

How to Use the Formulary

The Formulary is a list of medications available to members under their pharmacy benefit. All drugs are listed by their generic names or most common proprietary (branded) name. Any drugs not found in this formulary listing or any formulary updates published by Express Scripts are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by generic or brand name. If the generic drug is FDA approved, it will appear *italicized* in the formulary listing. Covered brand drugs appear in CAPITALIZED font.

Benefit Coverage and Limitations

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact Wellfleet or Express Scripts at the phone numbers listed on their ID card.

Excluded Agents

Any drugs not listed in this print formulary are considered excluded from the drug benefit and are not covered. As new drugs become available, they will be considered for coverage under the Formulary.

Non-Formulary and Step Therapy Exception Requests

A member (or their appointed representative, prescribing physician, or authorized prescriber) may request a standard/non-urgent or expedited/urgent preservice/prior and current authorization for a drug that is subjected to utilization management tools such as step therapy. To initiate an exception request, contact 800-417-8164. Prior authorization guidelines will be made available to the member, member's authorization representative, prescribing physician and other authorized prescriber upon request.

How to Access Pain Management Alternatives to Opiate Products

Your plan covers medication and non-medication treatments as alternatives to opiate products for pain management. Non-opiate medication alternatives include non-steroidal anti-inflammatory drugs (NSAIDs), muscle relaxants, and topical anesthetics. Non-medication alternatives include chiropractic care, individual behavioral health therapy, including biofeedback and training on meditative practices to alleviate pain, and pain management injections, including trigger point and fascia injections. Please discuss the covered medication alternatives covered under the formulary with your health care provider. You can access these medications from a participating pharmacy. To find a participating pharmacy near you, please call the Member Pharmacy Help Desk at the toll-free number on your ID card, or visit <https://express-scripts.com> for more information. To find a participating provider in your plan's provider network, please call the toll-free number on your ID card, or visit <https://wellfleetstudent.com/providers/>.

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List of Abbreviations

ACA: Affordable Care Act.

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.

SP: Specialty

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 5 MG/ML	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	2	
CRESEMBA ORAL CAPSULE 186 MG	2	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>itraconazole oral solution 10 mg/ml</i>	1	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	2	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous recon soln 200 mg</i>	1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	2	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
CIMDUO ORAL TABLET 300-300 MG	2	
CRIXIVAN ORAL CAPSULE 200 MG	2	
DESCOVY ORAL TABLET 200-25 MG	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO ORAL TABLET 50-300 MG	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-lamivudine oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL TABLET 400-100 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
<i>fosamprenavir oral tablet 700 mg</i>	1	
FOSCAVIR INTRAVENOUS SOLUTION 24 MG/ML	3	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	2	QL
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	2	
INVIRASE ORAL TABLET 500 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	
JULUCA ORAL TABLET 50-25 MG	2	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	QL
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
LEXIVA ORAL SUSPENSION 50 MG/ML	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	QL
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
NORVIR ORAL POWDER IN PACKET 100 MG	2	
NORVIR ORAL SOLUTION 80 MG/ML	2	
ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	2	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	

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Drug Name	Drug Tier	Requirements / Limits
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	2	QL
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	
SYMFI LO ORAL TABLET 400-300- 300 MG	2	
SYMFI ORAL TABLET 600-300- 300 MG	2	
SYMTUZA ORAL TABLET 800-150- 200-10 MG	2	

Drug Name	Drug Tier	Requirements / Limits
SYNAGIS INTRAMUSCULA R SOLUTION 100 MG/ML, 50 MG/0.5 ML	2	PA
TEMIXYS ORAL TABLET 300-300 MG	2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50- 300 MG	2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200- 300 MG	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VOSEVI ORAL TABLET 400-100-100 MG	2	QL
ZEPATIER ORAL TABLET 50-100 MG	2	QL
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	ST
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	ST
<i>cefazolin intravenous recon soln 1 gram</i>	1	ST
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	ST
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefixime oral capsule 400 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefotaxime injection recon soln 1 gram</i>	1	ST
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefotetan intravenous recon soln 10 gram</i>	1	ST
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	ST
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	ST
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	ST
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	ST
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	ST
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	ST
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	ST
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	ST
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	ST
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	ST
<i>azithromycin oral packet 1 gram</i>	1	QL
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	QL
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	QL
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
DIFICID ORAL TABLET 200 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	2	ST
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
ALINIA ORAL TABLET 500 MG	2	QL
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	ST
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	ST
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	2	QL
CAPASTAT INJECTION RECON SOLN 1 GRAM	2	

Drug Name	Drug Tier	Requirements / Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	QL
<i>chloramphenicol sodium succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	QL
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	ST
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	ST
COARTEM ORAL TABLET 20-120 MG	2	QL
<i>colistin (colistimethate sodium) injection recon soln 150 mg</i>	1	ST
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	ST
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>daptomycin intravenous recon soln 500 mg</i>	1	ST
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ertapenem injection recon soln 1 gram</i>	1	ST
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	ST
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	ST
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	ST
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	ST
<i>hydroxychloroquine oral tablet 200 mg</i>	1	QL
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
IMPAVIDO ORAL CAPSULE 50 MG	2	QL
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	QL
<i>lincomycin injection solution 300 mg/ml</i>	1	ST
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	ST
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	ST
<i>mefloquine oral tablet 250 mg</i>	1	QL
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	2	ST
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	ST
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	ST
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	ST
<i>paromomycin oral capsule 250 mg</i>	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	2	
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL
<i>pentamidine injection recon soln 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	ST
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg</i>	1	QL
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	ST
SYNERCID INTRAVENOUS RECON SOLN 500 MG	2	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>tigecycline intravenous recon soln 50 mg</i>	1	ST
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	QL
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	ST
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	QL
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	ST
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	ST
TRECATOR ORAL TABLET 250 MG	2	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	ST
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	ST
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	ST
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	ST
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	ST
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	ST
<i>nafcillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>nafcillin intravenous recon soln 1 gram, 2 gram</i>	1	ST
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST
<i>oxacillin injection recon soln 1 gram, 10 gram, 2 gram</i>	1	ST
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	ST
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	ST
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml</i>	1	ST
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	ST
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	ST
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram</i>	1	ST
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	ST
QUINOLONES		
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	ST
BAXDELA ORAL TABLET 450 MG	2	QL
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	ST
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	ST
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	ST
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	ST
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	ST
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	1	
<i>coremino oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	ST
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	ST
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	1	
<i>morgidox oral capsule 100 mg</i>	1	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
URINARY TRACT AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	ST

Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML	2	ST
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	ST
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	2	ST
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	ST
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	ST; QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	ST
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	2	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	
<i>mesna intravenous solution 100 mg/ml</i>	1	
MESNEX ORAL TABLET 400 MG	2	

