALOG INJECTION SUSPENSION 40 MG/ML	3	*
KENALOG-80 INJECTION SUSPENSION	3	
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	*
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	*
MEDROL ORAL TABLET 2 MG	2	
<i>methylprednisolone acetate injection suspension</i>	1	
<i>methylprednisolone oral tablet</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>millipred dp oral tablets,dose pack</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	*
<i>prednisolone oral solution</i>	1	
<i>prednisolone oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	
<i>prednisone intensol oral concentrate</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA
TAPERDEX ORAL TABLETS,DOSE PACK	3	PA
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	3	LA
ZCORT ORAL TABLETS,DOSE PACK	3	PA
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil oral tablet</i>	1	
SSKI ORAL SOLUTION	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ACCU-CHEK AVIVA PLUS TEST STRP STRIP	3	PA; OTC; QL
ACCU-CHEK GUIDE TEST STRIPS STRIP	3	PA; OTC; QL
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	3	PA; OTC; QL
ACCUTREND GLUCOSE TEST STRIPS STRIP	3	PA; OTC; QL
ADVANCED GLUC METER TEST STRIP STRIP	3	PA; OTC; QL
ADVOCATE REDI-CODE PLUS STRIP	3	PA; OTC; QL
AGAMATRIX AMP TEST STRIPS STRIP	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
ASSURE 4 STRIPS STRIP	3	PA; OTC; QL
ASSURE PLATINUM TEST STRIP STRIP	3	PA; OTC; QL
ASSURE PRISM MULTI STRIP STRIP	3	PA; OTC; QL
BIONIME RIGHTEST TEST STRIPS STRIP	3	PA; OTC; QL
BLOOD GLUCOSE TEST STRIP	3	PA; OTC; QL
BLULINK GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
CARESENS N TEST STRIPS STRIP	3	PA; OTC; QL
CARETOUCH TEST STRIP STRIP	3	PA; OTC; QL
CLEVER CHOICE MICRO TEST STRIP STRIP	3	PA; OTC; QL
CLEVER CHOICE PRO STRIP	3	PA; OTC; QL
CLEVER CHOICE TALK TEST STRIP	3	PA; OTC; QL
CLEVER CHOICE TEST STRIPS STRIP	3	PA; OTC; QL
CLEVER CHOICE VOICE PLUS TEST STRIP	3	PA; OTC; QL
CONTOUR NEXT TEST STRIPS STRIP	3	PA; OTC; QL
CONTOUR PLUS TEST STRIP STRIP	3	PA; OTC; QL
CONTOUR TEST STRIPS STRIP	3	PA; OTC; QL
DIATRUE PLUS TEST STRIP STRIP	3	PA; OTC; QL
EASY PLUS II TEST STRIP	3	PA; OTC; QL
EASY STEP STRIP	3	PA; OTC; QL
EASY TALK GLUCOSE TEST STRIP	3	PA; OTC; QL
EASY TALK PLUS II TEST STRIP STRIP	3	PA; OTC; QL
EASY TOUCH BLULINK TEST STRIP STRIP	3	PA; OTC; QL
EASY TOUCH TEST STRIP STRIP	3	PA; OTC; QL
EASY TRAK GLUCOSE TEST STRIP	3	PA; OTC; QL
EASY TRAK II TEST STRIP STRIP	3	PA; OTC; QL
EASYGLUCO TEST STRIP	3	PA; OTC; QL
EASYMAX STRIP	3	PA; OTC; QL
ELEMENT COMPACT TEST STRIPS STRIP	3	PA; OTC; QL
ELEMENT TEST STRIPS STRIP	3	PA; OTC; QL
EMBRACE BLOOD GLUCOSE SYSTEM STRIP	3	PA; OTC; QL
EMBRACE EVO TEST STRIPS STRIP	3	PA; OTC; QL
EMBRACE PRO TEST STRIPS STRIP	3	PA; OTC; QL
EMBRACE TALK TEST STRIPS STRIP	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
EVENCARE G2 STRIP	3	PA; OTC; QL
EVENCARE G3 TEST STRIP	3	PA; OTC; QL
EVENCARE MINI GLUCOSE TEST STR STRIP	3	PA; OTC; QL
EVENCARE PROVIEW TEST STRIP STRIP	3	PA; OTC; QL
EVOLUTION TEST STRIPS STRIP	3	PA; OTC; QL
EZ SMART PLUS TEST STRIP	3	PA; OTC; QL
EZ SMART TEST STRIP	3	PA; OTC; QL
FORA 6 CONNECT GLUCOSE STRIP STRIP	3	PA; OTC; QL
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	3	PA; OTC; QL
FORA D15G STRIPS STRIP	3	PA; OTC; QL
FORA D20 STRIP	3	PA; OTC; QL
FORA D40-G31 TEST STRIPS STRIP	3	PA; OTC; QL
FORA G20 STRIP	3	PA; OTC; QL
FORA G30-PREMIUM V10 TEST STRP STRIP	3	PA; OTC; QL
FORA GD50 TEST STRIPS STRIP	3	PA; OTC; QL
FORA GTEL GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
FORA TEST STRIP STRIP	3	PA; OTC; QL
FORA TN'G ADVAN PRO TEST STRIP STRIP	3	PA; OTC; QL
FORA TN'G VOICE TEST STRIPS STRIP	3	PA; OTC; QL
FORA V10 STRIP	3	PA; OTC; QL
FORA V10-V12-D10-D20 STRIPS STRIP	3	PA; OTC; QL
FORA V12 GLUCOSE STRIP	3	PA; OTC; QL
FORA V20 STRIP	3	PA; OTC; QL
FORACARE GD20 STRIP	3	PA; OTC; QL
FORACARE GD40 TEST STRIPS STRIP	3	PA; OTC; QL
FREESTYLE INSULINX STRIP	2	OTC; QL
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC; QL
FREESTYLE LITE STRIPS STRIP	2	OTC; QL
FREESTYLE PRECISION NEO STRIPS STRIP	2	OTC; QL
FREESTYLE TEST STRIP	2	OTC; QL
GE100 BLOOD GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
GE333 BLOOD GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
GENSTRIP TEST STRIP STRIP	3	PA; OTC; QL
GLUCO NAVII TEST STRIP STRIP	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD 01 SENSOR PLUS STRIP	3	PA; OTC; QL
GLUCOCARD EXPRESSION STRIP	3	PA; OTC; QL
GLUCOCARD SHINE TEST STRIPS STRIP	3	PA; OTC; QL
GLUCOCARD VITAL SENSOR STRIP	3	PA; OTC; QL
GLUCOCARD VITAL TEST STRIPS STRIP	3	PA; OTC; QL
GLUCOCOM GLUCOSE STRIP	3	PA; OTC; QL
GM100 STRIP	3	PA; OTC; QL
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
HARMONY GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
HEALTHPRO TEST STRIPS STRIP	3	PA; OTC; QL
IHEALTH GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
INFINITY TEST STRIPS STRIP	3	PA; OTC; QL
MICRO BLOOD GLUCOSE STRIP	3	PA; OTC; QL
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	3	PA; OTC; QL
MICRODOT XTRA BLOOD GLUCOSE STRIP	3	PA; OTC; QL
MYGLUCOHEALTH STRIP	3	PA; OTC; QL
NEUTEK 2TEK TEST STRIPS STRIP	3	PA; OTC; QL
NOVA MAX GLUCOSE TEST STRIP	3	PA; OTC; QL
ON CALL EXPRESS TEST STRIP STRIP	3	PA; OTC; QL
ONETOUCH ULTRA TEST STRIP	3	PA; OTC; QL
ONETOUCH VERIO TEST STRIPS STRIP	3	PA; OTC; QL
OPTIUM EZ STRIP	2	PA; OTC; QL
OPTIUM TEST STRIP	2	PA; OTC; QL
PHARMACIST CHOICE STRIP	3	PA; OTC; QL
PIP BLOOD GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
PLATINUM TEST STRIP STRIP	3	PA; OTC; QL
PRECISION PCX PLUS TEST STRIP	2	OTC; QL
PRECISION PCX TEST STRIP	2	OTC; QL
PRECISION POINT OF CARE TEST STRIP	2	OTC; QL
PRECISION Q-I-D TEST STRIP	2	OTC; QL
PRECISION XTRA TEST STRIP	2	OTC; QL
PREMIER TEST STRIP STRIP	3	PA; OTC; QL
PREMIUM V10 STRIP	3	PA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
PRODIGY NO CODING STRIP	3	PA; OTC; QL
QUINTET AC STRIP	3	PA; OTC; QL
REFUAH PLUS STRIP	3	PA; OTC; QL
RELION CONFIRM-MICRO STRIP	3	PA; OTC; QL
RELION PRIME TEST STRIPS STRIP	3	PA; OTC; QL
RELION ULTIMA STRIP	3	PA; OTC; QL
REVEAL TEST STRIP STRIP	3	PA; OTC; QL
RIGHTEST GS550 TEST STRIPS STRIP	3	PA; OTC; QL
RIGHTEST GT333 TEST STRIP STRIP	3	PA; OTC; QL
SMART SENSE TEST STRIPS STRIP	3	PA; OTC; QL
SMARTEST TEST STRIP	3	PA; OTC; QL
SOLUS V2 TEST STRIPS STRIP	3	PA; OTC; QL
SURE-TEST EASYPLUS MINI STRIP	3	PA; OTC; QL
TELCARE TEST STRIPS STRIP	3	PA; OTC; QL
TEST N'GO TEST STRIP	3	PA; OTC; QL
TRUE METRIX GLUCOSE TEST STRIP STRIP	3	PA; OTC; QL
TRUETEST TEST STRIPS STRIP	3	PA; OTC; QL
TRUETRACK TEST STRIP	3	PA; OTC; QL
ULTRATRAK STRIP	3	PA; OTC; QL
ULTRATRAK ULTIMATE STRIP	3	PA; OTC; QL
UNISTRIPI TEST STRIP STRIP	3	PA; OTC; QL
VIVAGUARD INO TEST STRIP STRIP	3	PA; OTC; QL
WAVESENSE JAZZ STRIP	3	PA; OTC; QL
WAVESENSE PRESTO STRIP	3	PA; OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MECHANICAL VENT SPACER	3	
AEROCHAMBER MINI SPACER	3	
AEROCHAMBER PLUS FLOW-VU SPACER	3	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROTRACH PLUS SPACER	3	
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER SPACER	3	

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Drug Name	Drug Tier	Requirements / Limits
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	
EUA PATIENT ASSESSMENT	3	
FLEXICHAMBER SPACER	3	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	QL
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
LITEAIRE MDI CHAMBER SPACER	3	
MICROCHAMBER SPACER	3	
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	3	
RITEFLO AEROCHAMBER SPACER	3	
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	QL
<i>diazoxide oral suspension</i>	1	
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3	PA; QL
<i>glucagon emergency kit (human) injection recon soln</i>	1	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	QL
GVOKE SUBCUTANEOUS SOLUTION	2	QL
PROGLYCEM ORAL SUSPENSION	3	*
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	PA
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		

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Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK GUIDE GLUCOSE METER	3	PA; OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	3	PA; OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	3	OTC
ACCUTREND GLUCOSE CONTROL SOLUTION	3	OTC
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
BD INTEGRA NEEDLE NEEDLE	2	
BD MICROTAINER LANCET 30 GAUGE	3	OTC; QL
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	2	OTC
CEQUR SIMPLICITY DEVICE	2	
DEXCOM G6 RECEIVER	2	QL
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
DEXCOM G7 RECEIVER	2	QL
DEXCOM G7 SENSOR DEVICE	2	QL
FREESTYLE FLASH SYSTEM KIT	0	OTC
FREESTYLE FREEDOM KIT	0	OTC
FREESTYLE FREEDOM LITE KIT	0	OTC
FREESTYLE INSULINX	0	OTC
FREESTYLE LIBRE 14 DAY READER	2	QL
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL
FREESTYLE LIBRE 2 READER	2	QL
FREESTYLE LIBRE 2 SENSOR KIT	2	QL
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	2	QL
FREESTYLE LIBRE 3 READER	2	QL
FREESTYLE LIBRE 3 SENSOR DEVICE	2	QL
FREESTYLE LITE METER KIT	0	OTC
FREESTYLE PRECISION NEO METER	0	OTC
FREESTYLE SIDEKICK II KIT	0	OTC

