

## Medica Drug List

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN YOUR PLAN. PLEASE NOTE, HOWEVER, THAT CERTAIN DRUGS ON THIS LIST MAY BE EXCLUDED UNDER YOUR SPECIFIC PLAN DESIGN. PLEASE REFER TO YOUR COVERAGE DOCUMENTS TO DETERMINE SPECIFIC BENEFIT LEVELS.**

**PLEASE NOTE:** This list is subject to change and is not all-inclusive. Please review this document and contact Medica Customer Service with questions.

The coverage level for prescription drugs is generally higher when a member receives them at an in-network pharmacy, and, for some plans, members must use network pharmacies to receive prescription drug benefits. Plan terms vary and members should consult their benefit plan documents for specific coverage information.

Prior authorization may be required to obtain coverage for certain drugs on this list. Brand name drugs are listed in CAPITAL letters. Generic drugs are listed in *italicized* lower case letters. The coverage level of brand name drugs may change when a generic equivalent or interchangeable biosimilar product becomes available.

**If you have questions, please call the Medica Customer Service number listed on the back of your ID card.**

## **What is a Drug List?**

The Medica Drug List is comprised of drugs that meet the medical needs of our members and have proven safety and effectiveness. It includes both brand name and generic drugs. The drugs on this list have been approved by the Food and Drug Administration (FDA). A team of physicians and pharmacists meets regularly to review and update the list. Your doctor can use this list to select medications for your health care needs, while helping you maximize your prescription drug benefit.

## **Are both brand name and generic drugs on the list?**

Yes. The Drug List includes brand name and generic drugs from most therapeutic classifications.

The terms “generic” and “brand name” are used in the health care industry in different ways. To better understand your coverage, please review the following:

**Generic:** A drug: (1) that contains the same active ingredient as a brand name drug and is chemically equivalent to a brand name drug in strength, concentration, dosage form and route of administration; or (2) that Medica identifies as a generic product. Medica uses industry standard resources to determine a drug’s classification as either brand name or generic. Not all products identified as “generic” by the manufacturer, pharmacy or your provider may be classified by Medica as generic.

**Brand:** A drug: (1) that is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that Medica identifies as a brand name product. Medica uses industry standard resources to determine a drug’s classification as either brand name or generic. Not all products identified as “brand name” by the manufacturer, pharmacy or your provider may be classified by Medica as brand name.

**Preferred brand** drugs on the Drug List have a higher copayment or coinsurance. You may consider a preferred brand covered drug to treat your condition if you and your provider decide it is appropriate.

**Non-preferred brand** drugs have the highest copayment or coinsurance. The covered non-preferred brand drugs are usually more costly.

If you have questions about Medica’s Drug List or whether a specific drug is covered (and/or whether the drug is a generic, preferred brand, or non-preferred brand), or if you would like to request a copy of the Medica Drug List at no charge, call Customer Service at one of the telephone numbers listed inside the front cover of your benefit plan document.

## **Does the Drug List ever change?**

The Medica Drug List can change during the course of a calendar year. Medica strives to limit these changes. Examples of when changes may occur include when a new generic drug or interchangeable biosimilar becomes available or when new adverse information about the safety or effectiveness of a drug is released.

**Certain drugs on the Drug List may be excluded under your specific plan design. Please refer to your benefit plan document to determine specific benefit levels.**

## **How do I use the Drug List?**

There are two ways to find your drug within the Drug List:

### Drug Category

The Drug List begins on Page 8. The drugs in this Drug List are grouped into categories depending on their clinical classification. For example, drugs that are considered “anti-infectives” will be listed under the “anti-infectives” category. If you know how your drug is classified, look for the category name in the list. Then look under the category name for your drug.

### Alphabetical Listing

The Drug List Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **Preventive Drug and Supply Medications (ACA)**

Medications displayed as “Tier 6” in the Drug Tier column are defined as preventive health services under the Affordable Care Act (ACA) and are provided without member cost sharing. If your benefit includes mail order, please note that some preventive drugs and supplies may not be available through this service.

Remember, just because a drug that you take is listed on the Drug List does not mean that your benefit plan covers that medication. If you have questions, please refer to your benefit plan document or call the Medica Customer Service phone number listed on the back of your ID card to determine what level of coverage you have.

***Note: To Search the Drug List, use ctrl + F on your keyboard and type in the search term.***

## **Are there any restrictions on my coverage?**

For some prescriptions there are special requirements that must be met in order to receive coverage. These include:

### **Prior authorization (PA)**

Certain drugs require prior authorization (approval in advance) from Medica in order to be covered. These medications are shown on the Medica Drug List with the abbreviation "PA." The Drug List is available to providers, including pharmacies. Your network provider who prescribes the drug should initiate the prior authorization process. You will pay the entire cost of the drug received if you do not meet Medica's authorization criteria.

### **Step therapy (ST)**

Step therapy is a process that involves trying an alternative covered drug first (typically a generic drug) before moving to a preferred brand or non-preferred brand covered drug for treatment of the same medical condition. The medications subject to step therapy are shown on the Medica Drug List with the abbreviation "ST." You must meet applicable step therapy requirements before Medica will cover these preferred brand or non-preferred brand drugs.

### **Quantity limits (QL)**

Certain covered drugs have limits on the maximum quantity allowed per prescription over a specific time period. The medications subject to quantity limits are shown on the Medica Drug List with the abbreviation "QL." Some quantity limits are based on the manufacturer's packaging, FDA labeling or clinical guidelines.

### **Medical Benefit**

Certain drugs fall under the medical benefits rather than pharmacy benefits. These drugs require administration by healthcare professionals in a physician's office, outpatient hospital or home infusion setting. You can find information on Medical Drug Policies on Medica's website.

### **Long Term Maintenance Medications (LT)**

Medications that are considered long term (LT) maintenance medications are shown on the Medica Drug List with the abbreviation "LT" and may need to be filled through mail order. You should refer to your benefit plan document for further information.

### **Pharmacy requirement**

Certain self-administered and cancer treatment medications must be obtained from a Medica-designated specialty pharmacy in order to be covered.

## **Can I request an exception to the coverage restrictions?**

Yes. Your doctor can find the information they need to make a request on your behalf on Medica's website. To facilitate a thorough review, Medica asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects, lack of efficacy).

## Specialty Program (SP)

Certain drugs are available only through your Specialty Pharmacy benefit. Specialty medications are shown on the Medica Drug List with the abbreviation “SP”. Specialty medications are high-technology, high cost, oral or injectable drugs used for the treatment of certain diseases that require complex therapies. Many specialty medications require special handling and in most cases are prescribed by a specialist.

In order to receive a specialty medication, you must utilize Accredo Specialty Pharmacy (Medica’s designated specialty pharmacy).

## Limited Availability Drugs (LA)

In certain circumstances, select medications may only be available at certain pharmacies. Limited availability (LA) or limited distribution drugs (LDD) are medications that may have special dosing or lab monitoring requirements that need to be followed very closely. Because of this, the manufacturer sometimes chooses to limit the distribution of its drug to only a few pharmacies, or as part of the drug approval process the FDA may recommend this type of distribution in order for the drug to be approved. This type of restricted distribution helps the manufacturer keep track of drug inventory, properly educate dispensing pharmacists about any necessary monitoring, and ensure that any risks that are associated with the LA drugs are minimized. These drugs are shown on the Medica Drug List with the abbreviation “LA”.

Your provider typically knows where to send prescriptions for limited availability drugs, but if you have any questions, reach out to Accredo Specialty Pharmacy and they will assist you in which specialty pharmacies can dispense the drug you need.

## Oral Oncology Medications

Oral drugs for the treatment of cancer are restricted to the Specialty Pharmacy Network (or LDD designated pharmacy), but are not subject to the specialty prescription drug copay. Oral oncology specialty medications are subject to the applicable outpatient prescription drug copay as outlined in your benefit plan document.

**PLEASE NOTE:** Reference the Specialty Drug List on Medica’s website for further information.

## Coverage Limitations

**Proton Pump Inhibitors (PPI):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Human Growth Hormones (GH):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Non-Sedating Antihistamines (NSA):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Erectile Dysfunction Drugs (ED):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Infertility Drugs (INF):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Weight Loss Drugs (Wt. Loss):** Coverage limitations may apply to these medications. **Inclusion in the Medica Drug List does not imply coverage.** You should refer to your benefit plan document for further information.

**Abbreviations**

<b>Coverage Notes and Restrictions Abbreviations</b>		
<b>Abbreviation/Note</b>	<b>Description</b>	<b>Explanation</b>
PA	Prior Authorization Restriction	Your healthcare provider is required to get prior authorization from Medica before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.
QL	Quantity Limit Restriction	Medica limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Medica will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
LT	Long Term Maintenance Medication	These drugs are taken on a regular, on-going basis to treat some chronic diseases and may need to be filled through mail order.
SG	Small Group Coverage	These drugs are included in coverage for small group plan members only. Small group members are covered by an employer with between 2 and 49 employees. For questions if this applies to you, call the customer services number on the back of your ID card.
DS	Diabetic Supplies	These products are covered under the diabetic supply benefit in your plan document.
<b>Other Special Requirements for Coverage</b>		
Tier 1 = Generics	This prescription is available at your Generic benefit.	
Tier 2 = Preferred Brands	This prescription is available at your Preferred Brand benefit.	
Tier 3 = Non-Preferred Brands	This prescription is available at your Non-Preferred Brand benefit.	
Tier 4 = Preferred Specialty Prescription Drugs	This prescription is available at your preferred specialty benefit.	
Tier 5 = Non-Preferred Specialty Prescription Drugs	This prescription is available at your non-preferred specialty benefit.	
Tier 6 = ACA Preventive Drugs	This prescription is available at your Preventive Health Service benefit.	

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

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## List of Abbreviations

**1:** Generic

**2:** Preferred Brand

**3:** Non-Preferred Brand

**4:** Preferred Specialty

**5:** Non-Preferred Specialty

**6:** Preventive

**ACA:** Affordable Care Act.

**DS:** These products are covered under the diabetic supply benefit in your plan document.

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

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

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

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

**SG:** These drugs are included in coverage for small group plan members only. Small group members are covered by an employer with between 2 and 49 employees. For questions if this applies to you, call the customer services number on the back of your ID card.