Drug Name	Drug Tier	Requirements / Limits
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	2	
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	2	
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	2	
<i>adriamycin intravenous recon soln 10 mg</i>	1	
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	
AFINITOR ORAL TABLET 10 MG	2	
ALECENSA ORAL CAPSULE 150 MG	2	
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	2	
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	2	
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	2	
<i>anastrozole oral tablet 1 mg</i>	1	
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	2	
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	2	
<i>azacitidine injection recon soln 100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>azathioprine oral tablet 50 mg</i>	1	
<i>azathioprine sodium injection recon soln 100 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	2	
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	2	
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	2	
<i>bexarotene oral capsule 75 mg</i>	1	
<i>bicalutamide oral tablet 50 mg</i>	1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
BLINCYTO INTRAVENOUS KIT 35 MCG	2	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	
<i>busulfan intravenous solution 60 mg/10 ml</i>	1	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	
<i>carboplatin intravenous solution 10 mg/ml</i>	1	
<i>carmustine intravenous recon soln 100 mg</i>	1	
<i>cisplatin intravenous solution 1 mg/ml</i>	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	
<i>clofarabine intravenous solution 20 mg/20 ml</i>	1	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	
COTELLIC ORAL TABLET 20 MG	2	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	2	
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	
<i>dactinomycin intravenous recon soln 0.5 mg</i>	1	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	2	
<i>daunorubicin intravenous recon soln 20 mg</i>	1	
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>decitabine intravenous recon soln 50 mg</i>	1	
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	2	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	
<i>doxorubicin intravenous recon soln 50 mg</i>	1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	1	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	2	
EMCYT ORAL CAPSULE 140 MG	2	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	
<i>epirubicin intravenous recon soln 200 mg</i>	1	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	2	PA
ERIVEDGE ORAL CAPSULE 150 MG	2	
ERLEADA ORAL TABLET 60 MG	2	
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	
<i>etoposide intravenous solution 20 mg/ml</i>	1	
<i>etoposide oral capsule 50 mg</i>	1	
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	
<i>exemestane oral tablet 25 mg</i>	1	
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	
<i>floxuridine injection recon soln 0.5 gram</i>	1	
<i>fludarabine intravenous recon soln 50 mg</i>	1	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>flutamide oral capsule 125 mg</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	2	
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	1	
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	2	
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	2	
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	2	
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	
<i>idarubicin intravenous solution 1 mg/ml</i>	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	2	
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	2	
INLYTA ORAL TABLET 1 MG, 5 MG	2	
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	2	
IRESSA ORAL TABLET 250 MG	2	
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	2	
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	2	
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	ST

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Drug Name	Drug Tier	Requirements / Limits
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	2	
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	2	
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	2	
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	2	
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	2	
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	

Drug Name	Drug Tier	Requirements / Limits
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	2	
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	
LORBRENA ORAL TABLET 100 MG, 25 MG	2	
LUPRON DEPOT (3 MONTH) INTRAMUSCULA R SYRINGE KIT 11.25 MG	2	PA
LUPRON DEPOT INTRAMUSCULA R SYRINGE KIT 3.75 MG	2	PA
LUPRON DEPOT- PED (3 MONTH) INTRAMUSCULA R SYRINGE KIT 11.25 MG, 30 MG	2	PA
LUPRON DEPOT- PED INTRAMUSCULA R KIT 11.25 MG, 15 MG, 7.5 MG (PED)	2	PA
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
LYSODREN ORAL TABLET 500 MG	2	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	2	
MATULANE ORAL CAPSULE 50 MG	2	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	
<i>melphalan hcl intravenous recon soln 50 mg</i>	1	
<i>melphalan oral tablet 2 mg</i>	1	
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	1	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	
MVASI INTRAVENOUS SOLUTION 25 MG/ML	2	
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i>	1	
MYLERAN ORAL TABLET 2 MG	2	
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	2	
NERLYNX ORAL TABLET 40 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
NEXAVAR ORAL TABLET 200 MG	2	
<i>nilutamide oral tablet 150 mg</i>	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	
NUBEQA ORAL TABLET 300 MG	2	
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	
ODOMZO ORAL CAPSULE 200 MG	2	
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	2	

Drug Name	Drug Tier	Requirements / Limits
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	2	
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	
<i>paraplatin intravenous solution 10 mg/ml</i>	1	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	2	
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	2	
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	2	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
PURIXAN ORAL SUSPENSION 20 MG/ML	2	
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	2	
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	2	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML	2	
RYDAPT ORAL CAPSULE 25 MG	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	
STIVARGA ORAL TABLET 40 MG	2	
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	2	
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	
TAGRISSE ORAL TABLET 40 MG, 80 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	
TARGRETIN TOPICAL GEL 1 %	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	2	
TEMODAR INTRAVENOUS RECON SOLN 100 MG	2	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	1	
TENIPOSIDE INTRAVENOUS SOLUTION 50 MG/5 ML	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
TIBSOVO ORAL TABLET 250 MG	2	
<i>toposar intravenous solution 20 mg/ml</i>	1	
<i>topotecan intravenous recon soln 4 mg</i>	1	
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	
<i>toremifene oral tablet 60 mg</i>	1	
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	2	
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	2	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	PA
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	2	
TYKERB ORAL TABLET 250 MG	2	
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	2	
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	2	PA
VELCADE INJECTION RECON SOLN 3.5 MG	2	
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	2	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	
<i>vinblastine intravenous solution 1 mg/ml</i>	1	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	
VITRAKVI ORAL SOLUTION 20 MG/ML	2	
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	
VOTRIENT ORAL TABLET 200 MG	2	
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	2	
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	
XERMELO ORAL TABLET 250 MG	2	PA
XOSPATA ORAL TABLET 40 MG	2	
XTANDI ORAL CAPSULE 40 MG	2	
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	2	
YESCARTA INTRAVENOUS SUSPENSION	2	
YONDELIS INTRAVENOUS RECON SOLN 1 MG	2	
YONSA ORAL TABLET 125 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	2	
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	2	
ZEJULA ORAL CAPSULE 100 MG	2	
ZELBORAF ORAL TABLET 240 MG	2	
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	2	
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	2	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	2	
ZOLINZA ORAL CAPSULE 100 MG	2	
ZORTRESS ORAL TABLET 1 MG	2	
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	
ZYKADIA ORAL TABLET 150 MG	2	
ZYTIGA ORAL TABLET 500 MG	2	
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		

Drug Name	Drug Tier	Requirements / Limits
BANZEL ORAL SUSPENSION 40 MG/ML	2	
BANZEL ORAL TABLET 200 MG, 400 MG	2	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	
<i>epitol oral tablet 200 mg</i>	1	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	1	
levetiracetam intravenous solution 500 mg/5 ml	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	QL
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
PEGANONE ORAL TABLET 250 MG	2	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	

Drug Name	Drug Tier	Requirements / Limits
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml	1	
phenytoin oral tablet, chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
phenytoin sodium intravenous solution 50 mg/ml	1	
phenytoin sodium intravenous syringe 50 mg/ml	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
primidone oral tablet 250 mg, 50 mg	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	ST
roweepra oral tablet 1,000 mg, 500 mg, 750 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>vigabatrin oral tablet 500 mg</i>	1	
<i>vigadrone oral powder in packet 500 mg</i>	1	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	2	
VIMPAT ORAL SOLUTION 10 MG/ML	2	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	
<i>benztropine injection solution 1 mg/ml</i>	1	
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	2	
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	ST; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	QL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
<i>migergot rectal suppository 2-100 mg</i>	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	
<i>donepezil oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	2	