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE SYSTEM KIT KIT	0	OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
LANCETS 33 GAUGE	2	OTC; QL
LANCING DEVICE	2	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	2	
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	OTC
PRECISION XTRA MONITOR	0	OTC
T:FLEX SUBCUTANEOUS CARTRIDGE	3	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	3	
TANDEM MOBI CARTRIDGE SUBCUTANEOUS CARTRIDGE	3	
TEMPO SMART BUTTON DEVICE	3	
TEMPO WELCOME KIT KIT	3	
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	

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Drug Name	Drug Tier	Requirements / Limits
V-GO 40 DEVICE	3	
INSULIN THERAPY		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	ST
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	
BASAGLAR TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	3	
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE	3	ST
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN	3	PA
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION	3	PA
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	PA
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	ST
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	2	
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	ST
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	3	ST
RELION NOVOLIN N SUBCUTANEOUS SUSPENSION	3	ST
RELION NOVOLIN R INJECTION SOLUTION	3	ST
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN	3	PA
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	PA
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	2	

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Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	2	
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	3	PA; LA
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	*; QL
ANDROGEL TRANSDERMAL GEL IN PACKET	3	*; QL
AVEED INTRAMUSCULAR SOLUTION	3	PA
<i>cabergoline oral tablet</i>	1	
<i>calcitonin (salmon) injection solution</i>	1	
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	PA
<i>calcitriol oral capsule</i>	1	
<i>calcitriol oral solution</i>	1	
CERDELGA ORAL CAPSULE	3	PA; LA
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	3	PA; LA
<i>cetrorelix subcutaneous kit</i>	1	PA
CETROTIDE SUBCUTANEOUS KIT	3	PA; *; LA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN	3	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	3	PA; LA; QL
<i>cinacalcet oral tablet</i>	1	PA
<i>clomid oral tablet</i>	1	
<i>clomiphene citrate oral tablet</i>	1	
<i>danazol oral capsule</i>	1	
DDAVP ORAL TABLET	3	*
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	*
<i>desmopressin injection solution</i>	1	LA
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral tablet</i>	1	
<i>doxercalciferol intravenous solution</i>	1	PA
<i>doxercalciferol oral capsule</i>	1	PA
ELAPRASE INTRAVENOUS SOLUTION	3	PA; LA
ELELYSO INTRAVENOUS RECON SOLN	3	PA; LA
FABRAZYME INTRAVENOUS RECON SOLN	3	PA; LA
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE	3	PA; LA
<i>fyremadel subcutaneous syringe</i>	1	PA; LA
GALAFOLD ORAL CAPSULE	3	PA; LA; QL
<i>ganirelix subcutaneous syringe</i>	1	PA; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR	2	PA; LA
GONAL-F RFF SUBCUTANEOUS RECON SOLN	2	PA; LA
GONAL-F SUBCUTANEOUS RECON SOLN	2	PA; LA
HECTOROL INTRAVENOUS SOLUTION	3	PA; *
ISTURISA ORAL TABLET 1 MG, 5 MG	3	PA
JATENZO ORAL CAPSULE	3	PA; QL
<i>javygtor oral powder in packet</i>	1	PA; LA
<i>javygtor oral tablet,soluble</i>	1	PA; LA
JYNARQUE ORAL TABLET	2	PA
JYNARQUE ORAL TABLETS, SEQUENTIAL	2	PA; QL
KANUMA INTRAVENOUS SOLUTION	3	PA; LA
KORLYM ORAL TABLET	3	PA; *
KUVAN ORAL POWDER IN PACKET	3	PA; *, LA
KUVAN ORAL TABLET,SOLUBLE	3	PA; *, LA
KYZATREX ORAL CAPSULE	3	PA; QL
LUMIZYME INTRAVENOUS RECON SOLN	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
MENOPUR SUBCUTANEOUS RECON SOLN	2	PA; LA
METHITEST ORAL TABLET	3	QL
<i>methyltestosterone oral capsule</i>	1	QL
MIACALCIN INJECTION SOLUTION	3	*
<i>mifepristone oral tablet 300 mg</i>	1	PA; LA
<i>miglustat oral capsule</i>	1	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN	3	PA; LA
NAGLAZYME INTRAVENOUS SOLUTION	3	PA; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP	3	PA
NEXVIAZYME INTRAVENOUS RECON SOLN	3	PA; LA
NOC DURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOC DURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING	3	PA; QL
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	PA; LA; QL
ORILISSA ORAL TABLET	2	PA
OVIDREL SUBCUTANEOUS SYRINGE	3	PA; LA
PALYNZIQ SUBCUTANEOUS SYRINGE	3	PA; LA
<i>pamidronate intravenous solution</i>	1	PA
PARICALCITOL HEMODIALYSIS PORT INJECTION SOLUTION	3	PA
<i>paricalcitol intravenous solution</i>	1	PA
<i>paricalcitol oral capsule</i>	1	PA
PREGNYL INTRAMUSCULAR RECON SOLN	3	PA; LA; QL
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA
RECORLEV ORAL TABLET	3	PA; QL
ROCALTROL ORAL SOLUTION	3	*
SAMSCA ORAL TABLET	3	PA; *; LA
<i>sapropterin oral powder in packet</i>	1	PA; LA
<i>sapropterin oral tablet,soluble</i>	1	PA; LA
SENSIPAR ORAL TABLET	3	*
SOMAVERT SUBCUTANEOUS RECON SOLN	3	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
STRENSIQ SUBCUTANEOUS SOLUTION	2	PA
SYNAREL NASAL SPRAY, NON-AEROSOL	3	PA
TESTIM TRANSDERMAL GEL	3	*; QL
TESTOPEL IMPLANT PELLETT	3	PA
<i>testosterone cypionate intramuscular oil</i>	1	
<i>testosterone enanthate intramuscular oil</i>	1	
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 50 MG	3	PA
<i>testosterone transdermal gel</i>	1	QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	QL
<i>testosterone transdermal gel in packet</i>	1	QL
<i>testosterone transdermal solution in metered pump w/app</i>	1	
TLANDO ORAL CAPSULE	3	PA; QL
<i>tolvaptan oral tablet</i>	1	PA; LA
UNDECATREX ORAL CAPSULE	3	PA
VIMIZIM INTRAVENOUS SOLUTION	3	PA; LA
VOGELXO TRANSDERMAL GEL	3	*; QL
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
VOGELXO TRANSDERMAL GEL IN PACKET	3	QL
VOXZOGO SUBCUTANEOUS RECON SOLN	3	PA; LA
VPRIV INTRAVENOUS RECON SOLN	3	PA; LA
XYOSTED SUBCUTANEOUS AUTO-INJECTOR	3	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	PA; *
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	*
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	*; QL
ACTOS ORAL TABLET	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; QL
BYETTA SUBCUTANEOUS PEN INJECTOR	2	PA; QL
CYCLOSET ORAL TABLET	3	
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; QL
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET	3	ST; QL
DUETACT ORAL TABLET	3	ST; *
FARXIGA ORAL TABLET	3	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
GLIMEPIRIDE ORAL TABLET 3 MG	3	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
GLIPIZIDE ORAL TABLET 2.5 MG	3	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin oral tablet</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR	3	*
<i>glyburide micronized oral tablet</i>	1	
<i>glyburide oral tablet</i>	1	
<i>glyburide-metformin oral tablet</i>	1	
GLYXAMBI ORAL TABLET	2	QL
INPEFA ORAL TABLET	3	PA; QL
INVOKAMET ORAL TABLET	2	QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
INVOKANA ORAL TABLET	2	QL
JANUMET ORAL TABLET	2	
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR	2	
JANUVIA ORAL TABLET	2	
JARDIANCE ORAL TABLET	2	QL
JENTADUETO ORAL TABLET	2	
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	
KAZANO ORAL TABLET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
LIRAGLUTIDE SUBCUTANEOUS PEN INJECTOR	3	PA; QL
<i>metformin oral solution</i>	1	PA; QL
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
METFORMIN ORAL TABLET 625 MG	3	PA
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>metformin oral tablet extended release 24 hr (osm er)</i>	1	PA
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	PA
<i>miglitol oral tablet</i>	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; QL
<i>nateglinide oral tablet</i>	1	
NESINA ORAL TABLET	3	ST
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone oral tablet</i>	1	QL
<i>pioglitazone-glimepiride oral tablet</i>	1	ST
<i>pioglitazone-metformin oral tablet</i>	1	QL
PRECOSE ORAL TABLET	3	*
QTERN ORAL TABLET	3	PA; QL
<i>repaglinide oral tablet</i>	1	
RIOMET ORAL SOLUTION	3	PA; *, QL
RYBELSUS ORAL TABLET	2	PA; QL
<i>saxagliptin oral tablet</i>	1	ST
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr</i>	1	ST
SEGLUROMET ORAL TABLET	3	ST; QL
SITAGLIPTIN ORAL TABLET	3	
SITAGLIPTIN-METFORMIN ORAL TABLET	3	ST
STEGLATRO ORAL TABLET	3	ST; QL
STEGLUJAN ORAL TABLET	3	PA; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	3	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	3	PA; QL
SYNJARDY ORAL TABLET	2	QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
TRADJENTA ORAL TABLET	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR	2	QL
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; QL
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	2	PA; QL
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	2	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; QL
ZITUVIMET ORAL TABLET	3	ST
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR	3	ST
ZITUVIO ORAL TABLET	3	ST
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG	3	
ARMOUR THYROID ORAL TABLET	2	
CYTOMEL ORAL TABLET	3	*
ERMEZA ORAL SOLUTION	3	PA
<i>euthyrox oral tablet</i>	1	
<i>levo-t oral tablet</i>	1	
LEVOTHYROXINE ORAL CAPSULE	3	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution</i>	1	PA
<i>liothyronine oral tablet</i>	1	
<i>niva thyroid oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>np thyroid oral tablet</i>	1	
SYNTHROID ORAL TABLET	3	*
THYQUIDITY ORAL SOLUTION	3	PA
<i>thyroid (pork) oral tablet</i>	1	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	PA
<i>unithroid oral tablet</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet,disintegrating</i>	1	
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	PA
<i>belladonna alkaloids-opium rectal suppository</i>	1	QL
<i>chlordiazepoxide-clidinium oral capsule</i>	1	
CUVPOSA ORAL SOLUTION	3	PA; *
DARTISLA ORAL TABLET,DISINTEGRATING	3	PA
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral liquid</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	*
DONNATAL ORAL TABLET	3	
<i>ed-spaz oral tablet,disintegrating</i>	1	
GLYCATE ORAL TABLET	3	
<i>glycopyrrolate injection solution</i>	1	PA
<i>glycopyrrolate oral solution</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	PA
<i>hyoscyamine sulfate oral drops</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual tablet</i>	1	
<i>hyosyne oral drops</i>	1	
<i>hyosyne oral elixir</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR	3	*
LEVSIN ORAL TABLET	3	*
LEVSIN/SL SUBLINGUAL TABLET	3	*
LIBRAX (WITH CLIDINIUM) ORAL CAPSULE	3	*
LOMOTIL ORAL TABLET	3	*
<i>loperamide oral capsule</i>	1	
<i>methscopolamine oral tablet</i>	1	
MOTOFEN ORAL TABLET	3	
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; QL
NULEV ORAL TABLET,DISINTEGRATING	3	*
<i>opium tincture oral tincture</i>	1	
<i>oscimin oral tablet</i>	1	
<i>oscimin sl sublingual tablet</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE ORAL TABLET	3	*
ROBINUL ORAL TABLET	3	*
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE	3	
<i>symax fastabs oral tablet,disintegrating</i>	1	
<i>symax-sl sublingual tablet</i>	1	
<i>symax-sr oral tablet extended release 12 hr</i>	1	
MISCELLANEOUS AGENTS		
AURYXIA ORAL TABLET	3	PA
FOSRENOL ORAL POWDER IN PACKET	3	ST