**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	Tier	Requirements / Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ANCOBON	3	
BREXAFEMME	3	ST; QL
<i>clotrimazole mucous membrane</i>	1	
CRESEMBA ORAL CAPSULE 186 MG	2	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG	3	
<i>fluconazole oral suspension for reconstitution</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>flucytosine</i>	1	
<i>griseofulvin microsize</i>	1	
<i>griseofulvin ultramicrosize</i>	1	
<i>itraconazole</i>	1	QL
<i>ketoconazole oral</i>	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON	2	PA
NOXAFIL ORAL SUSPENSION	3	PA

Drug Name	Tier	Requirements / Limits
<i>nystatin oral</i>	1	
ORAVIG	3	
<i>posaconazole oral</i>	1	PA
SPORANOX	3	QL
<i>terbinafine hcl oral</i>	1	
VFEND	3	PA
VIVJOA	3	PA; QL
<i>voriconazole oral</i>	1	PA
<b>ANTIVIRALS</b>		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	1	
<i>amantadine hcl</i>	1	
APTIVUS	2	
<i>atazanavir</i>	1	
BARACLUDGE ORAL SOLUTION	2	
BIKTARVY	2	
CIMDUO	2	
COMBIVIR	3	
<i>darunavir ethanolate</i>	1	
DESCOVY	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
DOVATO	2	

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
EDURANT	2	
<i>efavirenz</i>	1	
<i>efavirenz-emtricitabin-tenofof</i>	1	
<i>efavirenz-lamivu-tenofof disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	6	ACA
EMTRIVA	2	
<i>entecavir</i>	1	
EPCLUSA	4	PA; SP; QL
EPIVIR	3	
EPZICOM	3	
<i>etravirine</i>	1	
EVOTAZ	3	
<i>famciclovir</i>	1	QL
FLUMADINE ORAL TABLET	3	
<i>fosamprenavir</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN	2	QL
GENVOYA	2	
HARVONI	4	PA; SP; QL
HEPSERA	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	

Drug Name	Tier	Requirements / Limits
INTELENCE ORAL TABLET 25 MG	2	
ISENTRESS	2	
ISENTRESS HD	2	
JULUCA	2	
KALETRA	3	
LAGEVRIO (EUA)	2	QL
<i>lamivudine</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEXIVA ORAL SUSPENSION	2	
LEXIVA ORAL TABLET	3	
LIVTENCITY	3	PA; QL
<i>lopinavir-ritonavir</i>	1	
<i>maraviroc</i>	1	
<i>nevirapine</i>	1	
NORVIR ORAL POWDER IN PACKET	2	
NORVIR ORAL TABLET	3	
ODEFSEY	2	
<i>oseltamivir</i>	1	QL
PAXLOVID	2	QL
PREVYMIS ORAL	2	QL
PREZISTA ORAL SUSPENSION	2	
PREZISTA ORAL TABLET 150 MG, 75 MG	2	
PREZISTA ORAL TABLET 600 MG, 800 MG	3	

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Drug Name	Tier	Requirements / Limits
RELENZA DISKHALER	3	QL
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET	2	
<i>ribavirin inhalation</i>	1	PA
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
SELZENTRY ORAL SOLUTION	2	
SELZENTRY ORAL TABLET 150 MG, 300 MG	3	
SELZENTRY ORAL TABLET 25 MG, 75 MG	2	
<i>stavudine oral capsule 40 mg</i>	1	
SUNLENCA	5	PA; SP
SYMFI	2	
SYMFI LO	2	
SYMTUZA	2	
TAMIFLU	3	QL
TEMBEXA	3	
<i>tenofovir disoproxil fumarate</i>	1	
TIVICAY	2	
TIVICAY PD	2	
TRIUMEQ	2	

Drug Name	Tier	Requirements / Limits
TRIUMEQ PD	2	
TRIZIVIR	3	
TYBOST	3	
<i>valacyclovir</i>	1	QL
VALCYTE	3	
<i>valganciclovir</i>	1	
VEMLIDY	2	
VIEKIRA PAK	5	PA; SP; QL
VIRACEPT ORAL TABLET	2	
VIRAZOLE	3	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI	4	PA; SP; QL
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL
ZEPATIER	4	PA; SP; QL
ZIAGEN	3	
<i>zidovudine</i>	1	
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin</i>	1	
SUPRAX ORAL CAPSULE	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	3	
SUPRAX ORAL TABLET,CHEWABLE	3	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID	3	QL
<i>e.e.s. 400 oral tablet</i>	1	
E.E.S. GRANULES	3	
ERYPED 200	3	
ERYPED 400	3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	

Drug Name	Tier	Requirements / Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO	3	QL
<i>albendazole</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	2	QL
ARAKODA	3	QL
ARIKAYCE	4	PA; SP; LA

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Drug Name	Tier	Requirements / Limits
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	2	QL
BETHKIS	5	PA; SP; QL
BILTRICIDE	3	
CAYSTON	4	PA; SP; LA; QL
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	2	QL
CYCLOSERINE	3	
<i>dapsone oral</i>	1	
DARAPRIM	5	PA; SP
EMVERM	2	QL
<i>ethambutol</i>	1	
FLAGYL ORAL CAPSULE	3	
HUMATIN	5	SP
<i>hydroxychloroquine</i>	1	
IMPAVIDO	2	PA; QL
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL
KITABIS PAK	4	PA; SP; QL
KRINTAFEL	3	QL
<i>linezolid</i>	1	PA
MALARONE	3	QL

Drug Name	Tier	Requirements / Limits
MALARONE PEDIATRIC	3	QL
<i>mefloquine</i>	1	QL
MEPRON	3	
<i>metronidazole oral</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN	3	
NEBUPENT	2	QL
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	QL
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	1	QL
<i>praziquantel</i>	1	
PRETOMANID	3	PA
PRIFTIN	2	
<i>primaquine</i>	1	QL
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA; SP
QUALAQUIN	3	QL
<i>quinine sulfate</i>	1	QL
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
SIRTURO	2	PA; LA
SIVEXTRO ORAL	3	PA
SOLOSEC	2	QL
STROMECTOL	3	PA; QL
<i>tinidazole</i>	1	QL
TOBI PODHALER	4	PA; SP; QL
<i>tobramycin in 0.225 % nacl</i>	4	PA; SP; QL

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>tobramycin inhalation</i>	4	PA; SP; QL
TOBRAMYCIN WITH NEBULIZER	5	PA; SP; QL
TRECTOR	3	
XENLETA ORAL	3	
XIFAXAN	2	PA; QL
ZYVOX ORAL	3	PA
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
AUGMENTIN XR	3	
<i>dicloxacillin</i>	1	
MOXATAG	3	
<i>penicillin v potassium</i>	1	
<b>QUINOLONES</b>		

Drug Name	Tier	Requirements / Limits
BAXDELA ORAL	2	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin hcl oral</i>	1	
FACTIVE	3	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
<b>TETRACYCLINES</b>		
ACTICLATE	3	ST
<i>avidoxy</i>	1	
AVIDOXY DK	3	ST
<i>demeclocycline</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	1	ST

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg</i>	1	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet</i>	1	
LYMEPAK	3	
<i>minocycline oral capsule</i>	1	
<i>minocycline oral tablet</i>	1	
<i>minocycline oral tablet extended release 24 hr</i>	1	ST
<i>mondoxyne nl</i>	1	
MONODOX	3	ST
MORGIDOX 1X 50	3	ST
MORGIDOX 1X100	3	ST
<i>morgidox oral capsule 100 mg</i>	1	
NUZYRA ORAL	3	QL
SEYSARA	3	ST

Drug Name	Tier	Requirements / Limits
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST
TARGADOX	3	ST
<i>tetracycline</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine</i>	1	
FURADANTIN	3	
HIPREX	3	
MACROBID	3	
MACRODANTIN	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	
MONUROL	3	
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL	3	
<i>trimethoprim</i>	1	
<b>VANCOMYCIN</b>		
VANCOCIN	3	QL
<i>vancomycin oral</i>	1	QL

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Drug Name	Tier	Requirements / Limits
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium oral</i>	1	
MESNEX ORAL	2	
VISTOGARD	4	PA; SP; QL
XGEVA	4	PA; SP
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone</i>	4	PA; SP; QL
ALECENSA	4	PA; SP; QL
ALKERAN	3	
ALUNBRIG	4	PA; SP; QL
<i>anastrozole</i>	6	ACA
AROMASIN	3	
ASTAGRAF XL	3	ST
AYVAKIT	5	PA; SP; LA; QL
AZASAN	3	
<i>azathioprine</i>	1	
BALVERSA	4	PA; SP; LA
BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML	3	
<i>bexarotene</i>	4	PA; SP
<i>bicalutamide</i>	1	
BOSULIF	4	PA; SP; QL
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; SP; LA; QL
BRUKINSA	5	PA; SP; LA

Drug Name	Tier	Requirements / Limits
CABOMETYX ORAL TABLET 20 MG	4	PA; SP; LA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	4	PA; SP; LA
CALQUENCE (ACALABRUTINIB MAL)	4	PA; SP; LA
<i>capecitabine</i>	4	PA; SP; QL
CAPRELSA	4	PA; SP; LA; QL
CASODEX	3	
CELLCEPT	3	
COMETRIQ	4	PA; SP; QL
COPIKTRA	5	PA; SP; LA; QL
COTELLIC	4	PA; SP; LA; QL
<i>cyclophosphamide oral capsule</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET	3	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DAURISMO	5	PA; SP; QL
DROXIA	2	
ELIGARD	4	PA; SP
ELIGARD (3 MONTH)	4	PA; SP
ELIGARD (4 MONTH)	4	PA; SP
ELIGARD (6 MONTH)	4	PA; SP

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Drug Name	Tier	Requirements / Limits
EMCYT	2	
ENSPRYNG	4	PA; SP
ERIVEDGE	4	PA; SP; QL
ERLEADA	4	PA; SP; QL
<i>erlotinib</i>	4	PA; SP; QL
<i>etoposide oral</i>	1	
EULEXIN	3	
<i>everolimus (antineoplastic)</i>	4	PA; SP; QL
<i>everolimus (immunosuppressive)</i>	1	
<i>exemestane</i>	6	ACA
EXKIVITY	4	PA; SP; QL
FARESTON	3	
FEMARA	3	
FIRMAGON KIT W DILUENT SYRINGE	4	PA; SP
GAVRETO	4	PA; SP; LA; QL
<i>gefitinib</i>	4	PA; SP; QL
<i>gengraf</i>	1	
GILOTRIF	4	PA; SP; QL
GLEOSTINE	2	
HYCAMTIN ORAL	4	PA; SP
HYDREA	3	
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; SP; QL
ICLUSIG	4	PA; SP; QL
IDHIFA	4	PA; SP; LA; QL
<i>imatinib</i>	4	PA; SP; QL

Drug Name	Tier	Requirements / Limits
IMBRUVICA ORAL CAPSULE	4	PA; SP; QL
IMBRUVICA ORAL SUSPENSION	4	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; SP; QL
IMURAN	3	
INLYTA	4	PA; SP; QL
IRESSA	4	PA; SP; QL
JAKAFI	4	PA; SP; QL
KISQALI	4	PA; SP; QL
KISQALI FEMARA CO-PACK	4	PA; SP; QL
KOSELUGO	5	PA; SP
<i>lapatinib</i>	4	PA; SP; QL
<i>lenalidomide</i>	4	PA; SP; QL
LENVIMA	4	PA; SP; QL
<i>letrozole</i>	1	
LEUKERAN	2	
<i>leuprolide subcutaneous kit</i>	4	PA; SP
LONSURF	4	PA; SP
LORBRENA	4	PA; SP; QL
LUMAKRAS	5	PA; SP
LUPKYNIS	4	PA; SP; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	4	PA; SP