Drug Name	Drug Tier	Requirements / Limits
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	2	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	1	
RUZURGI ORAL TABLET 10 MG	2	
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	2	PA
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	QL
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	2	PA
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium intravenous solution 10 mg/ml</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cisatracurium intravenous solution 2 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
<i>dantrolene intravenous recon soln 20 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>metaxall oral tablet 800 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol injection solution 100 mg/ml</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	1	
<i>revonto intravenous recon soln 20 mg</i>	1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	QL
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	
<i>diskets oral tablet, soluble 40 mg</i>	1	
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>dvorah oral tablet 325-30-16 mg</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	ST; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	
<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	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syringe 10 mg/50 ml (0.2 mg/ml)</i>	1	
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i>	1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	QL
<i>hydromorphone rectal suppository 3 mg</i>	1	
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	QL
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	2	
levorphanol tartrate oral tablet 2 mg	1	
lorcet hd oral tablet 10-325 mg	1	
methadone injection solution 10 mg/ml	1	
methadone oral concentrate 10 mg/ml	1	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methadone oral tablet 10 mg, 5 mg	1	
methadone oral tablet,soluble 40 mg	1	
methadose oral concentrate 10 mg/ml	1	
methadose oral tablet,soluble 40 mg	1	
morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	1	
morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)	1	
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	
morphine injection solution 8 mg/ml	1	
morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml	1	
morphine intravenous pt controlled analgesia syring 30 mg/30 ml (1 mg/ml)	1	
morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml	1	
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	1	
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	1	QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	
<i>morphine oral tablet 15 mg, 30 mg</i>	1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	QL
<i>prolone oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	2	
<i>tencon oral tablet 50-325 mg</i>	1	
<i>vtol lq oral solution 50-325-40 mg/15 ml</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	
NON-NARCOTIC ANALGESICS		
<i>aspirin low dose oral tablet, delayed release (dr/ec) 81 mg</i>	1	OTC
<i>aspirin oral tablet 325 mg</i>	1	OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>aspirin oral tablet,chewable 81 mg</i>	1	OTC
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	1	OTC
<i>aspir-trin oral tablet,delayed release (dr/ec) 325 mg</i>	1	OTC
<i>bayer aspirin oral tablet 325 mg</i>	1	OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	QL
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>children's aspirin oral tablet,chewable 81 mg</i>	1	OTC
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	1	ST; QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>e.c. prin oral tablet,delayed release (dr/ec) 325 mg</i>	1	OTC
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	1	OTC
<i>ecotrin oral tablet,delayed release (dr/ec) 325 mg</i>	1	OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 - 3.6 MILLION)	2	PA
<i>fenoprofen oral tablet 600 mg</i>	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
<i>lite coat aspirin oral tablet 325 mg</i>	1	OTC
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	2	PA
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	1	ST
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	QL
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	2	PA
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
<i>st joseph aspirin oral tablet,chewable 81 mg</i>	1	OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	ST
<i>tolmetin oral tablet 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>tolmetin oral tablet 600 mg</i>	1	ST
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	2	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	2	
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>aripiprazole oral solution 1 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	2	QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlorpromazine injection solution 25 mg/ml</i>	1	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	2	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	
<i>dextroamphetamine- amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine- amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	
<i>ergoloid oral tablet 1 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	QL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanidine oral tablet 125 mg</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	QL
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	2	
<i>methamphetamine oral tablet 5 mg</i>	1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	
<i>midazolam (pf) injection cartridge 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	QL
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	QL
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>phenelzine oral tablet 15 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>procentra oral solution 5 mg/5 ml</i>	1	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	
<i>ramelteon oral tablet 8 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	2	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>seconal sodium oral capsule 100 mg</i>	1	QL
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
SUNOSI ORAL TABLET 150 MG, 75 MG	2	QL
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranlycypromine oral tablet 10 mg</i>	1	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	ST; QL
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	QL
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	QL

Drug Name	Drug Tier	Requirements / Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	
XYREM ORAL SOLUTION 500 MG/ML	2	ST
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	QL
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	2	

CARDIOVASCULAR, HYPERTENSION & LIPIDS

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

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>bretylum tosylate injection solution 50 mg/ml</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiaazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL
<i>corlopam intravenous solution 10 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
EDARBI ORAL TABLET 40 MG, 80 MG	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	1	
<i>eprosartan oral tablet 600 mg</i>	1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	2	
osmitrol 20 % intravenous parenteral solution 20 %	1	
papaverine injection solution 30 mg/ml	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	1	
phentolamine injection recon soln 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol intravenous solution 1 mg/ml	1	
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	

Drug Name	Drug Tier	Requirements / Limits
propranolol- hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril- hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20- 25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton- hydrochlorothiaz oral tablet 25-25 mg	1	
taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150- 25 MG, 300-12.5 MG, 300-25 MG	2	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan- amlodipine oral tablet 40-10 mg, 40- 5 mg, 80-10 mg, 80- 5 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
CARDIAC GLYCOSIDES		
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	2	
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	2	
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	2	
aminocaproic acid intravenous solution 250 mg/ml	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	
<i>bivalirudin intravenous recon soln 250 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	2	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	2	
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	PA; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	2	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	2	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	2	
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	2	
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	2	
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	2	
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	2	
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	1	
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin flush(porcine)- 0.9nacl intravenous kit 100 unit/ml	1	
heparin lock flush (porcine) intravenous solution 100 unit/ml	1	
heparin lock flush intravenous solution 10 unit/ml	1	
heparin lock flush intravenous syringe 10 unit/ml	1	

Drug Name	Drug Tier	Requirements / Limits
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	2	
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	2	
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	2	
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	2	PA
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	

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Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA
<i>protamine intravenous solution 10 mg/ml</i>	1	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	2	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	2	
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>vitamin k1 injection solution 10 mg/ml</i>	1	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	2	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	2	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	ST; QL
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
NEXLETOL ORAL TABLET 180 MG	2	
NEXLIZET ORAL TABLET 180-10 MG	2	
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	2	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	QL
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	

Drug Name	Drug Tier	Requirements / Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97- 103 MG	2	QL
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG	2	
VYNDAQEL ORAL CAPSULE 20 MG	2	
NITRATES		
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	2	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
<i>nitro-bid transdermal ointment 2 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)</i>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	QL
<i>drithocrema hp topical cream 1 %</i>	1	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	QL
BURN THERAPY		