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Drug Name	Drug Tier	Requirements / Limits
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; *
<i>lanthanum oral tablet,chewable</i>	1	ST
LOKELMA ORAL POWDER IN PACKET	3	PA
REVELA ORAL POWDER IN PACKET	3	ST; *
REVELA ORAL TABLET	3	ST; *
<i>sevelamer carbonate oral powder in packet</i>	1	ST
<i>sevelamer carbonate oral tablet</i>	1	
<i>sevelamer hcl oral tablet</i>	1	ST; QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension</i>	1	
<i>sps (with sorbitol) rectal enema</i>	1	
VELPHORO ORAL TABLET,CHEWABLE	3	PA
VELTASSA ORAL POWDER IN PACKET	3	PA
XPHOZAH ORAL TABLET	3	PA; QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE	3	PA; QL
<i>alosetron oral tablet</i>	1	QL
AMITIZA ORAL CAPSULE	3	PA; *, QL
ANA-LEX KIT RECTAL KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	2	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	*
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET,CHEWABLE	3	*
<i>anucort-hc rectal suppository</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	*
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	*
<i>aprepitant oral capsule 125 mg</i>	1	QL
<i>aprepitant oral capsule 40 mg, 80 mg</i>	1	
<i>aprepitant oral capsule,dose pack</i>	1	QL
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*
AZULFIDINE ORAL TABLET	3	*

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Drug Name	Drug Tier	Requirements / Limits
<i>balsalazide oral capsule</i>	1	
<i>betaine oral powder</i>	1	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	QL
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	1	
<i>budesonide rectal foam</i>	1	PA
BYLVAY ORAL CAPSULE	3	PA; LA
BYLVAY ORAL PELLETT	3	PA; LA
CANASA RECTAL SUPPOSITORY	3	ST; *
CHENODAL ORAL TABLET	3	PA
CHOLBAM ORAL CAPSULE	3	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	2	PA; LA; QL
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	2	PA; LA; QL
<i>citrate of magnesia oral solution</i>	0	ACA; OTC
<i>citroma oral solution</i>	0	ACA; OTC
<i>clearlax oral powder</i>	0	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	0	PA; ACA
COLAZAL ORAL CAPSULE	3	*
COMPAZINE ORAL TABLET	3	*
COMPAZINE RECTAL SUPPOSITORY	3	*
<i>compro rectal suppository</i>	1	
<i>constulose oral solution</i>	1	
CORTENEMA RECTAL ENEMA	3	*
CORTIFOAM RECTAL FOAM	2	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	
<i>cromolyn oral concentrate</i>	1	
CYSTADANE ORAL POWDER	3	*
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	ST; *
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*, QL

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Drug Name	Drug Tier	Requirements / Limits
<i>dimenhydrinate injection solution</i>	1	PA
DIPENTUM ORAL CAPSULE	3	ST
<i>doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec)</i>	1	QL
<i>dronabinol oral capsule</i>	1	PA
<i>droperidol injection solution</i>	1	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	0	ACA; OTC
EMEND ORAL CAPSULE 80 MG	3	*
EMEND ORAL CAPSULE, DOSE PACK	3	*; QL
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	
ENTYVIO INTRAVENOUS RECON SOLN	2	PA; LA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA
<i>enulose oral solution</i>	1	
EOHILIA ORAL SUSPENSION IN PACKET	3	PA; QL
GASTROCROM ORAL CONCENTRATE	3	*
GATTEX 30-VIAL SUBCUTANEOUS KIT	3	PA; LA
<i>gavilax oral powder</i>	0	ACA; OTC
<i>gavilyte-c oral recon soln</i>	0	ACA
<i>gavilyte-g oral recon soln</i>	0	ACA
<i>gavilyte-n oral recon soln</i>	0	ACA
<i>generlac oral solution</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	0	ACA; OTC
<i>gentle laxative (mag hydrox) oral suspension</i>	0	ACA; OTC
<i>gentlelax oral powder</i>	0	ACA; OTC
GIMOTI NASAL SPRAY WITH PUMP	3	PA
GOLYTELY ORAL RECON SOLN	3	*
<i>granisetron hcl oral tablet</i>	1	PA
<i>hemmorex-hc rectal suppository</i>	1	
<i>hydrocortisone acetate rectal suppository</i>	1	
<i>hydrocortisone rectal enema</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY	3	
IBSRELA ORAL TABLET	3	PA; QL
INFLECTRA INTRAVENOUS RECON SOLN	2	PA; LA
INFLIXIMAB INTRAVENOUS RECON SOLN	3	PA
IQIRVO ORAL TABLET	3	PA; LA; QL
KINEVAC INJECTION RECON SOLN	3	PA
KRISTALOSE ORAL PACKET	3	
<i>lactulose oral packet</i>	1	PA
<i>lactulose oral solution 10 gram/15 ml</i>	1	
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
<i>laxative peg 3350 oral powder</i>	0	ACA; OTC
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	ST; *
<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 rectal gel</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit</i>	1	
LINZESS ORAL CAPSULE	2	QL
LIVMARLI ORAL SOLUTION	3	PA
LOTRONEX ORAL TABLET	3	*, QL
<i>lubiprostone oral capsule</i>	1	PA; QL
<i>magnesium citrate oral solution</i>	0	ACA; OTC
MARINOL ORAL CAPSULE	3	PA; *
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
MECLIZINE ORAL TABLET 50 MG	3	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	ST
<i>mesalamine oral capsule,extended release 24hr</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine with cleansing wipe rectal enema kit</i>	1	
<i>metoclopramide hcl injection solution</i>	1	PA
<i>metoclopramide hcl injection syringe</i>	1	PA
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia oral suspension</i>	0	ACA; OTC
MOTEGRITY ORAL TABLET	3	PA; QL
MOVANTIK ORAL TABLET	3	
MOVIPREP ORAL POWDER IN PACKET	3	*
<i>natura-lax oral powder</i>	0	ACA; OTC
<i>nitroglycerin rectal ointment</i>	1	
OALIVA ORAL TABLET	3	PA; LA
OMVOH INTRAVENOUS SOLUTION	2	PA; LA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR	2	PA; LA
OMVOH SUBCUTANEOUS SYRINGE	2	PA; LA
<i>ondansetron hcl (pf) injection syringe</i>	1	PA
<i>ondansetron hcl intravenous solution</i>	1	PA
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	3	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate oral solution</i>	0	ACA; OTC
<i>oral saline laxative oral liquid</i>	0	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000- 97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
<i>peg 3350-electrolytes oral recon soln</i>	0	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	0	ACA
<i>peg-electrolyte soln oral recon soln</i>	0	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	*
PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	ST
<i>phosphate laxative oral liquid</i>	0	ACA; OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	0	PA; ACA
<i>polyethylene glycol 3350 oral powder</i>	0	ACA; OTC
<i>powderlax oral powder</i>	0	ACA; OTC
<i>prochlorperazine edisylate injection solution</i>	1	PA
<i>prochlorperazine maleate oral tablet</i>	1	
<i>prochlorperazine rectal suppository</i>	1	
PROCORT RECTAL CREAM	3	
PROCTOCORT RECTAL SUPPOSITORY	3	*
PROCTOFOAM HC RECTAL FOAM	3	
<i>procto-med hc topical cream with perineal applicator</i>	1	
<i>proctosol hc topical cream with perineal applicator</i>	1	
<i>proctozone-hc topical cream with perineal applicator</i>	1	
<i>purelax oral powder</i>	0	ACA; OTC
RECTIV RECTAL OINTMENT	3	*
REGLAN ORAL TABLET	3	*
RELISTOR ORAL TABLET	3	PA
RELISTOR SUBCUTANEOUS SOLUTION	3	PA
RELISTOR SUBCUTANEOUS SYRINGE	3	PA
RELTONE ORAL CAPSULE	3	ST
REMICADE INTRAVENOUS RECON SOLN	3	PA; LA
ROWASA RECTAL ENEMA KIT	3	*
SANCUSO TRANSDERMAL PATCH WEEKLY	3	ST; QL
<i>scopolamine base transdermal patch 3 day</i>	1	
SFROWASA RECTAL ENEMA	3	*
SKYRIZI INTRAVENOUS SOLUTION	2	PA; LA; QL
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	2	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>smoothlax oral powder</i>	0	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln</i>	0	ACA
SUCRAID ORAL SOLUTION	3	PA
SUFLAVE ORAL RECON SOLN	0	PA; ACA
<i>sulfasalazine oral tablet</i>	1	
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	*
SUTAB ORAL TABLET	0	ACA
SYMPROIC ORAL TABLET	3	
SYNDROS ORAL SOLUTION	3	PA
TIGAN INTRAMUSCULAR SOLUTION	3	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY	3	*
<i>trimethobenzamide oral capsule</i>	1	
TRULANCE ORAL TABLET	2	QL
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE	3	*
UCERIS RECTAL FOAM	3	PA; *
URSO FORTE ORAL TABLET	3	*
<i>ursodiol oral capsule</i>	1	
<i>ursodiol oral tablet</i>	1	
VARUBI ORAL TABLET	3	QL
VELSIPITY ORAL TABLET	3	PA; LA; QL
VIBERZI ORAL TABLET	2	
VIOKACE ORAL TABLET	3	ST
VOWST ORAL CAPSULE	3	PA
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec)</i>	0	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	

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Drug Name	Drug Tier	Requirements / Limits
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	2	PA; LA
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	2	PA; LA
ULCER THERAPY		
ACIPHEX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*; QL
<i>amoxicil-clarithromy-lansopraz oral combo pack</i>	1	
<i>bismuth subcit k-metronidz-tcn oral capsule</i>	1	
CARAFATE ORAL SUSPENSION	3	*
CARAFATE ORAL TABLET	3	*
<i>cimetidine hcl oral solution</i>	1	
<i>cimetidine oral tablet</i>	1	
CYTOTEC ORAL TABLET	3	*
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS	3	*; QL
<i>dexlansoprazole oral capsule,biphase delayed releas</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	OTC; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	PA; QL
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1	PA; QL
<i>esomeprazole sodium intravenous recon soln</i>	1	PA
<i>famotidine (pf) intravenous solution</i>	1	PA
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	1	PA
<i>famotidine intravenous solution</i>	1	PA
<i>famotidine oral suspension for reconstitution</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION	3	QL
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	QL
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	1	QL
<i>misoprostol oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NEXIUM 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	*; OTC; QL
NEXIUM 24HR ORAL TABLET,DELAYED RELEASE (DR/EC)	3	OTC; QL
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; *; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG, 40 MG	3	PA; *; QL
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	PA; QL
<i>nizatidine oral capsule</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK	3	
<i>omeprazole magnesium oral capsule,delayed release(dr/ec)</i>	1	OTC; QL
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL
<i>omeprazole oral tablet,delayed release (dr/ec)</i>	1	OTC; QL
<i>omeprazole oral tablet,disintegrat, delay rel</i>	1	OTC
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	QL
<i>omeprazole-sodium bicarbonate oral packet</i>	1	QL
<i>pantoprazole intravenous recon soln</i>	1	PA
<i>pantoprazole oral granules dr for susp in packet</i>	1	PA
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	QL
PEPCID ORAL TABLET	3	*
PREVACID 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	*; OTC; QL
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	*; QL
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL	3	*; QL
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	3	
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC)	2	OTC; QL
PROTONIX INTRAVENOUS RECON SOLN	3	PA; *
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	PA; *
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
PYLERA ORAL CAPSULE	3	*
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	3	QL
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	QL
<i>sucralfate oral suspension</i>	1	
<i>sucralfate oral tablet</i>	1	
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	QL
VOQUEZNA ORAL TABLET	3	PA; QL
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	QL
ZEGERID ORAL CAPSULE	3	*; QL
ZEGERID ORAL PACKET	3	*; QL
ZEGERID OTC ORAL CAPSULE	2	OTC; QL

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule</i>	1	LA
<i>ribavirin oral tablet 200 mg</i>	1	LA

BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	LA; QL
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	2	LA; QL
ARCALYST SUBCUTANEOUS RECON SOLN	3	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	LA; QL
GRANIX SUBCUTANEOUS SOLUTION	2	PA; LA; QL
GRANIX SUBCUTANEOUS SYRINGE	2	PA; LA; QL
ILARIS (PF) SUBCUTANEOUS SOLUTION	3	PA; LA
LEUKINE INJECTION RECON SOLN	3	LA
MIRCERA INJECTION SYRINGE	3	
MOZOBIL SUBCUTANEOUS SOLUTION	3	PA; *; LA

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Drug Name	Drug Tier	Requirements / Limits
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	3	PA; LA; QL
NEULASTA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
NEUPOGEN INJECTION SOLUTION	3	PA; LA; QL
NEUPOGEN INJECTION SYRINGE	3	PA; LA; QL
<i>plerixafor subcutaneous solution</i>	1	PA; LA
PROCRIIT INJECTION SOLUTION	2	LA; QL
PROLEUKIN INTRAVENOUS RECON SOLN	3	PA; LA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	3	PA; LA; QL
UDENYCA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
XOLREMDI ORAL CAPSULE	3	PA; QL
ZARXIO INJECTION SYRINGE	2	PA; LA; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN	3	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE	3	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA; LA
HUMATROPE INJECTION CARTRIDGE	3	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR	3	PA; LA
NORDITROPIN FLEXPEN SUBCUTANEOUS PEN INJECTOR	2	PA; LA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	3	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE	3	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN	3	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE	3	PA; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR	3	PA; LA
ZOMACTON SUBCUTANEOUS RECON SOLN	3	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION	2	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ALFERON N INJECTION SOLUTION	2	PA
BESREMI SUBCUTANEOUS SYRINGE	3	PA
PEGASYS SUBCUTANEOUS SOLUTION	3	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE	3	PA; LA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO ORAL TABLET	3	PA; *; LA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; LA
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; LA
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; LA; QL
BETASERON SUBCUTANEOUS KIT	2	PA; LA
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	*; LA; QL
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	*; LA
<i>dimethyl fumarate oral capsule, delayed release(dr/ec)</i>	1	PA; LA
<i> fingolimod oral capsule</i>	1	PA; LA
GILENYA ORAL CAPSULE 0.25 MG	2	PA
GILENYA ORAL CAPSULE 0.5 MG	3	PA; *; LA
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	LA; QL
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	LA
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	LA; QL
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	LA
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	3	PA; LA
LEMTRADA INTRAVENOUS SOLUTION	3	PA; LA
MAVENCLAD (10 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (4 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (5 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (6 TABLET PACK) ORAL TABLET	2	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (7 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (8 TABLET PACK) ORAL TABLET	2	PA; LA
MAVENCLAD (9 TABLET PACK) ORAL TABLET	2	PA; LA
MAYZENT ORAL TABLET	2	PA; LA
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	2	PA; LA
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	2	PA; LA
OCREVUS INTRAVENOUS SOLUTION	3	PA; LA
PLEGRIDY INTRAMUSCULAR SYRINGE	2	PA; LA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR	2	PA; LA
PLEGRIDY SUBCUTANEOUS SYRINGE	2	PA; LA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	3	PA; LA
PONVORY ORAL TABLET	3	PA; LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	2	PA; LA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR	2	PA; LA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	2	PA; LA
TASCENSO ODT ORAL TABLET,DISINTEGRATING	2	PA; LA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	PA; *, LA
<i>teriflunomide oral tablet</i>	1	PA; LA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	LA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	0	ACA
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN	3	
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	0	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	ACA
ATGAM INTRAVENOUS SOLUTION	3	PA
AUDENZ (NATIONAL STOCKPILE) INTRAMUSCULAR EMULSION	0	ACA
AUDENZ(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SYRINGE	0	ACA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	PA
BEXSERO INTRAMUSCULAR SYRINGE	0	ACA
BIVIGAM INTRAVENOUS SOLUTION	3	PA; LA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	0	ACA
BOTOX INJECTION RECON SOLN	3	PA; QL
CAPVAXIVE INTRAMUSCULAR SYRINGE	0	ACA
COMIRNATY 2024-25 (12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
CUVITRU SUBCUTANEOUS SOLUTION	3	PA; LA
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	3	PA; LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	0	ACA
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
DYSPORT INTRAMUSCULAR RECON SOLN	3	PA; LA
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION	0	ACA
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
ENGRIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
ERVEBO(PF)(NATIONAL STOCKPILE) INTRAMUSCULAR SUSPENSION	3	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	PA
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUMIST TRIVALENT 2024-2025 NASAL NASAL SPRAY SYRINGE	0	ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE	0	ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION	0	ACA
GAMMAGARD LIQUID INJECTION SOLUTION	3	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	0	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	0	ACA
GRASSTK SUBLINGUAL TABLET	3	PA
HEPAGAM B INJECTION SOLUTION	3	PA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	0	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	0	ACA
HYPERHEP B INTRAMUSCULAR SOLUTION	2	PA
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	0	ACA
IPOLE INJECTION SUSPENSION	0	ACA
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN	0	ACA
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	0	
KINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	0	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	0	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	0	ACA
MODERNA COVID 24-25(6M-11Y)PF INTRAMUSCULAR SYRINGE	0	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE	0	ACA
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; LA
NABI-HB INTRAMUSCULAR SOLUTION	3	PA
NOVAVAX COVID 2024-25(PF)(EUA) INTRAMUSCULAR SYRINGE	0	ACA
ODACTRA SUBLINGUAL TABLET	3	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA INITIAL DOSE ORAL CAPSULE, SPRINKLE	3	PA
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	3	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	0	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT	0	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	ACA
PFIZER COVID 2024-25(5Y-11Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
PFIZER COVID 2024-25(6MO-4Y)PF INTRAMUSCULAR SUSPENSION	0	ACA
PNEUMOVAX-23 INJECTION SYRINGE	0	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE	0	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	0	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	0	ACA
RAGWITEK SUBLINGUAL TABLET	3	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	0	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	0	ACA
ROTARIX ORAL SUSPENSION	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
ROTATEQ VACCINE ORAL SOLUTION	0	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	0	PA; ACA
SPIKEVAX 2024-2025(12Y UP)(PF) INTRAMUSCULAR SYRINGE	0	ACA
TDVAX INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	0	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE	0	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN	3	PA
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	PA
TRUMENBA INTRAMUSCULAR SYRINGE	0	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE	0	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	0	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION	0	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	0	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE	0	ACA
XEOMIN INTRAMUSCULAR RECON SOLN	3	PA; LA

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in metered-dose pump</i>	1	QL
<i>imiquimod topical cream in packet</i>	1	QL
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	3	
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	3	*; QL
ZYCLARA TOPICAL CREAM IN PACKET	3	*; QL

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet</i>	1	
<i>allopurinol sodium intravenous recon soln</i>	1	PA
<i>aloprim intravenous recon soln</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>colchicine oral capsule</i>	1	PA
<i>colchicine oral tablet</i>	1	
COLCRYS ORAL TABLET	3	*
<i>febuxostat oral tablet</i>	1	ST
GLOPERBA ORAL SOLUTION	3	PA
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA; LA
MITIGARE ORAL CAPSULE	3	*
<i>probenecid oral tablet</i>	1	
<i>probenecid-colchicine oral tablet</i>	1	
ULORIC ORAL TABLET	3	ST; *
ZYLOPRIM ORAL TABLET 100 MG	3	*
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	*
ACTONEL ORAL TABLET 35 MG	3	*; QL
<i>alendronate oral solution</i>	1	
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	*
BINOSTO ORAL TABLET, EFFERVESCENT	3	
EVISTA ORAL TABLET	3	*
FORTEO SUBCUTANEOUS PEN INJECTOR	3	*; LA
FOSAMAX ORAL TABLET 70 MG	3	*; QL
FOSAMAX PLUS D ORAL TABLET 70 MG-2,800 UNIT	3	QL
FOSAMAX PLUS D ORAL TABLET 70 MG-5,600 UNIT	3	
<i>ibandronate intravenous solution</i>	1	PA; LA
<i>ibandronate intravenous syringe</i>	1	PA; LA
<i>ibandronate oral tablet</i>	1	QL
PROLIA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
<i>raloxifene oral tablet</i>	0	ACA
<i>risedronate oral tablet 150 mg, 5 mg</i>	1	
<i>risedronate oral tablet 35 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	1	PA; LA
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	3	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR	2	LA
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT	3	PA; QL
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
ACTEMRA INTRAVENOUS SOLUTION	2	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE	2	PA; LA; QL
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	3	PA; LA; QL
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT	3	PA; QL
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT	3	PA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	2	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	2	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; LA; QL
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; LA
ADALIMUMAB-ADBM(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB-ADB(M)(CF) PEN CROHN'S SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; LA; QL
ADALIMUMAB-ADB(M)(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA
ADALIMUMAB-ADB(M)(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; LA; QL
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	3	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	2	PA; QL
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	2	PA; QL
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
AMJEVITA(CF) SUBCUTANEOUS SYRINGE	3	PA; LA; QL
ARAVA ORAL TABLET	3	*
BENLYSTA INTRAVENOUS RECON SOLN	3	PA; LA
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE	3	PA; LA
CUPRIMINE ORAL CAPSULE	3	PA; *
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; LA; QL
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; LA; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	2	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; LA; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; LA
DEPEN TITRATABS ORAL TABLET	3	PA; *
ENBREL MINI SUBCUTANEOUS CARTRIDGE	2	PA; LA; QL
ENBREL SUBCUTANEOUS SOLUTION	2	PA; LA; QL
ENBREL SUBCUTANEOUS SYRINGE	2	PA; LA; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
HADLIMA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
HADLIMA(CF) SUBCUTANEOUS SYRINGE	3	PA; LA; QL
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; QL
HULIO(CF) SUBCUTANEOUS SYRINGE KIT	3	PA; QL
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; LA; QL
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	2	PA; LA; QL
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT	2	PA; LA; QL
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; LA; QL
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	2	PA; LA; QL
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	2	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	2	PA; LA; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
HYRIMOZ PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL
HYRIMOZ SUBCUTANEOUS SYRINGE	3	PA; QL
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE	2	PA; LA; QL
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE	2	PA; LA; QL
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	3	PA; LA; QL
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT	3	PA; LA; QL
KEVZARA SUBCUTANEOUS PEN INJECTOR	3	PA; LA; QL
KEVZARA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
KINERET SUBCUTANEOUS SYRINGE	3	PA; QL
<i>leflunomide oral tablet</i>	1	
OLUMIANT ORAL TABLET	3	PA; LA; QL
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	3	PA; LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	3	PA; LA; QL
ORENCIA SUBCUTANEOUS SYRINGE	3	PA; LA; QL
OTEZLA ORAL TABLET	2	PA; LA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; LA; QL
OTREXUP (PF) SUBCUTANEOUS AUTO- INJECTOR	3	PA
<i>penicillamine oral capsule</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>penicillamine oral tablet</i>	1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	3	PA
RIDAURA ORAL CAPSULE	2	
RINVOQ LQ ORAL SOLUTION	3	PA; LA; QL
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; LA; QL
SAVELLA ORAL TABLET	2	
SAVELLA ORAL TABLETS,DOSE PACK	2	
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	2	PA; LA; QL
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA; LA; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR	2	PA; LA; QL
SIMPONI SUBCUTANEOUS SYRINGE	2	PA; LA; QL
TOFIDENCE INTRAVENOUS SOLUTION	3	PA
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	2	PA; LA
TYENNE INTRAVENOUS SOLUTION	2	PA; LA
TYENNE SUBCUTANEOUS SYRINGE	2	PA; LA
XELJANZ ORAL SOLUTION	2	PA; LA
XELJANZ ORAL TABLET	2	PA; LA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	2	PA; LA; QL
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT	3	PA; QL
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	3	PA; QL
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT	3	PA; QL
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR	3	PA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM	0	ACA
DUREX AVANTI BARE REAL FEEL	0	ACA; OTC
DUREX TROPICAL CONDOM DEVICE	0	ACA; OTC
FC2 FEMALE CONDOM	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
FEMCAP VAGINAL DEVICE 22 MM	0	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA; LA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	0	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	0	ACA; OTC
WIDE-SEAL DIAPHRAGM	0	ACA
ESTROGENS & PROGESTINS		
ACTIVELLA ORAL TABLET	3	*
ANGELIQ ORAL TABLET	3	
BIJUVA ORAL CAPSULE	3	
<i>camila oral tablet</i>	0	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	
CLIMARA TRANSDERMAL PATCH WEEKLY	3	*
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	2	
<i>covaryx h.s. oral tablet</i>	1	
<i>covaryx oral tablet</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	2	LA
<i>deblitane oral tablet</i>	0	ACA
DELESTROGEN INTRAMUSCULAR OIL	3	*
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	PA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	*; ACA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	0	*; ACA
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	*; QL
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	*
<i>dotti transdermal patch semiweekly</i>	1	
DUAVEE ORAL TABLET	2	
<i>eemt hs oral tablet</i>	1	
<i>eemt oral tablet</i>	1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	QL
<i>emzakh oral tablet</i>	0	ACA
ENDOMETRIN VAGINAL INSERT	2	LA
<i>errin oral tablet</i>	0	ACA
ESTRACE ORAL TABLET	3	*
ESTRACE VAGINAL CREAM	3	*
<i>estradiol oral tablet</i>	1	
<i>estradiol transdermal gel in metered-dose pump</i>	1	
<i>estradiol transdermal gel in packet</i>	1	QL
<i>estradiol transdermal patch semiweekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal cream</i>	1	
<i>estradiol vaginal tablet</i>	1	
<i>estradiol valerate intramuscular oil</i>	1	
<i>estradiol-norethindrone acet oral tablet</i>	1	
ESTRATEST F.S. ORAL TABLET	3	*
ESTRING VAGINAL RING	2	QL
ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	*
<i>estrogens-methyltestosterone oral tablet</i>	1	
EVAMIST TRANSDERMAL SPRAY, NON- AEROSOL	2	
FEMRING VAGINAL RING	3	QL
<i>fyavolv oral tablet</i>	1	
<i>gallifrey oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>heather oral tablet</i>	0	ACA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	
<i>incassia oral tablet</i>	0	ACA
<i>jencycla oral tablet</i>	0	ACA
<i>jinteli oral tablet</i>	1	
<i>lyleq oral tablet</i>	0	ACA
<i>lyllana transdermal patch semiweekly</i>	1	
<i>lyza oral tablet</i>	0	ACA
<i>medroxyprogesterone intramuscular suspension</i>	0	ACA
<i>medroxyprogesterone intramuscular syringe</i>	0	ACA
<i>medroxyprogesterone oral tablet</i>	1	
MENEST ORAL TABLET	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
<i>mimvey oral tablet</i>	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	*
<i>nora-be oral tablet</i>	0	ACA
<i>norethindrone (contraceptive) oral tablet</i>	0	ACA
<i>norethindrone acetate oral tablet</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL ORAL TABLET	0	ACA; OTC
PREMARIN INJECTION RECON SOLN	3	PA
PREMARIN ORAL TABLET	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	2	
PREMPRO ORAL TABLET	2	
<i>progesterone intramuscular oil</i>	1	LA
<i>progesterone micronized oral capsule</i>	1	
PROMETRIUM ORAL CAPSULE	3	*
PROVERA ORAL TABLET	3	*
<i>sharobel oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tulana oral tablet</i>	0	ACA
VAGIFEM VAGINAL TABLET	3	*
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY	3	*
<i>yuvaferm vaginal tablet</i>	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING	0	ACA; QL
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE	3	
CLEOCIN VAGINAL CREAM	3	*
CLEOCIN VAGINAL SUPPOSITORY	2	
<i>clindamycin phosphate vaginal cream</i>	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	
<i>eluryng vaginal ring</i>	0	ACA
<i>enilloring vaginal ring</i>	0	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	0	ACA
<i>fem ph vaginal gel</i>	1	
GYNAZOLE-1 VAGINAL CREAM	3	
<i>haloette vaginal ring</i>	0	ACA
INTRAROSA VAGINAL INSERT	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MIFEPREX ORAL TABLET	3	
<i>mifepristone oral tablet 200 mg</i>	1	
MYFEMBREE ORAL TABLET	3	PA
NEXPLANON SUBDERMAL IMPLANT	0	ACA; LA
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	0	ACA
NUVARING VAGINAL RING	0	*; ACA
NUVESSA VAGINAL GEL	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL	3	PA
OSPHENA ORAL TABLET	3	
PHEXXI VAGINAL GEL	0	ACA
PREPIDIL VAGINAL GEL	3	