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Drug Name	Tier	Requirements / Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG	5	PA; SP
LUPRON DEPOT (4 MONTH)	5	PA; SP
LUPRON DEPOT (6 MONTH)	5	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	4	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG	5	PA; SP
LUPRON DEPOT-PED	4	PA; SP
LUPRON DEPOT-PED (3 MONTH)	4	PA; SP
LYNPARZA	4	PA; SP; QL
LYSODREN	4	SP
LYTGOBI	4	PA; SP; LA
MATULANE	4	SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST	4	PA; SP; QL
MEKTOVI	5	PA; SP; LA; QL
<i>melphalan</i>	1	
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	

Drug Name	Tier	Requirements / Limits
<i>methotrexate sodium (pf)</i>	1	
MYCAPSSA	5	PA; SP; LA; QL
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYLERAN	2	
NEORAL	3	
NERLYNX	4	PA; SP; LA
NEXAVAR	5	PA; SP; LA; QL
NILANDRON	3	PA
<i>nilutamide</i>	1	PA
NINLARO	4	PA; SP; QL
NUBEQA	4	PA; SP; LA; QL
<i>octreotide acetate</i>	4	PA; SP
ODOMZO	4	PA; SP; LA; QL
ORGOVYX	5	PA; SP; LA; QL
ORSERDU	4	PA; SP; QL
PEMAZYRE	4	PA; SP; LA; QL
PIQRAY	4	PA; SP
POMALYST	4	PA; SP; LA
PROGRAF ORAL CAPSULE	3	
PROGRAF ORAL GRANULES IN PACKET	2	
PURIXAN	4	SP
RAPAMUNE	3	

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Drug Name	Tier	Requirements / Limits
RETEVMO	5	PA; SP; LA; QL
REVLIMID	4	PA; SP; LA; QL
REZUROCK	3	PA; QL
ROZLYTREK	4	PA; SP; LA; QL
RUBRACA	4	PA; SP; LA; QL
RYDAPT	4	PA; SP; QL
SANDIMMUNE ORAL CAPSULE	3	
SANDIMMUNE ORAL SOLUTION	2	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	5	PA; SP
SCEMBLIX	4	PA; SP; QL
SIGNIFOR	4	PA; SP
<i>sirolimus</i>	1	
SOLTAMOX	6	ACA
SOMATULINE DEPOT	4	PA; SP; QL
<i>sorafenib</i>	4	PA; SP; QL
SPRYCEL	4	PA; SP; QL
STIVARGA	4	PA; SP; QL
<i>sunitinib malate</i>	4	PA; SP; QL
SUTENT	5	PA; SP; QL
SYNRIBO	4	PA; SP
TABLOID	3	
TABRECTA	4	PA; SP
<i>tacrolimus oral</i>	1	
TAFINLAR	4	PA; SP; QL

Drug Name	Tier	Requirements / Limits
TAGRISSEO	4	PA; SP; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	4	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; SP; QL
<i>tamoxifen</i>	6	ACA
TARCEVA	5	PA; SP; QL
TARGRETIN TOPICAL	5	PA; SP
TASIGNA	4	PA; SP; QL
TAZVERIK	5	PA; SP; LA
<i>temozolomide</i>	4	PA; SP
THALOMID	4	PA; SP; QL
TIBSOVO	4	PA; SP
<i>toremifene</i>	1	
<i>tretinoin (antineoplastic)</i>	1	
TREXALL	3	
TRIPTODUR	4	PA; SP
TUKYSA	5	PA; SP; LA; QL
TURALIO ORAL CAPSULE 125 MG	5	PA; SP; LA; QL
TYKERB	5	PA; SP; LA; QL
VENCLEXTA	4	PA; SP; LA; QL
VENCLEXTA STARTING PACK	4	PA; SP; QL
VERZENIO	4	PA; SP; LA; QL
VIJOICE	4	PA; SP; QL

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Drug Name	Tier	Requirements / Limits
VITRAKVI	4	PA; SP; LA; QL
VIZIMPRO	4	PA; SP; QL
VONJO	4	PA; SP
VOTRIENT	4	PA; SP; QL
WELIREG	5	PA; SP; LA
XALKORI	4	PA; SP; QL
XELODA	5	PA; SP; QL
XERMELO	4	PA; SP; LA; QL
XOSPATA	4	PA; SP; LA; QL
XTANDI	4	PA; SP; QL
YONSA	4	PA; SP; QL
ZEJULA ORAL CAPSULE	4	PA; SP; LA; QL
ZEJULA ORAL TABLET 100 MG	4	PA; SP; LA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	4	PA; SP; LA
ZELBORAF	4	PA; SP; QL
ZOLINZA	4	PA; SP; QL
ZORTRESS	3	
ZYDELIG	4	PA; SP; QL
ZYKADIA	4	PA; SP; QL

## AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

### ANTICONVULSANTS

APTIOM	3	
BRIVIACT ORAL	3	ST
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	

Drug Name	Tier	Requirements / Limits
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
CARBATROL	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam</i>	1	PA
<i>clonazepam</i>	1	QL
DEPAKOTE	3	ST
DEPAKOTE ER	3	ST
DEPAKOTE SPRINKLES	3	ST
DIACOMIT	4	PA; SP
DIASTAT	3	
DIASTAT ACUDIAL	3	
<i>diazepam rectal</i>	1	
DILANTIN	2	
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	
ELEPSIA XR	3	ST
EPIDIOLEX	4	PA; SP; LA
<i>epitol</i>	1	
EQUETRO	3	

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Drug Name	Tier	Requirements / Limits
<i>ethosuximide</i>	1	
<i>felbamate</i>	1	
FELBATOL	3	
FYCOMPA	2	
<i>gabapentin oral capsule</i>	1	QL
<i>gabapentin oral solution 250 mg/5 ml</i>	1	QL
<i>gabapentin oral solution 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	QL
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL
<i>lacosamide oral</i>	1	
LAMICTAL XR STARTER (BLUE)	3	ST
LAMICTAL XR STARTER (GREEN)	3	ST
LAMICTAL XR STARTER (ORANGE)	3	ST
<i>lamotrigine</i>	1	
<i>levetiracetam oral</i>	1	
<i>methsuximide</i>	1	
MYSOLINE	3	
NAYZILAM	2	PA; QL
<i>oxcarbazepine</i>	1	
OXTELLAR XR	3	ST
<i>phenobarbital</i>	1	
PHENYTEK	3	

Drug Name	Tier	Requirements / Limits
<i>phenytoin oral suspension</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>pregabalin oral tablet extended release 24 hr</i>	1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR	3	ST
<i>roovepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	1	PA
SPRITAM	3	ST
<i>subvenite</i>	1	
<i>subvenite starter (blue) kit</i>	1	
<i>subvenite starter (green) kit</i>	1	
<i>subvenite starter (orange) kit</i>	1	
SYMPAZAN	3	PA
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL XR	3	
<i>tiagabine</i>	1	
<i>topiramate oral capsule, sprinkle</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>topiramate oral capsule, extended release 24hr</i>	1	ST
<i>topiramate oral capsule, sprinkle, er 24hr</i>	1	ST
<i>topiramate oral tablet</i>	1	
TROKENDI XR	3	ST
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	PA; QL
<i>vigabatrin</i>	4	PA; SP; LA; QL
<i>vigadrone</i>	4	PA; SP; QL
XCOPRI	3	QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL
XCOPRI TITRATION PACK	3	QL
ZARONTIN	3	
<i>zonisamide</i>	1	
ZTALMY	4	PA; SP; LA
<b>ANTIPARKINSONISM AGENTS</b>		
<i>apomorphine</i>	4	PA; SP; QL
AZILECT	3	ST
<i>benztropine oral</i>	1	

Drug Name	Tier	Requirements / Limits
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
COMTAN	3	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; SP; QL
LODOSYN	3	PA
MIRAPEX ER	3	
NEUPRO	3	
NOURIANZ	5	PA; SP; LA; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	5	PA; SP; QL
PARLODEL	3	
<i>pramipexole</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
RYTARY	3	
<i>selegiline hcl</i>	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
STALEVO 100	3	
STALEVO 125	3	
STALEVO 150	3	
STALEVO 200	3	
STALEVO 50	3	

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Drug Name	Tier	Requirements / Limits
STALEVO 75	3	
TASMAR ORAL TABLET 100 MG	3	PA
<i>tolcapone</i>	1	PA
<i>trihexyphenidyl</i>	1	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
IG AUTOINJECTOR	2	PA; QL
AJOVY AUTOINJECTOR	2	PA; QL
AJOVY SYRINGE	2	PA; QL
<i>almotriptan malate</i>	1	QL
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	ST; QL
<i>eletriptan</i>	1	QL
EMGALITY PEN	2	PA; QL
EMGALITY SYRINGE	2	PA; QL
ERGOMAR	3	
<i>ergotamine-caffeine</i>	1	
FROVA	3	ST; QL
<i>frovatriptan</i>	1	QL
<i>migergot</i>	1	
MIGRANAL	3	ST; QL
<i>naratriptan</i>	1	QL
NURTEC ODT	2	PA; QL
QULIPTA	2	PA; QL
REYVOW	3	PA; QL
<i>rizatriptan</i>	1	QL
<i>sumatriptan</i>	1	QL

Drug Name	Tier	Requirements / Limits
<i>sumatriptan succinate oral</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL
<i>sumatriptan succinate subcutaneous solution</i>	1	QL
<i>sumatriptan-naproxen</i>	1	ST; QL
TOSYMRA	3	ST; QL
TRUDHESA	3	ST; QL
UBRELVY	2	PA; QL
ZEMBRACE SYMTOUCH	3	ST; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	1	ST; QL
<i>zolmitriptan oral</i>	1	QL
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG	2	ST; QL
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	3	ST; QL
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
ADLARITY	3	ST
ARICEPT	3	ST
AUSTEDO	4	PA; SP; LA; QL
AUSTEDO XR	4	PA; SP; QL

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Drug Name	Tier	Requirements / Limits
AUSTEDO XR TITRATION KT(WK1-4)	4	PA; SP
<i>dalfampridine</i>	4	PA; SP; QL
<i>dichlorphenamide</i>	4	PA; SP
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating</i>	1	
EVRYSDI	5	PA; SP; LA; QL
EXELON PATCH	3	ST
FIRDAPSE	4	PA; SP; LA
<i>galantamine</i>	1	
HORIZANT	3	ST; QL
INGREZZA	5	PA; SP; LA; QL
INGREZZA INITIATION PACK	5	PA; SP; QL
KEVEYIS	5	PA; SP
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral solution</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	3	
NAMENDA ORAL TABLET	3	ST
NAMENDA TITRATION PAK	3	