Drug Name	Drug Tier	Requirements / Limits
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
KERATOLYTICS		
<i>salicylic acid topical cream 6 %</i>	1	
<i>salicylic acid topical cream,extended release 6 %</i>	1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	
<i>salicylic acid topical foam 6 %</i>	1	
<i>salicylic acid topical gel 6 %</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion 6 %</i>	1	
<i>salicylic acid topical lotion,extended release 6 %</i>	1	
<i>salicylic acid topical shampoo 6 %</i>	1	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	1	
<i>salimez topical cream 6 %</i>	1	
<i>salvax topical foam 6 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
<i>atopavo topical emulsion</i>	1	
<i>avo cream topical emulsion</i>	1	
CARAC TOPICAL CREAM 0.5 %	2	
<i>celacyn topical gel with pump</i>	1	
<i>cem-urea topical gel 45 %</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream 5 %</i>	1	ST; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	QL
<i>eletone topical cream</i>	1	
<i>emulsion sb topical emulsion</i>	1	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hpr plus hydrogel topical kit,cream and gel</i>	1	
<i>hpr plus topical cream</i>	1	
<i>hpr plus topical foam</i>	1	
<i>hpr topical foam</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
<i>luxamend topical cream</i>	1	
<i>mb hydrogel (cyclomethicone) topical kit,cream and gel</i>	1	
<i>mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %</i>	1	
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
<i>nivatopic plus topical cream</i>	1	
PICATO TOPICAL GEL 0.015 %, 0.05 %	2	
<i>pimecrolimus topical cream 1 %</i>	1	QL
<i>podofilox topical solution 0.5 %</i>	1	
<i>pruclair topical cream</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>prudoxin topical cream 5 %</i>	1	ST; QL
<i>prumyx topical cream</i>	1	
QBREXZA TOPICAL TOWELETTE 2.4 %	2	
REGRANEX TOPICAL GEL 0.01 %	2	QL
<i>silver nitrate applicators topical stick 75-25 %</i>	1	
<i>silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %</i>	1	
<i>sonafine topical emulsion</i>	1	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	QL
<i>umecta topical foam 40 %</i>	1	
<i>urea nail stick topical solution 50 %</i>	1	
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam 35 %</i>	1	
<i>urea topical gel 45 %</i>	1	
<i>ure-k topical cream 50 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
UVADEX INJECTION SOLUTION 20 MCG/ML	2	
VALCHLOR TOPICAL GEL 0.016 %	2	
<i>wintergreen oil oil</i>	1	
THERAPY FOR ACNE		
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>adapalene topical solution 0.1 %</i>	1	
<i>adapalene topical swab 0.1 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	2	ST
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
<i>avita topical cream 0.025 %</i>	1	
<i>azelaic acid topical gel 15 %</i>	1	
<i>benzepro topical towelette 6 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam 9.8 %	1	
bp 10-1 topical cleanser 10-1 %	1	ST
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
cleansing wash topical cleanser 10-4-10 %	1	ST
clindacin p topical swab 1 %	1	
clindamycin phosphate topical foam 1 %	1	QL
clindamycin phosphate topical gel 1 %	1	QL
clindamycin phosphate topical lotion 1 %	1	QL
clindamycin phosphate topical solution 1 %	1	QL
clindamycin phosphate topical swab 1 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
clindamycin-tretinoin topical gel 1.2-0.025 %	1	
dapsone topical gel 5 %	1	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	2	ST
ery pads topical swab 2 %	1	
erygel topical gel 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
FINACEA TOPICAL FOAM 15 %	2	ST
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical gel with pump 1 %	1	
metronidazole topical lotion 0.75 %	1	

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

Drug Name	Drug Tier	Requirements / Limits
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
neuac topical gel 1.2 % (1 % base) -5 %	1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 %	2	ST
rosadan topical cream 0.75 %	1	
rosadan topical gel 0.75 %	1	
rosula cleansing cloths topical pads, medicated 10-5 %	1	
sss 10-5 topical cream 10-5 % (w/w)	1	
sss 10-5 topical foam 10-5 %	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1	

Drug Name	Drug Tier	Requirements / Limits
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	
sulfacetamide sod- sulfur-urea topical cleanser 10-5-10 %	1	
sulfacetamide- sulfur-cleanser ²³ topical kit 9-4.5 %	1	
sulfacleanse 8-4 topical suspension 8-4 %	1	ST
tazarotene topical cream 0.1 %	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	PA
tretinoin microspheres topical gel 0.04 %, 0.1 %	1	
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	1	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANESTHETICS		
<i>dermacinrx prizopak topical kit 2.5-2.5 %</i>	1	
<i>ethyl chloride topical aerosol,spray 100 %</i>	1	
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine (pf) injection syringe 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	ST
<i>lidocaine topical ointment 5 %</i>	1	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000</i>	1	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	1	
<i>lido-k topical lotion 3 %</i>	1	
<i>lidopin topical cream 3 %</i>	1	
<i>lidopril topical kit 2.5-2.5 %</i>	1	
<i>lido-sorb topical lotion 3 %</i>	1	
<i>lidozion topical lotion 3 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>lta pre-attached laryngotracheal solution 4 %</i>	1	
<i>relador pak plus topical kit 2.5-2.5 %</i>	1	
<i>relador pak topical kit 2.5-2.5 %</i>	1	
<i>zionodil topical lotion 3 %</i>	1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	ST
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>hydrocortisone-iodoquinl-aloe2 topical gel 2-1-1 %</i>	1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	1	
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	ST; QL
<i>mupirocin topical ointment 2 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL
<i>econazole topical cream 1 %</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
<i>ketodan kit topical combo pack 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	QL
<i>naftifine topical cream 1 %, 2 %</i>	1	QL
<i>naftifine topical gel 1 %</i>	1	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL
<i>nystop topical powder 100,000 unit/gram</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxiconazole topical cream 1 %</i>	1	QL
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	QL
<i>acyclovir topical ointment 5 %</i>	1	QL
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	ST
<i>amcinonide topical lotion 0.1 %</i>	1	ST
<i>apexicon e topical cream 0.05 %</i>	1	ST
<i>baser topical lotion 0.05 %</i>	1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
<i>clobetasol scalp solution 0.05 %</i>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam 0.05 %</i>	1	ST; QL
<i>clobetasol topical gel 0.05 %</i>	1	QL
<i>clobetasol topical lotion 0.05 %</i>	1	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST; QL
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL
<i>desonide topical cream 0.05 %</i>	1	
<i>desonide topical gel 0.05 %</i>	1	ST
<i>desonide topical lotion 0.05 %</i>	1	ST
<i>desonide topical ointment 0.05 %</i>	1	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	1	ST
<i>diflorasone topical cream 0.05 %</i>	1	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1	QL
<i>fluocinonide topical ointment 0.05 %</i>	1	QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL
<i>flurandrenolide topical cream 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical lotion 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical ointment 0.05 %</i>	1	ST; QL
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>nolix topical cream 0.05 %</i>	1	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>nolix topical lotion 0.05 %</i>	1	ST; QL
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>scalacort topical lotion 2 %</i>	1	
<i>tovet emollient topical foam 0.05 %</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	ST; QL
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		

Drug Name	Drug Tier	Requirements / Limits
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
ULESFIA TOPICAL LOTION 5 %	2	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>ringer's irrigation solution</i>	1	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1	
MISCELLANEOUS AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	PA
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	
<i>clovique oral capsule 250 mg</i>	1	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
FERRIPROX ORAL SOLUTION 100 MG/ML	2	
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	2	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	2	
<i>ic green injection recon soln 25 mg</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA
<i>indocyanine green injection recon soln 25 mg</i>	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	2	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	
REVCovi INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	2	
<i>riluzole oral tablet 50 mg</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL
<i>sodium benzoate-sodium phenylacetate intravenous solution 10-10 %</i>	1	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium ferric gluconate-sucrose intravenous solution 62.5 mg/5 ml</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	2	
<i>trientine oral capsule 250 mg</i>	1	
<i>water for irrigation, sterile irrigation solution</i>	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	2	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	3	OTC
NICORETTE BUCCAL GUM 2 MG	3	OTC
nicorette buccal gum 4 mg	1	OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	OTC

Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	OTC
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	OTC
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1	OTC
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	OTC
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	OTC
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1	OTC
quit 2 buccal gum 2 mg	1	OTC
quit 2 buccal lozenge 2 mg	1	OTC
quit 4 buccal gum 4 mg	1	OTC
quit 4 buccal lozenge 4 mg	1	OTC
stop smoking aid buccal lozenge 2 mg, 4 mg	1	OTC
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	QL
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL
<i>oralone dental paste 0.1 %</i>	1	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
betamethasone acet,sod phos injection suspension 6 mg/ml	1	
cortisone oral tablet 25 mg	1	
cosyntropin injection recon soln 0.25 mg	1	
decadron oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg	1	
dexabliss oral tablets,dose pack 1.5 mg (39 tabs)	1	
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	