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Drug Name	Drug Tier	Requirements / Limits
RELAGARD VAGINAL GEL	3	*
<i>terconazole vaginal cream</i>	1	
<i>terconazole vaginal suppository</i>	1	
<i>tranexamic acid oral tablet</i>	1	
TRIMO-SAN JELLY VAGINAL GEL	3	
TWIRLA TRANSDERMAL PATCH WEEKLY	0	ACA
<i>vandazole vaginal gel</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM	0	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL	0	ACA; OTC
VEOZAH ORAL TABLET	3	PA; QL
XACIATO VAGINAL GEL	3	
<i>xulane transdermal patch weekly</i>	0	ACA
<i>zafemy transdermal patch weekly</i>	0	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet</i>	0	ACA
<i>after pill oral tablet</i>	0	ACA; OTC
AFTERA ORAL TABLET	0	*; ACA; OTC
<i>altavera (28) oral tablet</i>	0	ACA
<i>alyacen 1/35 (28) oral tablet</i>	0	ACA
<i>alyacen 7/7/7 (28) oral tablet</i>	0	ACA
<i>amethia oral tablets,dose pack,3 month</i>	0	ACA
<i>amethyst (28) oral tablet</i>	0	ACA
<i>apri oral tablet</i>	0	ACA
<i>aranelle (28) oral tablet</i>	0	ACA
<i>ashlyna oral tablets,dose pack,3 month</i>	0	ACA
<i>aubra eq oral tablet</i>	0	ACA
<i>aubra oral tablet</i>	0	ACA
<i>aurovela 1.5/30 (21) oral tablet</i>	0	ACA
<i>aurovela 1/20 (21) oral tablet</i>	0	ACA
<i>aurovela 24 fe oral tablet</i>	0	ACA
<i>aurovela fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>aurovela fe 1-20 (28) oral tablet</i>	0	ACA
<i>aviane oral tablet</i>	0	ACA
<i>ayuna oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>azurette (28) oral tablet</i>	0	ACA
BALCOLTRA ORAL TABLET	0	*; ACA
<i>balziva (28) oral tablet</i>	0	ACA
BEYAZ ORAL TABLET	0	*; ACA
<i>blisovi 24 fe oral tablet</i>	0	ACA
<i>blisovi fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>blisovi fe 1/20 (28) oral tablet</i>	0	ACA
<i>briellyn oral tablet</i>	0	ACA
<i>camrese lo oral tablets,dose pack,3 month</i>	0	ACA
<i>camrese oral tablets,dose pack,3 month</i>	0	ACA
<i>caziant (28) oral tablet</i>	0	ACA
<i>charlotte 24 fe oral tablet,chewable</i>	0	ACA
<i>chateal (28) oral tablet</i>	0	ACA
<i>chateal eq (28) oral tablet</i>	0	ACA
<i>cryselle (28) oral tablet</i>	0	ACA
<i>curae oral tablet</i>	0	ACA; OTC
<i>cyred eq oral tablet</i>	0	ACA
<i>cyred oral tablet</i>	0	ACA
<i>dasetta 1/35 (28) oral tablet</i>	0	ACA
<i>dasetta 7/7/7 (28) oral tablet</i>	0	ACA
<i>daysee oral tablets,dose pack,3 month</i>	0	ACA
<i>desog-e.estradiol/e.estradiol oral tablet</i>	0	ACA
<i>dolishale oral tablet</i>	0	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	0	ACA
<i>drospirenone-ethinyl estradiol oral tablet</i>	0	ACA
<i>econtra ez oral tablet</i>	0	ACA; OTC
<i>econtra one-step oral tablet</i>	0	ACA; OTC
<i>elinest oral tablet</i>	0	ACA
ELLA ORAL TABLET	0	ACA
<i>enpresse oral tablet</i>	0	ACA
<i>enskyce oral tablet</i>	0	ACA
<i>estarylla oral tablet</i>	0	ACA
<i>ethynodiol diac-eth estradiol oral tablet</i>	0	ACA
<i>falmina (28) oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
FEMLYV ORAL TABLET,DISINTEGRATING	0	ACA
<i>finzala oral tablet,chewable</i>	0	ACA
<i>gemmily oral capsule</i>	0	ACA
<i>hailey 24 fe oral tablet</i>	0	ACA
<i>hailey fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>hailey fe 1/20 (28) oral tablet</i>	0	ACA
<i>hailey oral tablet</i>	0	ACA
<i>her style oral tablet</i>	0	ACA; OTC
<i>iclevia oral tablets,dose pack,3 month</i>	0	ACA
<i>isibloom oral tablet</i>	0	ACA
<i>jaimiess oral tablets,dose pack,3 month</i>	0	ACA
<i>jasmiel (28) oral tablet</i>	0	ACA
<i>jolessa oral tablets,dose pack,3 month</i>	0	ACA
<i>joyeaux oral tablet</i>	0	ACA
<i>juleber oral tablet</i>	0	ACA
<i>junel 1.5/30 (21) oral tablet</i>	0	ACA
<i>junel 1/20 (21) oral tablet</i>	0	ACA
<i>junel fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>junel fe 1/20 (28) oral tablet</i>	0	ACA
<i>junel fe 24 oral tablet</i>	0	ACA
<i>kaitlib fe oral tablet,chewable</i>	0	ACA
<i>kalliga oral tablet</i>	0	ACA
<i>kariva (28) oral tablet</i>	0	ACA
<i>kelnor 1/35 (28) oral tablet</i>	0	ACA
<i>kelnor 1/50 (28) oral tablet</i>	0	ACA
<i>kurvelo (28) oral tablet</i>	0	ACA
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month</i>	0	ACA
<i>larin 1.5/30 (21) oral tablet</i>	0	ACA
<i>larin 1/20 (21) oral tablet</i>	0	ACA
<i>larin 24 fe oral tablet</i>	0	ACA
<i>larin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>larin fe 1/20 (28) oral tablet</i>	0	ACA
<i>layolis fe oral tablet,chewable</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>leena 28 oral tablet</i>	0	ACA
<i>lessina oral tablet</i>	0	ACA
<i>levonest (28) oral tablet</i>	0	ACA
<i>levonorgest-eth.estradiol-iron oral tablet</i>	0	ACA
<i>levonorgestrel oral tablet</i>	0	ACA; OTC
<i>levonorgestrel-ethinyl estrad oral tablet</i>	0	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	0	ACA
<i>levonorg-eth estrad triphasic oral tablet</i>	0	ACA
<i>levora-28 oral tablet</i>	0	ACA
LO LOESTRIN FE ORAL TABLET	0	ACA
LOESTRIN 1.5/30 (21) ORAL TABLET	0	*; ACA
LOESTRIN 1/20 (21) ORAL TABLET	0	*; ACA
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	0	*; ACA
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	0	*; ACA
<i>lojaimiess oral tablets,dose pack,3 month</i>	0	ACA
<i>loryna (28) oral tablet</i>	0	ACA
<i>low-ogestrel (28) oral tablet</i>	0	ACA
<i>lo-zumandimine (28) oral tablet</i>	0	ACA
<i>lutra (28) oral tablet</i>	0	ACA
<i>marlissa (28) oral tablet</i>	0	ACA
<i>merzee oral capsule</i>	0	ACA
<i>mibelas 24 fe oral tablet,chewable</i>	0	ACA
<i>microgestin 1.5/30 (21) oral tablet</i>	0	ACA
<i>microgestin 1/20 (21) oral tablet</i>	0	ACA
<i>microgestin fe 1.5/30 (28) oral tablet</i>	0	ACA
<i>microgestin fe 1/20 (28) oral tablet</i>	0	ACA
<i>mili oral tablet</i>	0	ACA
<i>mono-linyah oral tablet</i>	0	ACA
<i>my choice oral tablet</i>	0	ACA; OTC
<i>my way oral tablet</i>	0	ACA; OTC
NATAZIA ORAL TABLET	0	ACA
<i>necon 0.5/35 (28) oral tablet</i>	0	ACA
<i>new day oral tablet</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
NEXTSTELLIS ORAL TABLET	0	ACA
<i>nikki (28) oral tablet</i>	0	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	0	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	0	ACA
<i>norgestimate-ethinyl estradiol oral tablet</i>	0	ACA
<i>nortrel 0.5/35 (28) oral tablet</i>	0	ACA
<i>nortrel 1/35 (21) oral tablet</i>	0	ACA
<i>nortrel 1/35 (28) oral tablet</i>	0	ACA
<i>nortrel 7/7/7 (28) oral tablet</i>	0	ACA
<i>nylia 1/35 (28) oral tablet</i>	0	ACA
<i>nylia 7/7/7 (28) oral tablet</i>	0	ACA
<i>ocella oral tablet</i>	0	ACA
<i>opcicon one-step oral tablet</i>	0	ACA; OTC
<i>option-2 oral tablet</i>	0	ACA; OTC
<i>philith oral tablet</i>	0	ACA
<i>pimtrea (28) oral tablet</i>	0	ACA
PLAN B ONE-STEP ORAL TABLET	0	*, ACA; OTC
<i>portia 28 oral tablet</i>	0	ACA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH	0	*, ACA
<i>reclipsen (28) oral tablet</i>	0	ACA
<i>rivelsa oral tablets,dose pack,3 month</i>	0	ACA
SAFYRAL ORAL TABLET	0	*, ACA
<i>setlakin oral tablets,dose pack,3 month</i>	0	ACA
<i>simliya (28) oral tablet</i>	0	ACA
<i>simpesse oral tablets,dose pack,3 month</i>	0	ACA
SLYND ORAL TABLET	0	ACA
<i>sprintec (28) oral tablet</i>	0	ACA
<i>sronyx oral tablet</i>	0	ACA
<i>syeda oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
TAKE ACTION ORAL TABLET	0	*; ACA; OTC
<i>tarina 24 fe oral tablet</i>	0	ACA
<i>tarina fe 1/20 (28) oral tablet</i>	0	ACA
TAYTULLA ORAL CAPSULE	0	*; ACA
<i>tilia fe oral tablet</i>	0	ACA
<i>tri-estarylla oral tablet</i>	0	ACA
<i>tri-legest fe oral tablet</i>	0	ACA
<i>tri-linyah oral tablet</i>	0	ACA
<i>tri-lo-estarylla oral tablet</i>	0	ACA
<i>tri-lo-marzia oral tablet</i>	0	ACA
<i>tri-lo-mili oral tablet</i>	0	ACA
<i>tri-lo-sprintec oral tablet</i>	0	ACA
<i>tri-mili oral tablet</i>	0	ACA
<i>tri-sprintec (28) oral tablet</i>	0	ACA
<i>trivora (28) oral tablet</i>	0	ACA
<i>tri-vylibra lo oral tablet</i>	0	ACA
<i>tri-vylibra oral tablet</i>	0	ACA
<i>turqoz (28) oral tablet</i>	0	ACA
TYBLUME ORAL TABLET,CHEWABLE	0	ACA
<i>tydemy oral tablet</i>	0	ACA
<i>velivet triphasic regimen (28) oral tablet</i>	0	ACA
<i>vestura (28) oral tablet</i>	0	ACA
<i>vienva oral tablet</i>	0	ACA
<i>viorele (28) oral tablet</i>	0	ACA
<i>volnea (28) oral tablet</i>	0	ACA
<i>vyfemla (28) oral tablet</i>	0	ACA
<i>vylibra oral tablet</i>	0	ACA
<i>wera (28) oral tablet</i>	0	ACA
<i>wymzya fe oral tablet,chewable</i>	0	ACA
YASMIN (28) ORAL TABLET	0	*; ACA
YAZ (28) ORAL TABLET	0	*; ACA
<i>zarah oral tablet</i>	0	ACA
<i>zovia 1-35 (28) oral tablet</i>	0	ACA
<i>zumandimine (28) oral tablet</i>	0	ACA