Drug Name	Tier	Requirements / Limits
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	
NAMZARIC	2	ST
NUEDEXTA	2	PA
RADICAVA ORS STARTER KIT SUSP	4	PA; SP
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
TEGSEDI	4	PA; SP; LA; QL
<i>tetrabenazine</i>	4	PA; SP; QL
ZEPOSIA	4	PA; SP; QL
ZEPOSIA STARTER KIT (28-DAY)	4	PA; SP
ZEPOSIA STARTER PACK (7-DAY)	4	PA; SP; QL
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
<i>baclofen oral suspension</i>	1	ST
<i>baclofen oral tablet</i>	1	
<i>carisoprodol</i>	1	QL
<i>carisoprodol-aspirin</i>	1	QL
<i>carisoprodol-aspirin-codeine</i>	1	QL
<i>chlorzoxazone</i>	1	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	1	ST
<i>cyclobenzaprine oral tablet</i>	1	

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Drug Name	Tier	Requirements / Limits
DANTRIUM ORAL CAPSULE 25 MG	3	
<i>dantrolene oral</i>	1	
FEXMID	3	ST
LORZONE	3	ST
<i>meprobamate</i>	1	
<i>metaxalone</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NORGESIC	3	
NORGESIC FORTE	3	
<i>orphenadrine citrate oral</i>	1	
<i>orphenadrine-asa-caffeine</i>	1	
<i>orphengesic forte</i>	1	
<i>pyridostigmine bromide oral syrup</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
SOMA	3	QL
<i>tizanidine</i>	1	
<i>vanadom</i>	1	QL
ZANAFLEX	3	
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	1	QL

Drug Name	Tier	Requirements / Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	QL
<i>acetaminophen-codeine oral tablet</i>	1	QL
<i>ascomp with codeine</i>	1	QL
BELBUCA	2	ST; QL
<i>buprenorphine</i>	1	ST
<i>buprenorphine hcl sublingual</i>	1	
<i>butalbital compound w/codeine</i>	1	QL
<i>butalbital-acetaminop-caff-cod</i>	1	QL
<i>butalbital-acetaminophen oral capsule</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff</i>	1	
<i>butalbital-aspirin-caffeine</i>	1	
<i>codeine sulfate</i>	1	QL
<i>codeine-bitalbital-asa-caff</i>	1	QL
DILAUDID	3	QL
<i>diskets</i>	1	ST; QL
DSUVIA	3	
<i>endocet</i>	1	QL
ESGIC	3	ST
<i>fentanyl</i>	1	ST; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL

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Drug Name	Tier	Requirements / Limits
FIORICET	3	ST
FIORICET WITH CODEINE	3	QL
<i>hydrocodone bitartrate</i>	1	ST; QL
<i>hydrocodone-acetaminophen oral solution</i>	1	QL
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	QL
<i>hydrocodone-ibuprofen</i>	1	QL
<i>hydromorphone oral liquid</i>	1	QL
<i>hydromorphone oral tablet</i>	1	QL
<i>hydromorphone oral tablet extended release 24 hr</i>	1	ST; QL
<i>hydromorphone rectal</i>	1	QL
HYSINGLA ER	2	ST; QL
<i>levorphanol tartrate</i>	1	QL
<i>meperidine oral solution</i>	1	QL
<i>meperidine oral tablet 50 mg</i>	1	QL
<i>methadone oral concentrate</i>	1	ST; QL
<i>methadone oral solution</i>	1	ST; QL
<i>methadone oral tablet</i>	1	ST; QL

Drug Name	Tier	Requirements / Limits
<i>methadone oral tablet, soluble</i>	1	ST; QL
<i>methadose oral concentrate</i>	1	ST; QL
<i>methadose oral tablet, soluble</i>	1	ST; QL
<i>morphine concentrate oral solution</i>	1	QL
<i>morphine oral capsule, er multiphase 24 hr</i>	1	ST; QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	ST; QL
<i>morphine oral solution</i>	1	QL
<i>morphine oral tablet</i>	1	QL
<i>morphine oral tablet extended release</i>	1	ST; QL
<i>morphine rectal</i>	1	QL
MS CONTIN	3	ST; QL
NALOCET	3	QL
OXAYDO	3	QL
<i>oxycodone oral capsule</i>	1	QL
<i>oxycodone oral concentrate</i>	1	QL
<i>oxycodone oral solution</i>	1	QL
<i>oxycodone oral tablet</i>	1	QL
<i>oxycodone-acetaminophen</i>	1	QL

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Drug Name	Tier	Requirements / Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	ST; QL
<i>oxymorphone oral tablet</i>	1	QL
<i>oxymorphone oral tablet extended release 12 hr</i>	1	ST; QL
<i>prolate oral tablet</i>	1	QL
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	QL
<i>tencon</i>	1	
TREZIX	3	QL
<i>zebutal</i>	1	
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen</i>	6	ACA; OTC
ANAPROX DS	3	ST
ARTHROTEC 50	3	ST
ARTHROTEC 75	3	ST
<i>aspirin childrens</i>	6	ACA; OTC
<i>aspirin oral tablet</i>	6	SG; ACA; OTC
<i>aspirin oral tablet,chewable</i>	6	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	6	ACA; OTC
<i>aspirin,buffd-calcium carb-mag</i>	6	SG; ACA; OTC
<i>aspir-trin</i>	6	SG; ACA; OTC

Drug Name	Tier	Requirements / Limits
<i>bayer aspirin oral tablet,delayed release (dr/ec)</i>	6	SG; ACA; OTC
<i>bayer low dose aspirin</i>	6	ACA; OTC
<i>bufferin</i>	6	SG; ACA; 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</i>	1	QL
CAMBIA	3	ST; QL
<i>celecoxib</i>	1	
DAYPRO	3	ST
<i>diclofenac potassium oral capsule</i>	1	
<i>diclofenac potassium oral powder in packet</i>	1	ST; QL
<i>diclofenac potassium oral tablet 25 mg</i>	1	ST
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac sodium oral</i>	1	
<i>diclofenac sodium topical drops</i>	1	QL

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Drug Name	Tier	Requirements / Limits
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	ST; QL
<i>diclofenac-misoprostol</i>	1	
<i>diflunisal</i>	1	
DISALCID	3	
DUEXIS	3	ST
EC-NAPROSYN	3	ST
<i>ecotrin</i>	6	SG; ACA; OTC
<i>ecotrin low strength</i>	6	ACA; OTC
<i>etodolac</i>	1	
FELDENE	3	ST
<i>fenoprofen oral capsule 400 mg</i>	1	ST
<i>fenoprofen oral tablet</i>	1	ST
FLECTOR	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine</i>	1	ST
<i>indomethacin oral</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
<i>ketorolac oral</i>	1	QL
KLOXXADO	2	
LICART	2	ST; QL
LODINE ORAL TABLET	3	ST
<i>lofena</i>	1	ST
LOTREXONE	3	
<i>meclofenamate</i>	1	
<i>mefenamic acid</i>	1	
<i>meloxicam oral tablet</i>	1	QL
<i>meloxicam submicronized</i>	1	ST; QL
<i>nabumetone</i>	1	
NALFON ORAL TABLET	3	ST
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	1	QL
NALTREX ORAL CAPSULE 4.5 MG	3	
<i>naltrexone</i>	1	
NAPRELAN CR	3	ST
NAPROSYN ORAL SUSPENSION	3	ST
NAPROSYN ORAL TABLET 500 MG	3	ST
<i>naproxen oral suspension</i>	1	ST
<i>naproxen oral tablet</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	ST
<i>naproxen-esomeprazole</i>	1	ST
NARCAN	2	QL
<i>oxaprozin</i>	1	
<i>pentazocine-naloxone</i>	1	QL
<i>piroxicam</i>	1	
<i>salsalate</i>	1	
SPRIX	5	ST; SP; QL
<i>st joseph aspirin</i>	6	ACA; OTC
<i>st. joseph aspirin</i>	6	ACA; OTC
<i>sulindac</i>	1	
<i>tolmetin oral capsule</i>	1	ST
<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</i>	1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL
<i>tramadol-acetaminophen</i>	1	QL
<i>tri-buffered aspirin</i>	6	SG; ACA; OTC
VIVITROL	4	SP

Drug Name	Tier	Requirements / Limits
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	
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII	2	
ABILIFY MAINTENA	2	
ABILIFY MYCITE MAINTENANCE KIT	3	QL
ABILIFY MYCITE STARTER KIT	3	QL
ADASUVE	3	
ADZENYS XR- ODT	3	ST
<i>alprazolam</i>	1	QL
<i>alprazolam intensol</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
<i>amphetamine sulfate</i>	1	
ANAFRANIL	3	
ALENZIN	3	ST; QL
<i>aripiprazole oral solution</i>	1	
<i>aripiprazole oral tablet</i>	1	QL

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Drug Name	Tier	Requirements / Limits
EDLUAR	3	ST; QL
EMSAM	3	
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	ST
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam</i>	1	QL
<i>eszopiclone</i>	1	QL
EVEKEO ODT	3	
FANAPT	3	QL
FETZIMA	2	ST; QL
<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)</i>	1	ST; QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST
<i>fluphenazine decanoate</i>	1	
<i>fluphenazine hcl</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	ST; QL
<i>fluvoxamine oral tablet</i>	1	QL
GEODON INTRAMUSCULAR	3	

Drug Name	Tier	Requirements / Limits
GEODON ORAL	3	QL
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	QL
HALDOL DECANOATE	3	
<i>haloperidol</i>	1	
<i>haloperidol decanoate</i>	1	
<i>haloperidol lactate</i>	1	
HETLIOZ	5	PA; SP; QL
HETLIOZ LQ	5	PA; SP; QL
IGALMI	3	
<i>imipramine hcl</i>	1	
<i>imipramine pamoate</i>	1	
INVEGA	3	QL
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
JORNAY PM	3	ST
KAPVAY	3	ST
KETAMINE SUBLINGUAL	3	
LATUDA	3	QL
<i>lithium carbonate</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	1	QL
<i>lorazepam oral concentrate</i>	1	QL
<i>lorazepam oral tablet</i>	1	QL
<i>loxapine succinate</i>	1	
LUMRYZ	4	PA; SP; QL