Drug Name	Drug Tier	Requirements / Limits
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)	1	
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	
dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml	1	
dexamethasone sodium phosphate injection syringe 4 mg/ml	1	
fludrocortisone oral tablet 0.1 mg	1	
hidex oral tablets,dose pack 1.5 mg (21 tabs)	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets,dose pack 4 mg	1	
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>millipred oral tablet 5 mg</i>	1	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
ONETOUCH ULTRA BLUE TEST STRIP STRIP	2	OTC
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC
PRECISION XTRA TEST STRIP	2	OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	

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

Drug Name	Drug Tier	Requirements / Limits
BREATHERITE MDI SPACER SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
INSPIRACHAMBER SPACER	2	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
SPACE CHAMBER SPACER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL
<i>diazoxide oral suspension 50 mg/ml</i>	1	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	QL
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		

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

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK COMBO SYSTEM KIT	2	
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD MICROTAINER LANCET 30 GAUGE	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS 33 GAUGE	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
CLEO 90 INFUSION SET 24" INFUSION SET	2	

Drug Name	Drug Tier	Requirements / Limits
COMFORT INFUSION SET 43" INFUSION SET	2	
COMFORT SHORT INSULIN PUMP 23" INFUSION SET	2	
CONTACT DETACH INFUS SET 23" INFUSION SET	2	
DEXCOM G4 RECEIVER	2	
DEXCOM G5 RECEIVER	2	
DEXCOM G6 RECEIVER	2	
DEXCOM RECEIVER	2	
FREESTYLE CONTROL SOLUTION	2	OTC
FREESTYLE FREEDOM KIT	2	OTC
FREESTYLE FREEDOM LITE KIT	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL
FREESTYLE LITE METER KIT	2	OTC
LANCETS 33 GAUGE	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
LANCING DEVICE	2	OTC
MEDISENSE COMBO PACK	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
MINIMED INFUSION SET-MMT 390 INFUSION SET	2	
MINIMED MIO 32" INFUSION SET	2	
MINIMED MIO ADVANCE INF SET 23" INFUSION SET	2	OTC
MINIMED QUICK SET 43" INFUSION SET	2	
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	
MIO INFUSION SET INFUSION SET	2	
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD INSULIN MANAGEMENT	2	
ONETOUCH ULTRA CONTROL SOLUTION	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH ULTRAMINI KIT	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO IQ METER	2	OTC
ONETOUCH VERIO METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
QUICK-SET PARADIGM INFUSION SET	2	
REVEL PROGRAMMABLE PUMP	2	
SAFE-CLIP BY MAIL DEVICE	2	OTC
SILHOUETTE INFUSION SET	2	
SURE-T PARADIGM INFUSION SET	2	
T:30 INFUSION SET INFUSION SET	2	
T:90 INFUSION SET 23" INFUSION SET	2	

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

Drug Name	Drug Tier	Requirements / Limits
T:SLIM G4 SUBCUTANEOUS CARTRIDGE	2	
T:SLIM SUBCUTANEOUS CARTRIDGE	2	
TRUSTEEL INFUSION SET 32" INFUSION SET	2	
VARISOFT INFUSION SET 43" INFUSION SET	2	
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

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

Drug Name	Drug Tier	Requirements / Limits
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LEVEMIR FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	

Drug Name	Drug Tier	Requirements / Limits
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	

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

Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTouch U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTouch U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL
MISCELLANEOUS HORMONES		
ACTHREL INTRAVENOUS RECON SOLN 100 MCG	2	
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	
ANADROL-50 ORAL TABLET 50 MG	2	
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
BRINEURA INTRAVENTRICU LAR KIT 300 MG/10 ML (150MG/5ML X2)	2	
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<i>calcitonin (salmon) nasal spray,non- aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	2	
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	ST
<i>clomiphene citrate oral tablet 50 mg</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	2	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	ST
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	2	
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	2	
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	1	
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	2	ST

Drug Name	Drug Tier	Requirements / Limits
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	2	ST
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	2	ST
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	2	PA
KUVAN ORAL TABLET, SOLUBLE 100 MG	2	PA
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	2	
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	2	
METHITEST ORAL TABLET 10 MG	2	
<i>methyltestosterone oral capsule 10 mg</i>	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>miglustat oral capsule 100 mg</i>	1	
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	2	PA; QL
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	2	QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	ST; QL
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	PA; QL
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	ST
SAMSCA ORAL TABLET 15 MG	2	PA; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA
<i>sapropterin oral tablet, soluble 100 mg</i>	1	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular oil 200 mg/ml	1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	1	PA; QL
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	1	PA; QL
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	1	PA; QL
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	PA; QL
tolvaptan oral tablet 30 mg	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	
zoledronic acid intravenous recon soln 4 mg	1	
zoledronic acid intravenous solution 4 mg/5 ml	1	
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	1	
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	QL
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	QL
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	QL
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST; QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
INVOKANA ORAL TABLET 100 MG, 300 MG	2	ST; QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL
<i>metformin oral solution 500 mg/5 ml</i>	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	1	ST; QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	2	QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	QL
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	ST; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	ST; QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL
TRADJENTA ORAL TABLET 5 MG	2	QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST

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

Drug Name	Drug Tier	Requirements / Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML	2	QL
TRULICITY SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	1	
<i>atropine injection solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>dicyclomine intramuscular solution 10 mg/ml</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVSIN INJECTION SOLUTION 0.5 MG/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
<i>symax fastabs oral tablet,disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		

Drug Name	Drug Tier	Requirements / Limits
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN 235-0.25 MG	2	
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	2	QL
<i>alophen (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>anucort-hc rectal suppository 25 mg</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	QL
<i>balsalazide oral capsule 750 mg</i>	1	
<i>bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>bisa-lax (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	1	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
CHENODAL ORAL TABLET 250 MG	2	PA
CHOLBAM ORAL CAPSULE 250 MG	2	
CHOLBAM ORAL CAPSULE 50 MG	2	QL
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	2	
<i>citrate of magnesia oral solution</i>	1	OTC
<i>citroma oral solution</i>	1	OTC
<i>clearlax oral powder 17 gram/dose</i>	1	OTC
<i>clearlax oral powder in packet 17 gram</i>	1	OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	2	
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000- 114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	2	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
DIPENTUM ORAL CAPSULE 250 MG	2	
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1	QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
<i>droperidol injection solution 2.5 mg/ml</i>	1	
<i>ducodyl (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	
<i>gavilax oral powder 17 gram/dose</i>	1	OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>gavilyte-n oral recon soln 420 gram</i>	1	
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	OTC
<i>glycolax oral powder 17 gram/dose</i>	1	OTC
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>healthylax oral powder in packet 17 gram</i>	1	OTC
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>	1	ST
KINEVAC INJECTION RECON SOLN 5 MCG	2	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>laxaclear oral powder 17 gram/dose</i>	1	OTC
<i>laxative (bisacodyl) oral tablet 5 mg</i>	1	OTC
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	QL
<i>magnesium citrate oral solution</i>	1	OTC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	1	OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	1	OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>miralax oral powder in packet 17 gram</i>	1	OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL
<i>natura-lax oral powder 17 gram/dose</i>	1	OTC
OCALIVA ORAL TABLET 10 MG, 5 MG	2	PA; QL
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	OTC
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	
<i>peg-prep oral kit 5-210 mg-gram</i>	1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	OTC
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	OTC
<i>powderlax oral powder 17 gram/dose</i>	1	OTC
<i>powderlax oral powder in packet 17 gram</i>	1	OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>purelax oral powder 17 gram/dose</i>	1	OTC
<i>purelax oral powder in packet 17 gram</i>	1	OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RELISTOR ORAL TABLET 150 MG	2	ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	ST