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Drug Name	Drug Tier	Requirements / Limits
OXYTOCICS		
<i>methylergonovine oral tablet</i>	1	
<i>oxytocin injection solution</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	3	
<i>bacitracin ophthalmic (eye) ointment</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	
<i>erythromycin ophthalmic (eye) ointment</i>	1	
<i>gatifloxacin ophthalmic (eye) drops</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	1	
<i>neo-polycin ophthalmic (eye) ointment</i>	1	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	*
<i>ofloxacin ophthalmic (eye) drops</i>	1	
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	
<i>povidone-iodine ophthalmic (eye) solution</i>	1	
<i>tobramycin ophthalmic (eye) drops</i>	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX OPHTHALMIC (EYE) DROPS	3	*

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Drug Name	Drug Tier	Requirements / Limits
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	1	
BETIMOL OPHTHALMIC (EYE) DROPS	3	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>carteolol ophthalmic (eye) drops</i>	1	
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	3	*
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	1	ST
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %	3	ST
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	3	ST; *
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	2	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment</i>	1	
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS	3	*
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire ophthalmic (eye) drops</i>	1	
MYDRIACYL OPHTHALMIC (EYE) DROPS	3	*
<i>tropicamide ophthalmic (eye) drops</i>	1	
DIRECT ACTING MIOTICS		
MIOCHOL-E INTRAOCULAR KIT	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC (EYE) DROPS	3	PA; QL
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL	3	
<i>alaway ophthalmic (eye) drops</i>	1	OTC
ALCAINE OPHTHALMIC (EYE) DROPS	3	*
<i>allergy eye (ketotifen) ophthalmic (eye) drops</i>	1	OTC
ALOCRILOPHTHALMIC (EYE) DROPS	3	ST
ALOMIDOPHTHALMIC (EYE) DROPS	3	ST
<i>altacaine ophthalmic (eye) drops</i>	1	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS	3	*
<i>azelastine ophthalmic (eye) drops</i>	1	
<i>bepotastine besilate ophthalmic (eye) drops</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS	3	ST; *
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	PA; QL
<i>children's alaway ophthalmic (eye) drops</i>	1	OTC
<i>cromolyn ophthalmic (eye) drops</i>	1	
<i>cyclosporine ophthalmic (eye) dropperette</i>	1	QL
CYSTADROPS OPHTHALMIC (EYE) DROPS	3	PA
CYSTARAN OPHTHALMIC (EYE) DROPS	3	PA
<i>epinastine ophthalmic (eye) drops</i>	1	
<i>eye itch relief ophthalmic (eye) drops</i>	1	OTC
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS	3	
<i>fluorescein-proparacaine ophthalmic (eye) drops</i>	1	
<i>ketotifen fumarate ophthalmic (eye) drops</i>	1	OTC
MIEBO (PF) OPHTHALMIC (EYE) DROPS	3	PA; QL
<i>olopatadine ophthalmic (eye) drops</i>	1	
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	3	PA; LA; QL
<i>proparacaine ophthalmic (eye) drops</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	2	

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Drug Name	Drug Tier	Requirements / Limits
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	*; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>tetracaine hcl ophthalmic (eye) drops</i>	1	
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	PA
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE	3	QL
VEVYE OPHTHALMIC (EYE) DROPS	3	PA
<i>wal-zyr (ketotifen) ophthalmic (eye) drops</i>	1	OTC
XDEMVIY OPHTHALMIC (EYE) DROPS	3	PA; QL
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	
ZADITOR OPHTHALMIC (EYE) DROPS	2	OTC
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS	3	*
ACULAR OPHTHALMIC (EYE) DROPS	3	*
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST
<i>bromfenac ophthalmic (eye) drops</i>	1	
BROMSITE OPHTHALMIC (EYE) DROPS	3	*
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>ketorolac ophthalmic (eye) drops</i>	1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
PROLENSA OPHTHALMIC (EYE) DROPS	3	*
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	1	
<i>acetazolamide oral tablet</i>	1	
<i>acetazolamide sodium injection recon soln</i>	1	PA
<i>methazolamide oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC (EYE) DROPS	3	
<i>brimonidine-timolol ophthalmic (eye) drops</i>	1	ST
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS	3	*
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	*
COSOPT OPHTHALMIC (EYE) DROPS	3	*
<i>dorzolamide ophthalmic (eye) drops</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; QL
<i>latanoprost ophthalmic (eye) drops</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
<i>miostat intraocular solution</i>	1	PA
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	PA
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	PA
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	1	ST
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	ST; *
<i>travoprost ophthalmic (eye) drops</i>	1	
VYZULTA OPHTHALMIC (EYE) DROPS	3	PA
XALATAN OPHTHALMIC (EYE) DROPS	3	*
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; *
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*

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Drug Name	Drug Tier	Requirements / Limits
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	*
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	1	
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *, QL
CLOBETASOL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	
<i>difluprednate ophthalmic (eye) drops</i>	1	ST
DUREZOL OPHTHALMIC (EYE) DROPS	3	ST; *
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	1	
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST

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Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST; *
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST; *
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	ST
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	QL
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	*
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	ST
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	*
<i>apraclonidine ophthalmic (eye) drops</i>	1	
<i>brimonidine ophthalmic (eye) drops</i>	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS	3	
<i>phenylephrine hcl ophthalmic (eye) drops</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE	3	PA
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHIISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR	3	PA; QL
<i>carbinoxamine maleate oral liquid</i>	1	
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR	3	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	PA
CLARINEX ORAL TABLET	3	PA; *, QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet</i>	1	
<i>cyproheptadine oral syrup</i>	1	
<i>cyproheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	PA; QL
<i>desloratadine oral tablet,disintegrating</i>	1	PA; QL
<i>dexchlorpheniramine maleate oral solution</i>	1	PA
DIPHEN ORAL ELIXIR	3	*
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe</i>	1	
EPINEPHRINE HCL (PF) INJECTION SOLUTION	3	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	QL
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN INJECTION AUTO-INJECTOR	3	*, QL
EPIPEN JR INJECTION AUTO-INJECTOR	3	*, QL
<i>hydroxyzine hcl intramuscular solution</i>	1	PA
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate oral capsule</i>	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR	3	
<i>levocetirizine oral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>levocetirizine oral tablet</i>	1	
PHENERGAN INJECTION SOLUTION	3	*
<i>promethazine injection solution</i>	1	
<i>promethazine oral syrup</i>	1	
<i>promethazine oral tablet</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository</i>	1	
QUZYTIR INTRAVENOUS SOLUTION	3	
RYCLOA ORAL SOLUTION	3	PA; *
RYVENT ORAL TABLET	3	PA
VISTARIL ORAL CAPSULE 25 MG	3	*
COUGH & COLD THERAPY		
<i>benzonatate oral capsule</i>	1	
BROMFED DM ORAL SYRUP	3	*
<i>brompheniramine-pseudoeph-dm oral syrup</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	PA; QL
<i>codeine-guaifenesin oral liquid</i>	1	
CODITUSSIN AC ORAL LIQUID	3	
CODITUSSIN DAC ORAL LIQUID	3	
<i>g tussin ac oral liquid</i>	1	
HISTEX-AC ORAL SYRUP	3	
HYCODAN (WITH HOMATROPINE) ORAL SYRUP	3	*
HYCODAN (WITH HOMATROPINE) ORAL TABLET	3	*
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet oral syrup</i>	1	
MAR-COF CG ORAL LIQUID	3	
<i>maxi-tuss ac oral liquid</i>	1	
MAXI-TUSS CD ORAL LIQUID	3	
NINJACOF-XG ORAL LIQUID	3	