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Drug Name	Tier	Requirements / Limits
<i>lurasidone</i>	1	QL
MARPLAN	3	
<i>methamphetamine</i>	1	
METHYLIN ORAL SOLUTION	3	
<i>methylphenidate</i>	1	ST
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	
<i>methylphenidate hcl oral solution</i>	1	
<i>methylphenidate hcl oral tablet</i>	1	
<i>methylphenidate hcl oral tablet extended release</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral tablet,chewable</i>	1	
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	3	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	

Drug Name	Tier	Requirements / Limits
MKO (MIDAZOLAM-KETAMINE-ONDAN)	3	
<i>modafinil</i>	1	ST; QL
<i>molindone</i>	1	
MYDAYIS	2	ST
NARDIL	3	
<i>nefazodone</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline</i>	1	
NUPLAZID	5	PA; SP; QL
<i>olanzapine intramuscular</i>	1	
<i>olanzapine oral</i>	1	QL
<i>olanzapine-fluoxetine</i>	1	
<i>oxazepam</i>	1	
<i>paliperidone</i>	1	QL
PAMELOR	3	
PARNATE	3	
<i>paroxetine hcl oral suspension</i>	1	ST
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	ST; QL
<i>paroxetine mesylate(menop.sym)</i>	1	ST; QL
PAXIL CR	3	ST; QL
PAXIL ORAL SUSPENSION	3	ST

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Drug Name	Tier	Requirements / Limits
PAXIL ORAL TABLET	3	ST; QL
<i>perphenazine</i>	1	
<i>perphenazine-amitriptyline</i>	1	
PERSERIS	3	
<i>phenelzine</i>	1	
<i>pimozide</i>	1	
<i>procentra</i>	1	
<i>protriptyline</i>	1	
QELBREE	3	ST
<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</i>	1	QL
QUILLICHEW ER	2	ST
QUILLIVANT XR	2	ST
QUVIVIQ	3	PA; QL
<i>ramelteon</i>	1	QL
REMERON ORAL TABLET 15 MG, 30 MG	3	
REMERON SOLTAB	3	
RESTORIL	3	QL
REXULTI	3	QL
RISPERDAL CONSTA	2	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL

Drug Name	Tier	Requirements / Limits
<i>risperidone oral solution</i>	1	
<i>risperidone oral tablet</i>	1	QL
<i>risperidone oral tablet, disintegrating</i>	1	QL
SECUADO	3	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR	3	ST; QL
SODIUM OXYBATE	4	PA; SP; LA; QL
SUNOSI	2	ST; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>tasimelteon</i>	5	PA; SP; QL
<i>temazepam</i>	1	QL
<i>thioridazine</i>	1	
<i>thiothixene</i>	1	
<i>tranlycypromine</i>	1	
<i>trazodone</i>	1	
<i>triazolam</i>	1	QL
<i>trifluoperazine</i>	1	
<i>trimipramine</i>	1	
TRINTELLIX	3	ST; QL
<i>venlafaxine oral capsule, extended release 24hr</i>	1	QL
<i>venlafaxine oral tablet</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr</i>	1	ST; QL
VERSACLOZ	3	

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Drug Name	Tier	Requirements / Limits
<i>vilazodone</i>	1	ST; QL
VRAYLAR	3	QL
VYVANSE	2	ST
WAKIX	5	ST; SP; LA; QL
XYWAV	4	PA; SP; LA; QL
<i>zaleplon</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl</i>	1	QL
<i>ziprasidone mesylate</i>	1	
<i>zolpidem oral tablet</i>	1	QL
<i>zolpidem oral tablet, ext release multiphase</i>	1	QL
<i>zolpidem sublingual</i>	1	QL
ZYPREXA INTRAMUSCULAR	3	
ZYPREXA ORAL	3	QL
ZYPREXA RELPREVV	3	
ZYPREXA ZYDIS	3	QL
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<i>amiodarone oral</i>	1	
BETAPACE	3	ST
BETAPACE AF	3	ST

Drug Name	Tier	Requirements / Limits
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
RYTHMOL SR	3	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	
SOTYLIZE	2	
<b>ANTIHYPERTENSIVE THERAPY</b>		
ACCUPRIL	3	
ACCURETIC	3	
<i>acebutolol</i>	1	
ALDACTONE	3	
<i>aliskiren</i>	1	
ALTACE	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>amlodipine-valsartan</i>	1	
<i>amlodipine-valsartan-hcthiazyd</i>	1	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
BIDIL	3	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG	3	ST
<i>candesartan</i>	1	
<i>candesartan-hydrochlorothiazid</i>	1	
<i>captopril</i>	1	
<i>captopril-hydrochlorothiazide</i>	1	
CARDIZEM CD	3	
CARDIZEM LA	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	ST; QL
CARDURA XL	3	ST; QL
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>carvedilol phosphate</i>	1	

Drug Name	Tier	Requirements / Limits
CATAPRES-TTS-1	3	QL
CATAPRES-TTS-2	3	QL
CATAPRES-TTS-3	3	QL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	QL
<i>clonidine hcl oral tablet</i>	1	
CONSENSI	3	
COREG CR	3	ST
CORGARD ORAL TABLET 20 MG, 40 MG	3	ST
DEMSER	2	PA
DIBENZYLINE	3	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</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</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	
<i>dilt-xr</i>	1	
DIURIL	3	
<i>doxazosin</i>	1	QL

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Drug Name	Tier	Requirements / Limits
DYRENIUM	3	
EDECIN	3	ST
<i>enalapril maleate</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>eprosartan</i>	1	
<i>ethacrynic acid</i>	1	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
INSPRA	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	1	
<i>isradipine</i>	1	
KERENDIA	2	PA; QL
<i>labetalol oral</i>	1	
LASIX	3	ST
<i>lisinopril</i>	1	

Drug Name	Tier	Requirements / Limits
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL	3	ST
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>matzim la</i>	1	
MAXZIDE	3	
MAXZIDE-25MG	3	
<i>methyldopa</i>	1	
<i>methyldopa-hydrochlorothiazide</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	1	PA
MINIPRESS	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nicardipine oral</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine</i>	1	
<i>nisoldipine</i>	1	
NYMALIZE	3	

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>olmesartan</i>	1	
<i>olmesartan-amlodipin-hcthiazid</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	5	PA; SP; QL
ORENITRAM MONTH 1 TITRATION KT	5	PA; SP; QL
ORENITRAM MONTH 2 TITRATION KT	5	PA; SP; QL
ORENITRAM MONTH 3 TITRATION KT	5	PA; SP; QL
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PRESTALIA	3	ST
PROCARDIA XL	3	ST
<i>propranolol oral</i>	1	
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	

Drug Name	Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST
<i>taztia xt</i>	1	
TEKTURNA HCT	2	
<i>telmisartan</i>	1	
<i>telmisartan-amlodipine</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	1	
TENORETIC 100	3	ST
TENORETIC 50	3	ST
TENORMIN	3	ST
<i>terazosin</i>	1	QL
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>timolol maleate oral</i>	1	
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI ORAL	4	PA; SP; LA; QL
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil oral</i>	1	

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Drug Name	Tier	Requirements / Limits
VERELAN PM	3	ST
ZESTORETIC	3	
ZESTRIL	3	
<b>CARDIAC GLYCOSIDES</b>		
<i>digox</i>	1	
<i>digoxin oral</i>	1	
LANOXIN ORAL	3	
<b>COAGULATION THERAPY</b>		
AMICAR	3	
<i>aminocaproic acid oral</i>	1	
ARIXTRA	3	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA; SP; LA
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	1	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	4	PA; SP; LA; QL
EFFIENT	3	
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	1	
<i>fondaparinux</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION	2	
FRAGMIN SUBCUTANEOUS SYRINGE	2	

Drug Name	Tier	Requirements / Limits
<i>hep flush-10 (pf)</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3	
<i>heparin (porcine) in 5 % dex</i>	1	
<i>heparin (porcine) in nacl (pf)</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin lock flush (porcine)</i>	1	
<i>heparin lockflush(porcine)(pf )</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	

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Drug Name	Tier	Requirements / Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	
<i>jantoven</i>	1	
MEPHYTON	3	QL
<i>pentoxifylline</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	

Drug Name	Tier	Requirements / Limits
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel</i>	1	
PROMACTA	4	PA; SP; LA
TAVALISSE	4	PA; SP; LA; QL
<i>vitamin k</i>	1	
<i>vitamin k1 injection</i>	1	
<i>warfarin</i>	1	
XARELTO	2	
XARELTO DVT-PE TREAT 30D START	2	
ZONTIVITY	3	PA
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	6	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-80 MG	3	ST; QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	

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Drug Name	Tier	Requirements / Limits
COLESTID	3	PA
COLESTID FLAVORED ORAL PACKET	3	PA
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	3	ST
FIBRICOR	3	ST
FLOLIPID	3	ST; QL
<i>fluvastatin</i>	6	ACA; QL
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	1	PA
JUXTAPID	4	PA; SP; LA
LESCOL XL	3	ST; QL
LIVALO	2	ST; QL
LOPID	3	
<i>lovastatin</i>	6	ACA; QL
NEXLETOL	2	PA
NEXLIZET	2	PA

Drug Name	Tier	Requirements / Limits
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
NIACOR	3	
<i>omega-3 acid ethyl esters</i>	1	PA
<i>pravastatin</i>	6	ACA; QL
<i>prevalite</i>	1	
QUESTRAN	3	ST
QUESTRAN LIGHT	3	ST
REPATHA PUSHTRONEX	2	PA; QL
REPATHA SURECLICK	2	PA; QL
REPATHA SYRINGE	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	6	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
ROSZET	3	ST; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX	3	ST
VASCEPA	2	PA
ZYPITAMAG	3	ST; QL
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CAMZYOS	4	PA; SP
ENTRESTO	2	QL

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Drug Name	Tier	Requirements / Limits
<i>ranolazine</i>	1	
VECAMYL	3	PA
VERQUVO	2	QL
VYNDAMAX	4	PA; SP
VYNDAQEL	4	PA; SP
<b>NITRATES</b>		
GONITRO	3	
ISORDIL	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
NITRO-DUR	3	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
<i>nitroglycerin translingual</i>	1	
NITROLINGUAL	3	
NITROMIST	3	
NITROSTAT	3	
<i>nitro-time</i>	1	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	