Drug Name	Drug Tier	Requirements / Limits
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	ST
REMICADE INTRAVENOUS RECON SOLN 100 MG	2	
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>smoothlax oral powder 17 gram/dose</i>	1	OTC
<i>smoothlax oral powder in packet 17 gram</i>	1	OTC
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	
SYMPROIC ORAL TABLET 0.2 MG	2	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
VARUBI ORAL TABLET 90 MG	2	QL
VELPHORO ORAL TABLET, CHEWABLE 500 MG	2	

Drug Name	Drug Tier	Requirements / Limits
VIBERZI ORAL TABLET 100 MG, 75 MG	2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	1	OTC
<i>women's laxative (bisacodyl) oral tablet 5 mg</i>	1	OTC
<i>women's laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	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	2	
ULCER THERAPY		

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

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 30 MG	2	ST; QL
DEXILANT ORAL CAPSULE,BIPHAS E DELAYED RELEAS 60 MG	2	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	ST; QL
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
omeprazole oral capsule,delayed release(dr/ec) 10 mg	1	QL
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	QL
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	
pantoprazole intravenous recon soln 40 mg	1	
pantoprazole oral granules dr for susp in packet 40 mg	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
PYLERA ORAL CAPSULE 140-125-125 MG	2	
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	
ranitidine hcl oral syrup 15 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
ranitidine hcl oral tablet 300 mg	1	
sucralfate oral suspension 100 mg/ml	1	
sucralfate oral tablet 1 gram	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	2	QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	QL
LEUKINE INJECTION RECON SOLN 250 MCG	2	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	2	
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	QL
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	ST
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	ST
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	QL
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	ST
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	

GROWTH HORMONES

Drug Name	Drug Tier	Requirements / Limits
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	2	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA

INTERFERONS

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

Drug Name	Drug Tier	Requirements / Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	QL
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	1	
GILENYA ORAL CAPSULE 0.5 MG	2	
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	1	QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	2	QL
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	2	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	QL
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>ribavirin oral capsule 200 mg</i>	1	ST
<i>ribavirin oral tablet 200 mg</i>	1	ST
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	2	
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	2	
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	2	
ZEPOSIA ORAL CAPSULE 0.92 MG	2	
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	2	
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	2	
INTERLEUKINS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	
<i>imiquimod topical cream in packet 5 %</i>	1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	2	
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	2	
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	PA

Drug Name	Drug Tier	Requirements / Limits
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	2	PA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	2	
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	2	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	PA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATER THAN 312 UNIT/ML (5 ML)	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	2	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT	2	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	2	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	2	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	PA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	2	
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	2	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	

Drug Name	Drug Tier	Requirements / Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>aloprim intravenous recon soln 500 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	2	PA
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	2	QL
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	PA
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	PA
<i>ibandronate oral tablet 150 mg</i>	1	QL
<i>raloxifene oral tablet 60 mg</i>	1	
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	QL
OTHER RHEUMATOLOGICALS		

Drug Name	Drug Tier	Requirements / Limits
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	QL
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	QL
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	2	
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	QL

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Drug Name	Drug Tier	Requirements / Limits
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	QL
HUMIRA PEN PSOR-UEVITS- ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML- 40 MG/0.4 ML	2	QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
OTEZLA ORAL TABLET 30 MG	2	QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47)	2	QL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	2	ST

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Drug Name	Drug Tier	Requirements / Limits
penicillamine oral capsule 250 mg	1	
penicillamine oral tablet 250 mg	1	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
RIDAURA ORAL CAPSULE 3 MG	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	2	QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
XELJANZ ORAL TABLET 10 MG, 5 MG	2	QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
FC2 FEMALE CONDOM	2	OTC
FEMCAP VAGINAL DEVICE 22 MM	2	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	2	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (6 YRS) 52 MG	2	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	2	

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

Drug Name	Drug Tier	Requirements / Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	2	
ESTROGENS & PROGESTINS		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>camila oral tablet 0.35 mg</i>	1	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %, 8 %	2	
<i>deblitane oral tablet 0.35 mg</i>	1	
DEPO-ESTRADIOL INTRAMUSCULA R OIL 5 MG/ML	2	
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 %)	2	QL

Drug Name	Drug Tier	Requirements / Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	2	
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
ENDOMETRIN VAGINAL INSERT 100 MG	2	
<i>errin oral tablet 0.35 mg</i>	1	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	
<i>hydroxyprogest(pf)(p reg presv) intramuscular oil 250 mg/ml (1 ml)</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	1	PA
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	
<i>jencycla oral tablet 0.35 mg</i>	1	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	
PREMARIN INJECTION RECON SOLN 25 MG	2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	
<i>tulana oral tablet 0.35 mg</i>	1	
<i>yuvafer vaginal tablet 10 mcg</i>	1	

MISCELLANEOUS OB/GYN

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
<i>gynol ii vaginal gel 3 %</i>	1	OTC
INTRAROSA VAGINAL INSERT 6.5 MG	2	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG - 5 MG (30)	2	PA
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	2	PA
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	

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Drug Name	Drug Tier	Requirements / Limits
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	2	OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
<i>vaginal contraceptive foam vaginal foam 12.5 %</i>	1	OTC
<i>vandazole vaginal gel 0.75 %</i>	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
ORAL CONTRACEPTIVES & RELATED AGENTS		

Drug Name	Drug Tier	Requirements / Limits
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	
<i>apri oral tablet 0.15-0.03 mg</i>	1	
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	
<i>aubra oral tablet 0.1-20 mg-mcg</i>	1	
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	
<i>ayuna oral tablet 0.15-0.03 mg</i>	1	
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	1	
<i>bekyree (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	
<i>cyred oral tablet 0.15-0.03 mg</i>	1	
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	
<i>econtra ez oral tablet 1.5 mg</i>	1	OTC; QL
<i>econtra one-step oral tablet 1.5 mg</i>	1	OTC; QL
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	
ELLA ORAL TABLET 30 MG	2	QL
<i>emoquette oral tablet 0.15-0.03 mg</i>	1	
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>fayosim oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	
<i>gianvi (28) oral tablet 3-0.02 mg</i>	1	
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>juleber oral tablet 0.15-0.03 mg</i>	1	
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	
<i>kelnor 1-50 oral tablet 1-50 mg-mcg</i>	1	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levonorgestrel oral tablet 1.5 mg</i>	1	OTC; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	ST
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	

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

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

Drug Name	Drug Tier	Requirements / Limits
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1	
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	