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Drug Name	Drug Tier	Requirements / Limits
POLY-TUSSIN AC ORAL LIQUID	3	
<i>promethazine-codeine oral syrup</i>	1	
<i>promethazine-dm oral syrup</i>	1	
<i>promethazine-phenylephrine oral syrup</i>	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR	3	*
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR	3	
PULMONARY AGENTS		
<i>24 hour nasal allergy nasal aerosol,spray</i>	1	OTC
ACCOLATE ORAL TABLET	3	*
<i>acetylcysteine solution</i>	1	
ADCIRCA ORAL TABLET	3	PA; *, LA
ADEMPAS ORAL TABLET	3	PA; LA
ADRENALIN NASAL SOLUTION	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	*, QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER	2	QL
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	3	QL
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
AIRSUPRA INHALATION HFA AEROSOL INHALER	3	PA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER	3	PA
<i>alyq oral tablet</i>	1	PA
<i>ambrisentan oral tablet</i>	1	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	PA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>arformoterol inhalation solution for nebulization</i>	1	
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	
ASMANEX HFA INHALATION HFA AEROSOL INHALER	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER	2	
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	1	PA; QL
BERINERT INTRAVENOUS KIT	3	PA; LA
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	PA; QL
<i>bosentan oral tablet</i>	1	PA; LA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>breynd inhalation hfa aerosol inhaler</i>	1	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	PA; QL
BROVANA INHALATION SOLUTION FOR NEBULIZATION	3	*
<i>budesonide inhalation suspension for nebulization</i>	1	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	1	
CINQAIR INTRAVENOUS SOLUTION	3	PA
CINRYZE INTRAVENOUS RECON SOLN	3	PA; LA
COMBIVENT RESPIMAT INHALATION MIST	2	QL
<i>cromolyn inhalation solution for nebulization</i>	1	
DALIRESP ORAL TABLET	3	*; QL

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Drug Name	Drug Tier	Requirements / Limits
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
DULERA INHALATION HFA AEROSOL INHALER	2	
DYMISTA NASAL SPRAY, NON-AEROSOL	3	PA; *; QL
ELIXOPHYLLIN ORAL ELIXIR	3	
<i>epinephrine hcl nasal solution</i>	1	
ESBRIET ORAL CAPSULE	3	PA; *; LA
ESBRIET ORAL TABLET	3	PA; *; LA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA
FASENRA SUBCUTANEOUS SYRINGE	2	PA; LA
FIRAZYR SUBCUTANEOUS SYRINGE	3	PA; *; QL
<i>flunisolide nasal spray, non-aerosol</i>	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE	3	PA; QL
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE	2	QL
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER	3	PA; QL
<i>fluticasone propionate nasal spray, suspension</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	3	QL
<i>formoterol fumarate inhalation solution for nebulization</i>	1	
HAEGARDA SUBCUTANEOUS RECON SOLN	3	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION	3	
<i>icatibant subcutaneous syringe</i>	1	PA; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	2	
<i>ipratropium bromide inhalation solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	
KALBITOR SUBCUTANEOUS SOLUTION	3	PA; LA
KALYDECO ORAL GRANULES IN PACKET	3	PA; LA; QL
KALYDECO ORAL TABLET	3	PA; LA; QL
LETAIRIS ORAL TABLET	3	PA; *; LA; QL
<i>levalbuterol hcl inhalation solution for nebulization</i>	1	
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	ST
LIQREV ORAL SUSPENSION	3	PA; LA
<i>mometasone nasal spray,non-aerosol</i>	1	
<i>montelukast oral granules in packet</i>	1	
<i>montelukast oral tablet</i>	1	
<i>montelukast oral tablet,chewable</i>	1	
NASACORT NASAL AEROSOL,SPRAY	2	ST; OTC
<i>nasal allergy nasal aerosol,spray</i>	1	OTC
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA
NUCALA SUBCUTANEOUS RECON SOLN	2	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	2	PA
OFEV ORAL CAPSULE	2	PA; LA
OMNARIS NASAL SPRAY,NON-AEROSOL	3	ST
OPSUMIT ORAL TABLET	3	PA; LA
OPSYNVI ORAL TABLET	3	PA; LA; QL
ORKAMBI ORAL GRANULES IN PACKET	3	PA; LA; QL
ORKAMBI ORAL TABLET	3	PA; LA; QL
ORLADEYO ORAL CAPSULE	3	PA; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	3	*
<i>pirfenidone oral capsule</i>	1	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	PA; LA
PIRFENIDONE ORAL TABLET 534 MG	3	PA
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED	2	
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION	3	*; QL
<i>pulmosal inhalation solution for nebulization</i>	1	
PULMOZYME INHALATION SOLUTION	2	LA
QNASL NASAL HFA AEROSOL INHALER	3	ST; QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED	2	QL
REVATIO INTRAVENOUS SOLUTION	3	PA; LA; QL
REVATIO ORAL TABLET	3	PA; *; LA; QL
<i>roflumilast oral tablet</i>	1	QL
RUCONEST INTRAVENOUS RECON SOLN	3	PA; LA
RYALTRIS NASAL SPRAY, NON-AEROSOL	3	PA; QL
<i>sajazir subcutaneous syringe</i>	1	PA; LA; QL
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	2	
<i>sildenafil (pulm.hypertension) intravenous solution</i>	1	PA; LA; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	1	PA; LA
<i>sildenafil (pulm.hypertension) oral tablet</i>	1	PA; LA; QL
SINGULAIR ORAL GRANULES IN PACKET	3	*
SINGULAIR ORAL TABLET	3	*
SINGULAIR ORAL TABLET, CHEWABLE	3	*
<i>sodium chloride inhalation solution for nebulization</i>	1	
SPIRIVA RESPIMAT INHALATION MIST	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	*; QL
STIOLTO RESPIMAT INHALATION MIST	2	QL
STRIVERDI RESPIMAT INHALATION MIST	3	QL

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Drug Name	Drug Tier	Requirements / Limits
SYMBICORT INHALATION HFA AEROSOL INHALER	3	*
SYMDEKO ORAL TABLETS, SEQUENTIAL	3	PA; LA; QL
<i>tadalafil (pulm. hypertension) oral tablet</i>	1	PA; LA
TADLIQ ORAL SUSPENSION	3	PA; LA
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA; LA
TAKHZYRO SUBCUTANEOUS SYRINGE	3	PA; LA
<i>terbutaline oral tablet</i>	1	
<i>terbutaline subcutaneous solution</i>	1	
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	1	QL
TRACLEER ORAL TABLET	3	PA; *; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	3	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	QL
<i>triamcinolone acetanide nasal aerosol,spray</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	3	PA; LA; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL	3	PA; LA; QL
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	3	PA; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	3	PA; LA; QL
TYVASO INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA; QL
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA; QL
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA; QL

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Drug Name	Drug Tier	Requirements / Limits
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	3	PA; LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER	3	PA; QL
WINREVAIR SUBCUTANEOUS KIT	3	PA; LA
<i>wixela inhub inhalation blister with device</i>	1	QL
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST
XOLAIR SUBCUTANEOUS AUTO-INJECTOR	2	PA; LA
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; LA
XOLAIR SUBCUTANEOUS SYRINGE	2	PA; LA
XOPENEX HFA INHALATION HFA AEROSOL INHALER	3	PA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	3	
<i>zafirlukast oral tablet</i>	1	
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; QL
<i>zileuton oral tablet, er multiphase 12 hr</i>	1	PA
ZYFLO ORAL TABLET	3	PA

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	1	ST
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	*
DETROL ORAL TABLET	3	*
<i>fesoterodine oral tablet extended release 24 hr</i>	1	ST
<i>flavoxate oral tablet</i>	1	
GEMTESA ORAL TABLET	3	ST
<i>mirabegron oral tablet extended release 24 hr</i>	1	
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	*
<i>oxybutynin chloride oral syrup</i>	1	
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	ST
<i>solifenacin oral tablet</i>	1	ST
<i>tolterodine oral capsule,extended release 24hr</i>	1	
<i>tolterodine oral tablet</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; *
<i>trospium oral capsule,extended release 24hr</i>	1	ST
<i>trospium oral tablet</i>	1	ST
VESICARE LS ORAL SUSPENSION	3	PA
VESICARE ORAL TABLET	3	ST; *
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	
AVODART ORAL CAPSULE	3	*; QL
CIALIS ORAL TABLET 5 MG	3	*; QL
<i>dutasteride oral capsule</i>	1	QL
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	1	
ENTADFI ORAL CAPSULE	3	PA; QL
<i>finasteride oral tablet 5 mg</i>	1	QL
FLOMAX ORAL CAPSULE	3	*; QL
PROSCAR ORAL TABLET	3	*; QL
RAPAFLO ORAL CAPSULE	3	ST; *
<i>silodosin oral capsule</i>	1	ST
<i>tadalafil oral tablet 5 mg</i>	1	QL
<i>tamsulosin oral capsule</i>	1	QL
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	*
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE	3	
ELMIRON ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements / Limits
K-PHOS NO 2 ORAL TABLET	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	3	
<i>methen-sod phos-meth blue-hyos oral tablet</i>	1	
ORACIT ORAL SOLUTION	3	
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	3	PA; LA
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	3	PA; LA
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	PA
RENACIDIN IRRIGATION SOLUTION	3	
RIVFLOZA SUBCUTANEOUS SOLUTION	3	PA
RIVFLOZA SUBCUTANEOUS SYRINGE	3	PA
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	1	
URELLE ORAL TABLET	3	
<i>uretron d-s oral tablet</i>	1	
URIBEL TABS ORAL TABLET	3	*
URIMAR-T ORAL CAPSULE	3	
<i>urimar-t oral tablet</i>	1	
URNEVA ORAL CAPSULE	3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	*
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	*
<i>urogesic-blue oral tablet</i>	1	
<i>uro-mp oral capsule</i>	1	
UROQID-ACID NO.2 ORAL TABLET	3	
<i>uro-sp oral capsule</i>	1	
<i>uryl oral tablet</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIDIUM ORAL TABLET	3	*

VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

*Product may have an FDA approved Generic Equivalent available.Please discuss with your Healthcare provider.This Formulary List is subject to change.

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate(phosphat bind) oral capsule</i>	1	
<i>calcium acetate(phosphat bind) oral tablet</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE	3	
<i>klor-con 10 oral tablet extended release</i>	1	
<i>klor-con 8 oral tablet extended release</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	
<i>klor-con oral packet</i>	1	
<i>klor-con/ef oral tablet, effervescent</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	3	*
<i>lugols oral solution</i>	1	
<i>magnesium chloride injection solution</i>	1	PA
<i>magnesium sulfate in water intravenous parenteral solution</i>	1	PA
<i>magnesium sulfate in water intravenous piggyback</i>	1	PA
<i>magnesium sulfate injection solution</i>	1	PA
<i>magnesium sulfate injection syringe</i>	1	PA
NORMOSOL-R INTRAVENOUS PARENTERAL SOLUTION	3	PA
POKONZA ORAL PACKET	3	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	1	
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	1	
<i>sodium chloride intravenous solution</i>	1	
<i>strong iodine oral solution</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID	3	PA; LA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	PA
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	PA
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	PA
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	PA
VITAMINS & HEMATINICS		
ACCRUFER ORAL CAPSULE	3	PA
ASCOR INTRAVENOUS SOLUTION	3	PA
<i>ascorbic acid (vitamin c) injection solution</i>	1	PA
<i>b complex 1 (with folic acid) oral tablet</i>	0	ACA; OTC
<i>b complex 100 injection solution</i>	1	PA
<i>b complex-vitamin c-folic acid oral tablet</i>	0	ACA; OTC
<i>balanced b-100 oral tablet</i>	0	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR	3	
<i>bal-care dha oral combo pack, tablet and cap, dr</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	0	ACA; OTC
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL	3	
CITRANATAL MEDLEY ORAL CAPSULE	3	
<i>classic prenatal oral tablet</i>	0	ACA; OTC
<i>c-nate dha oral capsule</i>	1	
<i>complete natal dha oral combo pack</i>	1	
CONCEPT DHA ORAL CAPSULE	3	*
CONCEPT OB ORAL CAPSULE	3	*
<i>cyanocobalamin (vitamin b-12) injection solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol</i>	1	
<i>dialyvite 800 oral tablet</i>	0	ACA; OTC
<i>dodex injection solution</i>	1	
DUET DHA WITH OMEGA-3 ORAL COMBO PACK	3	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FA-8 ORAL CAPSULE	3	OTC
<i>fluoride (sodium) oral drops</i>	0	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	0	ACA; OTC
<i>folic acid injection solution</i>	1	PA
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	ACA; OTC
<i>folitab oral tablet extended release</i>	0	ACA; OTC
<i>folivane-ob oral capsule</i>	1	
<i>foltabs 800 oral tablet</i>	0	ACA; OTC
<i>full spectrum b-vitamin c oral tablet</i>	0	ACA; OTC
<i>hydroxocobalamin intramuscular solution</i>	1	PA
INFED INJECTION SOLUTION	3	PA
INJECTAFER INTRAVENOUS SOLUTION	3	
<i>kobee oral tablet</i>	0	ACA; OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	
<i>ludent fluoride oral tablet,chewable</i>	0	ACA; OTC
MARNATAL-F ORAL CAPSULE	3	
MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN	3	
<i>m-natal plus oral tablet</i>	1	
<i>multi-vitamin with fluoride oral drops</i>	0	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable</i>	0	ACA; OTC
<i>mvc-fluoride oral tablet,chewable</i>	0	ACA; OTC
<i>mynatal oral capsule</i>	1	
<i>mynatal plus oral tablet</i>	1	
<i>mynatal-z oral tablet</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL	3	*