Drug Name	Tier	Requirements / Limits
ANALPRAM-HC TOPICAL	3	ST
<i>calcipotriene scalp</i>	1	QL
<i>calcipotriene topical cream</i>	1	QL
<i>calcipotriene topical ointment</i>	1	QL
<i>calcipotriene- betamethasone topical ointment</i>	1	ST; QL
<i>calcipotriene- betamethasone topical suspension</i>	1	QL
<i>calcitriol topical</i>	1	
ENSTILAR	2	ST; QL
EPIFOAM	3	ST
<i>hydrocortisone- pramoxine topical cream 2.5-1 %</i>	1	ST
OVACE	3	
OVACE PLUS SHAMPOO	3	
OVACE PLUS TOPICAL CLEANSER	3	
OVACE PLUS TOPICAL CREAM	3	
OVACE PLUS TOPICAL LOTION	3	
OVACE PLUS WASH	3	
PLEXION NS	3	
PRAMOSONE	3	ST
<i>selenium sulfide topical lotion</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SELRX	3	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL
STELARA SUBCUTANEOUS	4	PA; SP; QL
<i>sulfacetamide sodium topical</i>	1	
TACLONEX TOPICAL OINTMENT	3	ST; QL
TACLONEX TOPICAL SUSPENSION	3	QL
TALTZ AUTOINJECTOR	4	PA; SP; QL
TALTZ AUTOINJECTOR (2 PACK)	4	PA; SP; QL
TALTZ AUTOINJECTOR (3 PACK)	4	PA; SP; QL
TALTZ SYRINGE	4	PA; SP; QL
TERSI FOAM	3	
TREMFYA	4	PA; SP; QL
VECTICAL	3	
VTAMA	3	ST; QL
ZORYVE	3	ST; QL
<b>BURN THERAPY</b>		
SILVADENE	3	

Drug Name	Tier	Requirements / Limits
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY	4	PA; SP; QL
AMELUZ	3	
CANTHARIDIN IN ACETONE	3	
CIBINQO	4	PA; SP; QL
CORTANE-B	3	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical</i>	1	ST; QL
DUPIXENT PEN	4	PA; SP; QL
DUPIXENT SYRINGE	4	PA; SP; QL
EFUDEX TOPICAL CREAM	3	
EUCRISA	3	ST; QL
FLUOROPLEX	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution</i>	1	
HYFTOR	5	PA; SP
<i>iodine-sodium iodide topical tincture 2 %</i>	1	
IODOSORB	3	
LEVULAN	3	
<i>methoxsalen</i>	1	
<i>methyl salicylate</i>	1	
<i>methyl salicylate topical liquid</i>	1	
OPZELURA	3	PA; QL
PANRETIN	3	

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Drug Name	Tier	Requirements / Limits
<i>pimecrolimus</i>	1	ST; QL
<i>podofilox</i>	1	
<i>prudoxin</i>	1	ST; QL
REGRANEX	2	QL
<i>tacrolimus topical</i>	1	ST; QL
TOLAK	3	
VALCHLOR	4	PA; SP
VYJUVEK	5	PA; SP
<i>wintergreen oil</i>	1	
ZONALON	3	ST; QL
<b>THERAPY FOR ACNE</b>		
ABSORICA	3	ST
<i>acutane</i>	1	
ACZONE	3	ST
<i>adapalene topical cream</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump</i>	1	
ADAPALENE TOPICAL LOTION	3	ST
<i>adapalene topical solution</i>	1	
<i>adapalene topical swab</i>	1	ST
<i>adapalene-benzoyl peroxide</i>	1	
AKLIEF	3	ST
ALTRENO	3	
<i>amnesteem</i>	1	
AMZEEQ	3	ST
ARAZLO	3	PA
<i>avar</i>	1	

Drug Name	Tier	Requirements / Limits
AVAR LS	3	ST
AVAR-E GREEN	3	ST
AVAR-E LS	3	ST
<i>avita topical cream</i>	1	
AVITA TOPICAL GEL	3	
<i>azelaic acid</i>	1	
AZELEX	3	ST
BENZAMYCIN	3	ST
BENZEPRO (MICROSPHERES)	3	ST
<i>benzebro topical towelette</i>	1	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam</i>	1	
<i>bp 10-1</i>	1	ST
<i>brimonidine topical</i>	1	PA
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	3	ST; QL
<i>clindacin</i>	1	ST; QL
CLINDACIN ETZ TOPICAL KIT	3	ST
<i>clindacin etz topical swab</i>	1	ST
<i>clindacin p</i>	1	ST
CLINDACIN PAC	3	ST
<i>clindamycin phosphate topical foam</i>	1	ST; QL
<i>clindamycin phosphate topical gel</i>	1	ST; QL

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Drug Name	Tier	Requirements / Limits
<i>clindamycin phosphate topical gel, once daily</i>	1	ST; QL
<i>clindamycin phosphate topical lotion</i>	1	ST; QL
<i>clindamycin phosphate topical solution</i>	1	ST; QL
<i>clindamycin phosphate topical swab</i>	1	ST
<i>clindamycin-benzoyl peroxide</i>	1	
<i>clindamycin-tretinoin</i>	1	
<i>dapsone topical</i>	1	
DIFFERIN TOPICAL CREAM	3	ST
DIFFERIN TOPICAL GEL WITH PUMP	3	ST
DIFFERIN TOPICAL LOTION	3	ST
EPIDUO FORTE	3	ST
EPSOLAY	3	ST
<i>ery pads</i>	1	
<i>erygel</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	
EVOC LIN	3	ST; QL
FINACEA TOPICAL FOAM	2	ST

Drug Name	Tier	Requirements / Limits
FINACEA TOPICAL GEL	3	ST
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	QL
METROCREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
<i>metronidazole topical</i>	1	
MIRVASO	2	PA
<i>neuac</i>	1	
NEUAC KIT	3	ST
ONEXTON TOPICAL GEL WITH PUMP	2	ST
PACNEX	3	ST
PLEXION	3	ST
PLEXION CLEANSING CLOTHS	3	ST
PR BENZOYL PEROXIDE	3	ST
RETIN-A	3	
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	3	ST

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Drug Name	Tier	Requirements / Limits
ROSDAN TOPICAL KIT,CLEANSER AND CREAM	3	ST
ROSULA	3	ST
<i>rosula cleansing cloths</i>	1	
SOOLANTRA	3	ST; QL
<i>sss 10-5</i>	1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9- 4 %, 9-4.5 %, 9.8- 4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur topical cream</i>	1	
<i>sulfacetamide sodium-sulfur topical lotion</i>	1	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	ST
SUMADAN	3	ST
SUMADAN XLT	3	ST
SUMAXIN	3	ST
SUMAXIN CP	3	ST
SUMAXIN TS	3	ST
<i>tazarotene topical cream</i>	1	PA

Drug Name	Tier	Requirements / Limits
<i>tazarotene topical gel</i>	1	PA
<i>tretinoin</i>	1	
<i>tretinoin microspheres topical gel</i>	1	
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.1 %</i>	1	
TWYNEO	3	ST
VANOXIDE-HC	3	ST
<i>zenatane</i>	1	
ZIANA	3	ST
<b>TOPICAL ANESTHETICS</b>		
COCAINE	3	
<i>dermacinrx lidocan</i>	1	PA
GOPRELTO	3	
<i>lidocaine hcl laryngotracheal</i>	1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl- hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment</i>	1	QL
<i>lidocaine viscous</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	QL
<i>lidocaine-prilocaine topical kit</i>	1	
<i>lidocort</i>	1	

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Drug Name	Tier	Requirements / Limits
NUMBRINO	3	
NYNUTEY	3	
ZTLIDO	2	PA
<b>TOPICAL ANTIBACTERIALS</b>		
ALTABAX	3	ST; QL
CENTANY	3	ST; QL
CENTANY AT	3	ST; QL
<i>gentamicin topical</i>	1	QL
KLARON	3	ST
<i>lugols topical</i>	1	
<i>mafenide acetate</i>	1	
<i>mupirocin</i>	1	QL
<i>mupirocin calcium</i>	1	ST; QL
NEO-SYNALAR	3	
NEO-SYNALAR KIT	3	
<i>strong iodine topical</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	2	
XEPI	3	ST; QL
<b>TOPICAL ANTIFUNGALS</b>		
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	3	ST
<i>ciclodan topical cream</i>	1	QL
<i>ciclodan topical solution</i>	1	
<i>ciclopirox topical cream</i>	1	QL

Drug Name	Tier	Requirements / Limits
<i>ciclopirox topical gel</i>	1	QL
<i>ciclopirox topical shampoo</i>	1	QL
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc</i>	1	
<i>clotrimazole-betamethasone</i>	1	QL
<i>econazole</i>	1	QL
EXELDERM	3	QL
EXTINA	3	ST; QL
JUBLIA	3	ST
<i>ketconazole topical cream</i>	1	QL
<i>ketconazole topical foam</i>	1	ST; QL
<i>ketconazole topical shampoo</i>	1	QL
<i>ketodan</i>	1	ST; QL
<i>ketodan kit</i>	1	ST
LOPROX (AS OLAMINE)	3	QL
LOPROX KIT	3	QL
LUZU	3	QL
MENTAX	3	SG; QL
<i>naftifine topical cream</i>	1	QL
<i>naftifine topical gel 2 %</i>	1	QL
NAFTIN TOPICAL GEL	3	QL
<i>nyamyc</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>nystatin topical cream</i>	1	QL
<i>nystatin topical ointment</i>	1	QL
<i>nystatin topical powder</i>	1	
<i>nystatin-triamcinolone</i>	1	QL
<i>nystop</i>	1	
<i>oxiconazole</i>	1	QL
<i>tavaborole</i>	1	ST
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical</i>	1	PA; QL
DENAVIR	3	
<i>penciclovir</i>	1	
ZOVIRAX TOPICAL CREAM	3	PA; QL
<b>TOPICAL CORTICOSTEROIDS</b>		
ALA-SCALP	3	ST
<i>alclometasone</i>	1	
<i>apexicon e</i>	1	ST
<i>beser</i>	1	ST
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical foam</i>	1	ST
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	

Drug Name	Tier	Requirements / Limits
<i>betamethasone, augmented</i>	1	
BRYHALI	3	ST
CAPEX	3	ST
<i>clobetasol scalp</i>	1	QL
<i>clobetasol topical cream</i>	1	QL
<i>clobetasol topical foam</i>	1	ST; QL
<i>clobetasol topical gel</i>	1	QL
<i>clobetasol topical lotion</i>	1	ST; QL
<i>clobetasol topical ointment</i>	1	QL
<i>clobetasol topical shampoo</i>	1	ST; QL
<i>clobetasol topical spray, non-aerosol</i>	1	ST; QL
<i>clobetasol-emollient topical cream</i>	1	QL
<i>clobetasol-emollient topical foam</i>	1	ST; QL
CLOBEX TOPICAL SHAMPOO	3	ST; QL
CLOBEX TOPICAL SPRAY, NON-AEROSOL	3	ST; QL
<i>clocortolone pivalate</i>	1	
<i>clodan</i>	1	ST; QL
CLODAN KIT	3	ST; QL
CORDRAN TAPE LARGE ROLL	3	ST
CORDRAN TOPICAL CREAM	3	ST; QL