Drug Name	Drug Tier	Requirements / Limits
ocella oral tablet 3-0.03 mg	1	
opcicon one-step oral tablet 1.5 mg	1	OTC; QL
option-2 oral tablet 1.5 mg	1	OTC; QL
orsythia oral tablet 0.1-20 mg-mcg	1	
philith oral tablet 0.4-35 mg-mcg	1	
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg	1	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	3	OTC; QL
portia 28 oral tablet 0.15-0.03 mg	1	
previfem oral tablet 0.25-35 mg-mcg	1	
reclipsen (28) oral tablet 0.15-0.03 mg	1	
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	
<i>syeda oral tablet 3-0.03 mg</i>	1	
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	2	ST
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	
vienva oral tablet 0.1-20 mg-mcg	1	
violele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	
vylibra oral tablet 0.25-35 mg-mcg	1	
wera (28) oral tablet 0.5-35 mg-mcg	1	
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1	
zarah oral tablet 3-0.03 mg	1	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	1	
zumandimine (28) oral tablet 3-0.03 mg	1	
OXYTOCICS		
methergine oral tablet 0.2 mg	1	QL
methylergonovine oral tablet 0.2 mg	1	QL
oxytocin injection solution 10 unit/ml	1	
OPHTHALMOLOGY		
ANTIBIOTICS		

Drug Name	Drug Tier	Requirements / Limits
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
ANTIVIRALS		

Drug Name	Drug Tier	Requirements / Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>acuicyn topical spray,non-aerosol 0.01 %</i>	1	
ALOCRILOPHTHALMIC (EYE) DROPS 2 %	2	ST
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	2	ST
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	2	ST
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	2	PA
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	2	PA
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
<i>hypocyn topical spray,non-aerosol 0.01 %</i>	1	
<i>lidocaine-phenylephrn in water intraocular solution 1-1.5 %</i>	1	
LUXTURNASUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	2	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	2	PA
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	2	ST
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	2	
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	QL
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	ST
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	2	ST
<i>miostat intraocular solution 0.01 %</i>	1	
RHOPRESSA OPTHALMIC (EYE) DROPS 0.02 %	2	
ROCKLATAN OPTHALMIC (EYE) DROPS 0.02-0.005 %	2	ST
SIMBRINZA OPTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	2	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	ST
ZIOPTAN (PF) OPTHALMIC (EYE) DROPPERETTE 0.0015 %	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TOBRADEX OPTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	
TOBRADEX ST OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	

STERIODS

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

Drug Name	Drug Tier	Requirements / Limits
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	2	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	2	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide- prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		

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

Drug Name	Drug Tier	Requirements / Limits
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI HISTAMINE & ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)	1	
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	1	ST
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	QL
desloratadine oral tablet, disintegrating 2.5 mg, 5 mg	1	QL
dexchlorpheniramine maleate oral solution 2 mg/5 ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
diphenhydramine hcl injection syringe 50 mg/ml	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL
epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)	1	
epinephrine injection syringe 0.1 mg/ml	1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	3	QL
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
phenadoz rectal suppository 25 mg	1	
promethazine injection solution 25 mg/ml, 50 mg/ml	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaatussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG	2	
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	ST; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	1	QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>aminophylline intravenous solution 250 mg/10 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	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

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

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	ST; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 250 MCG	2	QL
DALIRESP ORAL TABLET 500 MCG	2	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	ST; QL
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	3	QL
ESBRIET ORAL CAPSULE 267 MG	2	QL
ESBRIET ORAL TABLET 267 MG	2	QL
ESBRIET ORAL TABLET 801 MG	2	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 250 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	2	QL
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	ST; QL
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL
KALYDECO ORAL GRANULES IN PACKET 25 MG	2	PA
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA; QL
KALYDECO ORAL TABLET 150 MG	2	PA; QL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	QL
OFEV ORAL CAPSULE 100 MG, 150 MG	2	QL
OPSUMIT ORAL TABLET 10 MG	2	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	QL
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	QL
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION , 90 MCG/ACTUATION	2	QL
<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	2	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
<i>sildenafil</i> (pulm.hypertension) intravenous solution 10 mg/12.5 ml	1	PA
<i>sildenafil</i> (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	1	QL
<i>sildenafil</i> (pulm.hypertension) oral tablet 20 mg	1	PA; QL
<i>sodium chloride</i> inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	2	ST; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100- 150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	QL
<i>tadalafil</i> (pulm. hypertension) oral tablet 20 mg	1	QL
<i>terbutaline</i> oral tablet 2.5 mg, 5 mg	1	
<i>terbutaline</i> subcutaneous solution 1 mg/ml	1	
<i>theophylline</i> oral elixir 80 mg/15 ml	1	
<i>theophylline</i> oral solution 80 mg/15 ml	1	
<i>theophylline</i> oral tablet extended release 12 hr 300 mg, 450 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	2	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	ST; QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; QL
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg	1	
tolterodine oral tablet 1 mg, 2 mg	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	
tropium oral capsule, extended release 24hr 60 mg	1	
tropium oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
dutasteride oral capsule 0.5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tadalafil oral tablet 2.5 mg, 5 mg	1	ST; QL
tamsulosin oral capsule 0.4 mg	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
alprostadil injection solution 500 mcg/ml	1	
CAVERJECT IMPULSE INTRACavernosal KIT 10 MCG, 20 MCG	2	PA; QL
CAVERJECT INTRACavernosal RECON SOLN 20 MCG, 40 MCG	2	PA; QL
CAVERJECT INTRACavernosal SYRINGE 10 MCG, 20 MCG	2	PA; QL
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	
ELMIRON ORAL CAPSULE 100 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG	2	PA; QL
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	ST; QL
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>urin ds oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>varafenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; QL
<i>varafenafil oral tablet,disintegrating 10 mg</i>	1	ST; QL
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral solution 5 %</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	

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

Drug Name	Drug Tier	Requirements / Limits
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
VITAMINS & HEMATINICS		
ascorbic acid (vitamin c) injection solution 500 mg/ml	1	
b complex 1 (with folic acid) oral tablet 0.4 mg	1	OTC
b complex 100 injection solution 100-2-100-2-2 mg/ml	1	
b complex-vitamin b12 oral tablet	1	OTC
b complex-vitamin c-folic acid oral tablet 400 mcg	1	OTC
balanced b-100 complex oral tablet extended release 100 mg	1	OTC
balanced b-100 oral tablet 0.4 mg	1	OTC
balanced b-50 oral tablet	1	OTC
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	1	

Drug Name	Drug Tier	Requirements / Limits
b-complex with vitamin c oral tablet , 400-500 mcg-mg	1	OTC
classic prenatal oral tablet 28 mg iron-800 mcg	1	OTC
c-nate dha oral capsule 28 mg iron-1 mg -200 mg	1	
complete natal dha oral combo pack 29-1-250-200 mg	1	
complex b-100 oral tablet extended release	1	OTC
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
dialyvite 800 oral tablet 0.8 mg	1	OTC
elite-ob oral tablet 50 mg iron- 1.25 mg	1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	2	
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	OTC