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Drug Name	Drug Tier	Requirements / Limits
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE	3	
NATAL PNV ORAL TABLET	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE	3	
NEONATAL COMPLETE ORAL TABLET	3	
NEONATAL FE ORAL TABLET	3	
NEONATAL PLUS VITAMIN ORAL TABLET	3	
NEONATAL-DHA ORAL COMBO PACK	3	
NESTABS ABC ORAL COMBO PACK	3	
NESTABS DHA ORAL COMBO PACK	3	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
<i>newgen oral tablet</i>	1	
OB COMPLETE ONE ORAL CAPSULE	3	
OB COMPLETE PETITE ORAL CAPSULE	3	
OB COMPLETE PREMIER ORAL TABLET	3	
OB COMPLETE WITH DHA ORAL CAPSULE	3	
ONE A DAY WOMEN'S PRENATAL DHA ORAL COMBO PACK	3	OTC
<i>one daily prenatal oral combo pack</i>	0	ACA; OTC
<i>pnv-dha oral capsule</i>	1	
<i>pnv-omega oral capsule</i>	1	
<i>pnv-select oral tablet</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 400 oral combo pack</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr</i>	1	
<i>pr natal 430 oral combo pack</i>	1	
PRENATA ORAL TABLET,CHEWABLE	3	
<i>prenatabs fa oral tablet</i>	1	
<i>prenatabs rx oral tablet</i>	1	
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG	2	OTC
<i>prenatal complete oral tablet</i>	0	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule</i>	0	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>prenatal multivitamins oral tablet</i>	0	ACA; OTC
<i>prenatal one daily oral tablet</i>	0	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	0	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG	3	OTC
<i>prenatal plus (calcium carb) oral tablet</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	3	
<i>prenatal plus oral tablet</i>	1	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET	2	
<i>prenatal vit no.179-iron-folic oral tablet</i>	0	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	ACA; OTC
<i>prenatal vitamin with minerals oral tablet</i>	0	ACA; OTC
<i>prenatal-u oral capsule</i>	1	
PRENATE AM ORAL TABLET	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATE STAR ORAL TABLET	3	
PRIMACARE ORAL CAPSULE	3	
PROVIDA OB ORAL CAPSULE	3	
<i>rena-vite oral tablet</i>	0	ACA; OTC
R-NATAL OB ORAL CAPSULE	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE	3	*
SELECT-OB + DHA ORAL COMBO PACK	3	
SELECT-OB ORAL TABLET,CHEWABLE	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>se-natal 19 chewable oral tablet,chewable</i>	1	
<i>se-natal-19 oral tablet</i>	1	
<i>soluvita a,c,d with fluoride oral drops</i>	0	ACA; OTC
<i>soluvita oral drops</i>	0	ACA; OTC
<i>stress formula with iron oral tablet</i>	0	ACA; OTC
<i>stress formula with iron(sulf) oral tablet</i>	0	ACA; OTC
<i>super b maxi complex oral tablet</i>	0	ACA; OTC
<i>super b-50 complex oral capsule</i>	0	ACA; OTC
<i>super quints oral tablet</i>	0	ACA; OTC
<i>taron-c dha oral capsule</i>	1	
THRIVITE RX ORAL TABLET	3	
TRICARE ORAL TABLET	2	
<i>tricon oral capsule</i>	0	ACA; OTC
TRIFERIC HEMODIALYSIS POWDER IN PACKET	3	
TRIFERIC HEMODIALYSIS SOLUTION	3	
<i>trinatal rx 1 oral tablet</i>	1	
<i>trinate oral tablet</i>	1	
TRISTART DHA ORAL CAPSULE	3	
<i>tri-vitamin with fluoride oral drops</i>	0	ACA; OTC
VENOFER INTRAVENOUS SOLUTION	3	PA
VITAFOL FE PLUS ORAL CAPSULE	3	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE	3	
VITAFOL ULTRA ORAL CAPSULE	3	
VITAFOL-OB ORAL TABLET	3	
VITAFOL-OB+DHA ORAL COMBO PACK	3	
VITAFOL-ONE ORAL CAPSULE	3	
VITAMEDMD ONE RX ORAL CAPSULE	3	
<i>vitamin b complex-folic acid oral tablet</i>	0	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops</i>	0	ACA; OTC
<i>wescap-c dha oral capsule</i>	1	
<i>wescap-pn dha oral capsule</i>	1	
<i>wesnatal dha complete oral combo pack</i>	1	
<i>wesnate dha oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>westab plus oral tablet</i>	1	
<i>westgel dha oral capsule</i>	1	
<i>zatean-pn dha oral capsule</i>	1	
<i>zatean-pn plus oral capsule</i>	1	
<i>zingiber oral tablet</i>	1	

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<i>accutane</i>	76	
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<i>sodium polystyrene sulfonate</i>	115	<i>ssd</i>	74	<i>sumatriptan-naproxen</i>	37
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<i>symax-sl</i>	114	<i>tamoxifen</i>	27	TEPMETKO	27
<i>symax-sr</i>	114	<i>tamsulosin</i>	165	<i>terazosin</i>	66
SYMBICORT	163	TANDEM MOBI		<i>terbinafine hcl</i>	4
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SYNJARDY XR	112	<i>tazarotene</i>	79	THALITONE	66
SYNTHROID	113	TAZAROTENE	79	THALOMID	27
SYPRINE	90	<i>tazicef</i>	9	THEO-24	163
T		TAZORAC	79	<i>theophylline</i>	163
T		TAZVERIK	27	THIOLA	90
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.....	163	<i>telmisartan</i>	65	<i>tiagabine</i>	34
TADLIQ	163	<i>telmisartan-amlodipine</i>	65	TIAZAC	66
TAFINLAR	27	<i>telmisartan-hydrochlorothiazid</i>	65	TIBSOVO	27
<i>tafluprost (pf)</i>	153		65	TICE BCG	132
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TAKE ACTION	148	TEMODAR	27	TIGLUTIK	90
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PACK)	74	<i>tencon</i>	44	TIMOPTIC OCUDOSE (PF)	
TALTZ AUTOINJECTOR (3		TENIVAC (PF)	132		150
PACK)	74	<i>tenofovir disoproxil fumarate</i> ..	7	<i>tinidazole</i>	13

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TOLAK.....	75	TREZIX.....	44	TRUDHESA.....	37
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<i>tolvaptan</i>	109	<i>triazolam</i>	57	TRULICITY.....	112
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<i>topotecan</i>	27	TRICOR.....	71	CONDOMS.....	139
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<i>trandolapril-verapamil</i>	66	<i>tri-lo-mili</i>	148	TYMLOS.....	134

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TYSABRI	39	<i>valproic acid (as sodium salt)</i>		VERELAN PM	66
TYVASO	163		34	VERKAZIA	152
TYVASO DPI	163	<i>valsartan</i>	66	VERQUVO	72
TYVASO REFILL KIT	163	VALSARTAN	66	VERSACLOZ	58
TYVASO STARTER KIT	163	<i>valsartan-hydrochlorothiazide</i>		VERZENIO	28
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ULTRATRAK ULTIMATE	99	<i>varenicline</i>	91	VIBERZI	121
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UNASYN	15	VARUBI	121	VICTOZA 2-PAK	112
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<i>unithroid</i>	113	VASOTEC	66	<i>vienna</i>	148
UNITUXIN	28	VAXELIS (PF)	132	<i>vigabatrin</i>	34
UPNEEQ (PF)	156	VAXNEUVANCE (PF)	132	<i>vigadrone</i>	34
UPTRAVI	66	VCF CONTRACEPTIVE		VIGAFYDE	34
URELLE	166	FILM	143	VIGAMOX	149
<i>uretron d-s</i>	166	VCF CONTRACEPTIVE GEL		<i>vigpoder</i>	34
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<i>urimar-t</i>	166	VECTIBIX	28	VIJOICE	28
URIMAR-T	166	VECTICAL	74	<i>vilazodone</i>	58
URNEVA	166	<i>veletri</i>	66	VIMIZIM	109
UROCID-K 10	166	<i>velivet triphasic regimen (28)</i>		VIMOVO	48
UROCID-K 15	166		148	VIMPAT	34
<i>urogesic-blue</i>	166	VELPHORO	115	<i>vinblastine</i>	28
<i>uro-mp</i>	166	VELSIPITY	121	<i>vincasar pfs</i>	28
UROQID-ACID NO.2	166	VELTASSA	115	<i>vincristine</i>	28
<i>uro-sp</i>	166	VELTIN	79	<i>vinorelbine</i>	28
UROXATRAL	165	VEMLIDY	8	VIOKACE	121
URSO FORTE	121	VENCLEXTA	28	<i>viorele (28)</i>	148
<i>ursodiol</i>	121	VENCLEXTA STARTING		VIRACEPT	8
<i>uryl</i>	166	PACK	28	VIRAZOLE	8
UVADEX	76	<i>venlafaxine</i>	57	VIREAD	8
V		VENLAFAXINE BESYLATE		VISCO-3	48
VAGIFEM	142		57	VISTARIL	157
<i>valacyclovir</i>	8	VENOFER	172	VISTOGARD	18
VALCHLOR	76	VENTAVIS	164	VITAFOL FE PLUS	172
VALCYTE	8	VENTOLIN HFA	164	VITAFOL GUMMIES	172
<i>valganciclovir</i>	8	VEOZAH	143	VITAFOL ULTRA	172
VALIUM	57	<i>verapamil</i>	66	VITAFOL-OB	172
<i>valproate sodium</i>	34	VERDESO	87	VITAFOL-OB+DHA	172

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.....	172	WELCHOL	71	XHANCE	164
vitamins a,c,d and fluoride .	172	WELIREG	28	XIFAXAN	14
VITRAKVI.....	28	WELLBUTRIN SR	58	XIGDUO XR.....	112
VIVAGUARD INO TEST		WELLBUTRIN XL.....	58	XIIDRA	152
STRIP	99	wera (28)	148	XIMINO	17
VIVELLE-DOT	142	wescap-c dha	172	XIPERE (PF)	95
VIVITROL	48	wescap-pn dha	172	XOFLUZA	8
VIVJOA	4	wesnata dha complete	172	XOLAIR.....	164
VIVLODEX	48	wesnate dha	172	XOLEGEL.....	83
VIZIMPRO	28	westab plus	173	XOLREMDI.....	125
VOGELXO.....	109	westgel dha	173	XOPENEX HFA	164
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