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
CORDRAN TOPICAL LOTION	3	ST; QL
CORDRAN TOPICAL OINTMENT	3	ST; QL
DERMA-SMOOTHIE/FS BODY OIL	3	ST
DERMA-SMOOTHIE/FS SCALP OIL	3	ST
<i>desonide topical cream</i>	1	
<i>desonide topical gel</i>	1	ST
<i>desonide topical lotion</i>	1	ST
<i>desonide topical ointment</i>	1	
<i>desoximetasone</i>	1	ST
<i>desrx</i>	1	ST
<i>diflorasone</i>	1	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	ST
DUOBRII	3	ST; QL
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel</i>	1	QL
<i>fluocinonide topical ointment</i>	1	QL

Drug Name	Tier	Requirements / Limits
<i>fluocinonide topical solution</i>	1	QL
<i>fluocinonide-e</i>	1	QL
<i>flurandrenolide</i>	1	ST; QL
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical lotion</i>	1	ST
<i>fluticasone propionate topical ointment</i>	1	
<i>halcinonide</i>	1	ST
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
HALOG	3	ST
<i>hydrocortisone butyrate topical cream</i>	1	QL
<i>hydrocortisone butyrate topical lotion</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	1	ST; QL
<i>hydrocortisone butyrate topical solution</i>	1	ST; QL
<i>hydrocortisone butyr-emollient</i>	1	QL
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate</i>	1	
KENALOG TOPICAL	3	ST; QL
LUXIQ	3	ST
<i>mometasone topical</i>	1	
<i>nolix</i>	1	ST; QL
NUCORT	3	ST
OLUX	3	ST; QL
OLUX-E	3	ST; QL
PANDEL	3	ST
<i>prednicarbate</i>	1	
<i>scalacort</i>	1	
SCALACORT DK	3	ST
SYNALAR	3	ST
SYNALAR CREAM KIT	3	ST
SYNALAR OINTMENT KIT	3	ST
SYNALAR TS	3	ST
TEMOVATE TOPICAL OINTMENT	3	ST; QL
TEXACORT	3	ST
TOPICORT TOPICAL CREAM	3	ST
TOPICORT TOPICAL GEL	3	ST
TOPICORT TOPICAL OINTMENT	3	ST
<i>tovet emollient</i>	1	ST; QL

Drug Name	Tier	Requirements / Limits
<i>triamcinolone acetonide topical aerosol</i>	1	ST; QL
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
<i>tritocin</i>	1	ST
<b>TOPICAL ENZYMES</b>		
NEXOBRID	3	
SANTYL	2	QL
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan</i>	1	
ELIMITE	3	
EURAX	3	
<i>lindane topical shampoo</i>	1	
<i>malathion</i>	1	
OVIDE	3	
<i>permethrin</i>	1	
<i>spinosad</i>	1	
ULESFIA	3	

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>ANOREXIANTS</b>		
ADIPEX-P ORAL TABLET	3	PA; Wt Loss: Coverage Limitation May Apply; QL
<i>benzphetamine</i>	1	PA; Wt Loss: Coverage Limitation May Apply; QL
CONTRAIVE	3	PA; Wt Loss: Coverage Limitation May Apply; QL
<i>diethylpropion</i>	1	PA; Wt Loss: Coverage Limitation May Apply; QL
IMCIVREE	5	PA; Wt Loss: Coverage Limitation May Apply; SP; QL
LOMAIRA	3	PA; Wt Loss: Coverage Limitation May Apply; QL
ORLISTAT	3	PA; Wt Loss: Coverage Limitation May Apply; QL

Drug Name	Tier	Requirements / Limits
<i>phendimetrazine tartrate</i>	1	PA; Wt Loss: Coverage Limitation May Apply; QL
<i>phentermine</i>	1	PA; Wt Loss: Coverage Limitation May Apply; QL
QSYMIA	3	PA; Wt Loss: Coverage Limitation May Apply; QL
SAXENDA	3	PA; Wt Loss: Coverage Limitation May Apply; QL
WEGOVY	2	PA; Wt Loss: Coverage Limitation May Apply; QL
XENICAL	3	PA; Wt Loss: Coverage Limitation May Apply; QL
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	3	
PHYSIOSOL IRRIGATION	3	
<i>ringer's irrigation</i>	1	

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Drug Name	Tier	Requirements / Limits
SORBITOL IRRIGATION SOLUTION 3 %	3	
SORBITOL-MANNITOL	3	
<i>tis-u-sol pentalyte</i>	1	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	1	
<i>acetic acid irrigation</i>	1	
AGRYLIN	3	
<i>anagrelide</i>	1	
BUPHENYL	3	PA
<i>caffeine citrate oral</i>	1	
CARBAGLU	4	PA; SP; LA
<i>carglumic acid</i>	4	PA; SP
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
<i>cevimeline</i>	1	
CHEMET	2	
<i>deferasirox</i>	4	PA; SP
<i>deferiprone</i>	4	PA; SP
<i>disulfiram</i>	1	
<i>droxidopa</i>	5	PA; SP
EMPAVELI	4	PA; SP
ENDARI	5	PA; SP
EVOXAC	3	
EXSERVAN	5	PA; SP
FERRIPROX (2 TIMES A DAY)	4	PA; SP
FERRIPROX ORAL SOLUTION	4	PA; SP
FERRIPROX ORAL TABLET	5	PA; SP

Drug Name	Tier	Requirements / Limits
INCRELEX	4	PA; SP; GH: Coverage Limitation May Apply; LA
JOENJA	5	PA; SP; QL
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; SP; LA
NITYR	4	PA; SP; LA
OLPRUVA	5	PA; SP
ORFADIN	5	PA; SP; LA
PHEBURANE	4	PA; SP
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND	5	PA; SP; LA
RADIOGARDASE	3	
RILUTEK	3	PA
<i>riluzole</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	
<i>sodium chloride 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>sodium chloride injection</i>	1	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	1	PA
SYPRINE	3	PA
THIOLA EC	5	PA; SP
TIGLUTIK	5	PA; SP
<i>tiopronin</i>	4	PA; SP
<i>trientine</i>	1	PA
<i>water for irrigation, sterile</i>	1	
XURIDEN	4	PA; SP
ZOKINVY	5	PA; SP; QL
<b>SMOKING DETERRENENTS</b>		
<i>bupropion hcl (smoking deter)</i>	6	ACA
CHANTIX CONTINUING MONTH BOX	6	ACA
CHANTIX ORAL TABLET 1 MG	6	ACA
CHANTIX STARTING MONTH BOX	6	ACA
NICODERM CQ	2	OTC
NICORETTE BUCCAL GUM 2 MG	2	OTC
<i>nicorette buccal gum 4 mg</i>	6	ACA; OTC
NICORETTE BUCCAL LOZENGE	2	OTC

Drug Name	Tier	Requirements / Limits
NICORETTE BUCCAL MINI LOZENGE	2	OTC
<i>nicotine</i>	6	ACA; OTC
<i>nicotine (polacrilex)</i>	6	ACA; OTC
NICOTROL	6	ACA
NICOTROL NS	6	ACA
<i>quit 2</i>	6	ACA; OTC
<i>quit 4</i>	6	ACA; OTC
<i>stop smoking aid</i>	6	ACA; OTC
<i>varenicline</i>	6	ACA

## EAR, NOSE & THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

ARESTIN	5	SP
<i>azelastine nasal aerosol, spray</i>	1	QL
<i>chlorhexidine gluconate mucous membrane</i>	1	
CLINPRO 5000	3	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental</i>	1	
FLUORIDEX DAILY DEFENSE	3	
FLUORIDEX SENSITIVITY RELIEF	3	
FLUORIMAX 5000	3	
FLUORIMAX 5000 SENSITIVE	3	
GELCLAIR	3	
GELX	3	

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Drug Name	Tier	Requirements / Limits
<i>ipratropium bromide nasal</i>	1	QL
JUST RIGHT 5000	3	
MUGARD	5	SP
<i>olopatadine nasal</i>	1	QL
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
PATANASE	3	QL
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
PREVIDENT	3	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PROTHELIAL	5	SP
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	

Drug Name	Tier	Requirements / Limits
<i>triamcinolone acetonide dental</i>	1	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone</i>	1	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
OTOVEL	3	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR	5	PA; SP
CORTEF	3	
<i>cortisone</i>	1	
<i>dexabliss</i>	1	ST
<i>dexamethasone intensol</i>	1	
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>dexamethasone oral tablet</i>	1	
<i>dexamethasone oral tablets, dose pack</i>	1	ST
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
MEDROL (PAK)	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
<i>methylprednisolone</i>	1	
<i>millipred dp</i>	1	
<i>millipred oral tablet</i>	1	
ORAPRED ODT	3	
<i>prednisolone</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</i>	1	
<i>prednisone</i>	1	
<i>prednisone intensol</i>	1	
RAYOS	3	ST
TAPERDEX	3	ST
TARPEYO	5	PA; SP; QL
TRIESENCE (PF)	3	
ZCORT	3	ST
<b>ANTITHYROID AGENTS</b>		

Drug Name	Tier	Requirements / Limits
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution</i>	1	
<i>propylthiouracil</i>	1	
SSKI	3	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
ACCU-CHEK AVIVA PLUS TEST STRP	2	DS; OTC; QL
ACCU-CHEK GUIDE TEST STRIPS	2	DS; OTC; QL
ACCU-CHEK SMARTVIEW TEST STRIP	2	DS; OTC; QL
CONTOUR NEXT TEST STRIPS	2	DS; OTC; QL
CONTOUR TEST STRIPS	2	DS; OTC; QL
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
ACE AEROSOL CLOUD ENHANCER	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROTRACH PLUS	2	
AEROVENT PLUS	2	
BREATHERITE MDI SPACER	2	

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Drug Name	Tier	Requirements / Limits
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
GLUCAGEN DIAGNOSTIC KIT	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
LITEAIRE MDI CHAMBER	2	
MICROCHAMBER	2	
MICROSPACER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
PRIMEAIRE	2	
PROCHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI	2	QL
<i>diazoxide</i>	1	
<i>glucagon emergency kit (human)</i>	1	QL
GVOKE	2	QL
GVOKE HYPOPEN 2-PACK	2	QL

Drug Name	Tier	Requirements / Limits
GVOKE PFS 2-PACK SYRINGE	2	QL
PROGLYCEM	3	
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
ACCU-CHEK GUIDE GLUCOSE METER	2	DS; OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL	2	DS; OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	2	DS; OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	2	DS; OTC
AT HOME A1C	3	DS; OTC
AUTOJECT 2 INJECTION DEVICE	2	DS; OTC
AUTOPEN 1 TO 21 UNITS	2	DS; OTC
BD INTEGRA NEEDLE	2	DS
BD MICROTAINER LANCET 30 GAUGE	2	DS; OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	DS
BD ULTRA-FINE NANO PEN NEEDLE	2	DS; OTC
CEQR SIMPLICITY	2	DS