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

Drug Name	Drug Tier	Requirements / Limits
fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	OTC
fluoritab oral tablet, chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	OTC
folic acid injection solution 5 mg/ml	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	OTC
folivane-ob oral capsule 85-1 mg	1	
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	1	OTC
full spectrum b-vitamin c oral tablet 0.8 mg	1	OTC
hydroxocobalamin intramuscular solution 1,000 mcg/ml	1	
INFED INJECTION SOLUTION 50 MG/ML	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
kobee oral tablet 0.4 mg	1	OTC
kpn oral tablet	1	OTC
ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	OTC
m.v.i. adult intravenous solution 3,300 unit- 150 mcg/10 ml	1	
M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN 80-400-200 MG-UNIT-MCG	2	
m-natal plus oral tablet 27 mg iron- 1 mg	1	
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	1	OTC
multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	1	OTC
multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	1	OTC
mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	1	OTC
mynatal advance oral tablet 90-1-50 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	
<i>natural b-100 complex oral tablet 100 mg</i>	1	OTC
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
<i>obstetrix dha oral combo pack, tablet and cap, dr 29 mg iron-1 mg -50 mg</i>	1	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	1	OTC
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	1	OTC
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prena1 chew oral tablet, chew, ir - dr, biphasic 1.4 mg</i>	1	
<i>prena1 pearl oral capsule, ir - delay rel, biphasic 30-1.4-200 mg</i>	1	
<i>prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	1	OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	1	OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i>	1	OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	1	OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	OTC
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	OTC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	1	OTC
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	1	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1	
<i>pretab oral tablet 29-1 mg</i>	1	
<i>rena-vite oral tablet 0.8 mg</i>	1	OTC
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>stress formula oral tablet</i>	1	OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	1	OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	1	OTC
<i>super b complex-vitamin c oral tablet</i>	1	OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	1	OTC
<i>super quints b-50 oral tablet</i>	1	OTC
<i>super quints oral tablet 0.4 mg</i>	1	OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	1	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	OTC
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
<i>vitamin b complex oral tablet</i>	1	OTC
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	1	OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	OTC
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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femynor	126	fluocinolone acetone oil	84	FREESTYLE FREEDOM LITE	88
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fenofibrate nanocrystallized	67	fluocinonide-e	79	FREESTYLE LIBRE 14 DAY READER	88
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fenopropfen	44	fluoritab	149	FREESTYLE LITE STRIPS	86
fentanyl	40	fluorometholone	136	FREESTYLE TEST	86
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fentanyl citrate (pf)	39	fluoxetine	49	full spectrum b-vitamin c	149
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FERRIPROX	81	flurandrenolide	79	furosemide	57
FETZIMA	49	flurazepam	49	FUZEON	5
FINACEA	73	flurbiprofen	44	fyavolv	122
finasteride	145	flurbiprofen sodium	134	FYCOMPA	32
FIRMAGON KIT W DILUENT SYRINGE	23	flutamide	23	G	
flac otic oil	84	fluticasone propionate	79, 141	g tussin ac	138
flavoxate	144	fluticasone propion-salmeterol	141	gabapentin	32
flecainide	54	FLUTICASONE PROPION-SALMETEROL	141	galantamine	37
FLECTOR	44	fluvastatin	67	GAMASTAN	113
FLEXICHAMBER	87	fluvoxamine	49	GAMASTAN S/D	113
FLOLAN	57	FLUZONE HIGHDOSE QUAD 20-21 PF	113	GAMIFANT	23
FLOVENT DISKUS	141	FLUZONE QUAD 2020-2021	113	GAMMAGARD LIQUID	113
FLOVENT HFA	141	FLUZONE QUAD 2020-2021 (PF)	113	GAMMAGARD S-D (IGA < 1 MCG/ML)	114
floxuridine	23	folic acid	149	GAMUNEX-C	114
FLUAD 2020-2021 (65 YR UP)(PF)	113	folivane-ob	149	ganciclovir sodium	5
FLUAD QUAD 2020-21(65Y UP)(PF)	113	FOLOTYN	23	ganirelix	93
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gavilyte-g	102	GONAL-F RFF REDI-JECT	93	heparin, porcine (pf)	64
gavilyte-n	102	granisetron (pf)	102	HERCEPTIN	24
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GILOTRIF	23	haloperidol decanoate	49		90
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glyburide micronized	96	heparin (porcine) in nacl (pf)	64	HUMULIN 70/30 U-100	
glyburide-metformin	96	heparin flush(porcine)-0.9nacl	64	INSULIN	90
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ketoprofen.....	44	LATUDA.....	50	lidocaine-hydrocortisone-aloe	
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KOGENATE FS.....	65	levalbuterol hcl	141	linezolid in dextrose 5%	12
KOVALTRY	65	LEVEMIR FLEXTOUCH U-		linezolid-0.9% sodium chloride	
K-PHOS ORIGINAL	146	100 INSULN	91		12
kpn.....	149	LEVEMIR U-100 INSULIN	91	LINZESS	103
KRYSTEXXA.....	117	levetiracetam	33	liothyronine.....	98
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lite coat aspirin	44	LYUMJEV KWIKPEN U-200 INSULIN	91	mesna	19
LITEAIRE MDI CHAMBER	87	LYUMJEV U-100 INSULIN	91	MESNEX	19
lithium carbonate	50	lyza	122	metaproterenol	142
lithium citrate	50	M		metaxall	38
LIVALO	67	m.v.i. adult	149	metaxalone	38
LO LOESTRIN FE	128	M.V.I. PEDIATRIC	149	metformin	96, 97
lojaimiess	128	mafenide acetate	76	methadone	41
LOKELMA	103	magnesium citrate	103	methadose	41
LONSURF	25	malathion	80	methamphetamine	50
lopinavir-ritonavir	6	maprotiline	50	methazolamide	134
lorazepam	50	marlissa (28)	128	methenamine hippurate	18
lorazepam intensol	50	MARPLAN	50	methenamine mandelate	18
LORBRENA	25	MARQIBO	26	methen-sod phos-meth blue-hyos	146
lorcet hd	41	MATULANE	26	methergine	131
loryna (28)	128	matzim la	58	methimazole	86
losartan	57	maxi-tuss ac	138	METHITEST	93
losartan-hydrochlorothiazide	57	MAYZENT	110	methocarbamol	38
LOTEMAX	136	mb hydrogel	71	methotrexate sodium	26
LOTEMAX SM	136	mb hydrogel (cyclomethicone)	71	methotrexate sodium (pf)	26
loteprednol etabonate	136	m-clear wc	138	methoxsalen	71
lovastatin	67	meclofenamate	44	methscopolamine	100
low-ogestrel (28)	128	MEDISENSE	89	methyl salicylate	71
loxapine succinate	50	MEDISENSE GLUCOSE KETONE	89	methyl dopa	58
lo-zumandimine (28)	128	medroxyprogesterone	122	methyl dopa-hydrochlorothiazide	58
lta pre-attached	76	mefenamic acid	44	methyl dopate	58
ludent fluoride	149	mefloquine	12	methylergonovine	131
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LUPANETA PACK (1 MONTH)	123	meloxicam	45	methyltestosterone	93
LUPANETA PACK (3 MONTH)	123	melphalan	26	metoclopramide hcl	103
LUPRON DEPOT	25	melphalan hcl	26	metolazone	58
LUPRON DEPOT (3 MONTH)	25	memantine	37	metoprolol succinate	58
LUPRON DEPOT-PED	25	MENACTRA (PF)	115	metoprolol ta-hydrochlorothiaz	58
LUPRON DEPOT-PED (3 MONTH)	25	MENOPUR	93	metoprolol tartrate	58
lutra (28)	128	MEPSEVII	93	metro i.v.	13
luxamend	71	mercaptopurine	26	metronidazole	13, 73, 123
LUXTURNA	133	meropenem	12	metronidazole in nacl (iso-os)	13
LYNPARZA	25	MEROPENEM-0.9% SODIUM CHLORIDE	13	metyrosine	58
LYSODREN	26	mesalamine	103	mexiletine	54
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midazolam	51	morgidox	17	naltrexone	45
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