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Drug Name	Tier	Requirements / Limits
CONTOUR CONTROL SOLUTION, NML	2	DS; OTC
CONTOUR NEXT EZ METER	2	DS; OTC
CONTOUR NEXT LEV 2 CONTROL SOL	2	DS; OTC
CONTOUR NEXT LINK	2	DS; OTC
CONTOUR NEXT LINK 2.4	2	DS; OTC
CONTOUR NEXT METER	2	DS; OTC
CONTOUR NEXT ONE METER	2	DS; OTC
DEXCOM G6 RECEIVER	2	DS
DEXCOM G6 SENSOR	2	DS; QL
DEXCOM G6 TRANSMITTER	2	DS; QL
DEXCOM G7 RECEIVER	2	DS
DEXCOM G7 SENSOR	2	DS
EVERSENSE SENSOR-HOLDER	3	DS
FREESTYLE LIBRE 14 DAY READER	2	DS
FREESTYLE LIBRE 14 DAY SENSOR	2	DS; QL
FREESTYLE LIBRE 2 READER	2	DS
FREESTYLE LIBRE 2 SENSOR	2	DS; QL

Drug Name	Tier	Requirements / Limits
GENTEEL VACUUM LANCING DEVICE	3	DS; OTC
INPEN (NOVOLOG OR FIASP) PINK	2	DS
LANCETS 33 GAUGE	2	DS; OTC
LANCING DEVICE	2	DS; OTC
NOVOPEN ECHO	3	DS
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL
OMNIPOD 5 G6 PODS (GEN 5)	2	DS; QL
OMNIPOD CLASSIC PODS (GEN 3)	2	DS; QL
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL
OMNIPOD DASH PODS (GEN 4)	2	DS; QL
OMNIPOD GO PODS 10 UNITS/DAY	2	DS; QL
SAFE-CLIP NEEDLE STORAGE DEV	2	DS; OTC
V-GO 20	2	DS
V-GO 30	2	DS
V-GO 40	2	DS
<b>INSULIN THERAPY</b>		
BASAGLAR KWIKPEN U-100 INSULIN	3	
FIASP FLEXTOUCH U-100 INSULIN	2	

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Drug Name	Tier	Requirements / Limits
FIASP PENFILL U-100 INSULIN	2	
FIASP U-100 INSULIN	2	
HUMULIN R U-500 (CONC) INSULIN	2	
HUMULIN R U-500 (CONC) KWIKPEN	2	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	
LEVEMIR FLEXPEN	2	
LEVEMIR U-100 INSULIN	2	
NOVOLIN 70-30 FLEXPEN U-100	2	
NOVOLIN N FLEXPEN	2	
NOVOLIN R FLEXPEN	2	
NOVOLOG FLEXPEN U-100 INSULIN	2	
NOVOLOG MIX 70-30 U-100 INSULIN	2	
NOVOLOG MIX 70-30 FLEXPEN U-100	2	
NOVOLOG PENFILL U-100 INSULIN	2	
NOVOLOG U-100 INSULIN ASPART	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLIN R	2	

Drug Name	Tier	Requirements / Limits
SEMGLEE (YFGN)	2	
SEMGLEE (YFGN) PEN	2	
SOLIQUA 100/33	2	QL
TOUJEO MAX U-300 SOLOSTAR	2	
TOUJEO SOLOSTAR U-300 INSULIN	2	
TRESIBA FLEXTOUCH U-100	2	
TRESIBA FLEXTOUCH U-200	2	
TRESIBA U-100 INSULIN	2	
XULTOPHY 100/3.6	2	QL
<b>MISCELLANEOUS HORMONES</b>		
ANDRODERM	2	PA; QL
<i>cabergoline</i>	1	QL
<i>calcitonin (salmon)</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; SP; QL
CETROTIDE	4	INF: Coverage Limitations May Apply; SP
CHORIONIC GONADOTROPIN, HUMAN INJECTION	3	PA; INF: Coverage Limitations May Apply

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Drug Name	Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	5	INF: Coverage Limitations May Apply; SP; QL
<i>cinacalcet</i>	1	PA
<i>clomid</i>	1	INF: Coverage Limitations May Apply
<i>clomiphene citrate</i>	1	INF: Coverage Limitations May Apply
<i>danazol</i>	1	
DDAVP ORAL	3	
DEPO-TESTOSTERONE	3	PA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	2	SP
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	1	ST
FORTESTA	3	PA; QL
<i>fyremadel</i>	4	INF: Coverage Limitations May Apply; SP
GALAFOLD	5	PA; SP; LA; QL
<i>ganirelix</i>	4	ST; INF: Coverage Limitations May Apply; SP

Drug Name	Tier	Requirements / Limits
GONAL-F	4	PA; INF: Coverage Limitations May Apply; SP
GONAL-F RFF	4	PA; INF: Coverage Limitations May Apply; SP
GONAL-F RFF REDI-JECT	4	PA; INF: Coverage Limitations May Apply; SP
JATENZO	3	PA; QL
<i>javygtor</i>	4	PA; SP
JYNARQUE ORAL TABLET	5	PA; SP; LA; QL
JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM)	5	PA; SP; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM)	5	PA; SP; LA; QL
KUVAN	5	PA; SP
MENOPUR	4	INF: Coverage Limitations May Apply; SP
METHITEST	2	
<i>methyltestosterone oral capsule</i>	1	

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Drug Name	Tier	Requirements / Limits
MIACALCIN INJECTION	3	
<i>miglustat</i>	4	PA; SP; LA; QL
MYALEPT	4	PA; SP; LA
NATESTO	2	PA; QL
NOCDURNA (MEN)	3	PA; QL
NOCDURNA (WOMEN)	3	PA; QL
NOVAREL	4	INF: Coverage Limitations May Apply; SP; QL
ORILISSA	2	PA; QL
OVIDREL	4	INF: Coverage Limitations May Apply; SP
PALYNZIQ	4	PA; SP; LA; QL
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	ST
RAYALDEE	3	ST
ROCALTROL	3	ST
<i>sapropterin</i>	4	PA; SP
SOMAVERT	4	PA; SP
STRENSIQ	4	PA; SP; LA
SYNAREL	2	PA
TESTOPEL	5	PA; SP
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	1	PA; QL

Drug Name	Tier	Requirements / Limits
<i>tolvaptan</i>	4	PA; SP; LA; QL
VOGELXO	3	PA; QL
VOXZOGO	5	PA; SP
XYOSTED	3	PA; QL
ZEMPLAR INTRAVENOUS	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose</i>	1	
ACTOPLUS MET ORAL TABLET 15-850 MG	3	ST; QL
ACTOS	3	ST; QL
CYCLOSET	3	
DUETACT	3	ST; QL
FARXIGA	2	ST; QL
<i>glimepiride</i>	1	
<i>glipizide</i>	1	
<i>glipizide-metformin</i>	1	
GLUCOTROL XL	3	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	
GLYNASE	3	
GLYXAMBI	2	ST; QL
JANUMET	2	ST; QL
JANUMET XR	2	ST; QL
JANUVIA	2	ST; QL
JARDIANCE	2	ST; QL

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>metformin oral solution</i>	1	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	QL
<i>metformin oral tablet extended release 24hr</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	ST; QL
<i>miglitol</i>	1	
MOUNJARO	2	PA; QL
<i>nateglinide</i>	1	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL
<i>pioglitazone</i>	1	QL
<i>pioglitazone-glimepiride</i>	1	QL
<i>pioglitazone-metformin</i>	1	QL
PRECOSE	3	
<i>repaglinide</i>	1	
RIOMET	3	ST
RIOMET ER	3	ST

Drug Name	Tier	Requirements / Limits
RYBELSUS	2	PA; QL
<i>saxagliptin</i>	1	QL
<i>saxagliptin-metformin</i>	1	QL
SEGLUROMET	2	ST; QL
STEGLATRO	2	ST; QL
STEGLUJAN	2	ST; QL
SYMLINPEN 120	2	QL
SYMLINPEN 60	2	QL
SYNJARDY	2	ST; QL
SYNJARDY XR	2	ST; QL
TRIJARDY XR	2	ST
TRULICITY	2	PA; QL
VICTOZA 2-PAK	2	PA; QL
VICTOZA 3-PAK	2	PA; QL
XIGDUO XR	2	ST; QL
<b>THYROID HORMONES</b>		
ARMOUR THYROID	2	
ERMEZA	3	ST
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>niva thyroid</i>	1	
<i>np thyroid</i>	1	
<i>thyroid (pork)</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>unithroid</i>	1	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>		
<i>anaspaz</i>	1	
<i>belladonna alkaloids-opium</i>	1	QL
<i>chlordiazepoxide-clidinium</i>	1	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine</i>	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	3	
DONNATAL ORAL TABLET	3	
<i>ed-spaz</i>	1	
GLYCATE	3	
<i>glycopyrrolate oral</i>	1	
<i>hyoscyamine sulfate oral</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne</i>	1	
LEVBID	3	
LEVSIN ORAL	3	
LEVSIN/SL	3	
LOMOTIL	3	
<i>methscopolamine</i>	1	

Drug Name	Tier	Requirements / Limits
MOTOFEN	3	
NULEV	3	
<i>opium tincture</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</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</i>	1	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet</i>	1	
ROBINUL FORTE	3	
ROBINUL ORAL	3	
SYMAX DUOTAB	3	
<i>symax fastabs</i>	1	
<i>symax-sl</i>	1	
<i>symax-sr</i>	1	
<b>MISCELLANEOUS AGENTS</b>		
AURYXIA	3	
<i>lanthanum</i>	1	QL
LOKELMA	2	QL
RENVELA	3	QL
<i>sevelamer carbonate</i>	1	QL
<i>sevelamer hcl</i>	1	QL
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	1	
VELPHORO	2	QL

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Drug Name	Tier	Requirements / Limits
VELTASSA	2	QL
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron</i>	1	
<i>alvimopan</i>	1	
ANA-LEX KIT	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANALPRAM-HC SINGLES	3	ST
<i>anucort-hc</i>	1	
<i>aprepitant</i>	1	QL
APRISO	3	ST
AZULFIDINE	3	ST
AZULFIDINE EN-TABS	3	ST
<i>balsalazide</i>	1	
<i>betaine</i>	4	PA; SP
<i>budesonide oral</i>	1	
<i>budesonide rectal</i>	1	
BYLVAY	5	PA; SP; LA; QL
CHENODAL	4	PA; SP; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	4	PA; SP; QL
<i>citrate of magnesia</i>	6	ACA; OTC
<i>citroma</i>	6	ACA; OTC
<i>clearlax oral powder</i>	6	ACA; OTC
COLAZAL	3	ST

Drug Name	Tier	Requirements / Limits
COMPAZINE	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn oral</i>	1	
DICLEGIS	3	QL
DIPENTUM	3	ST; SG
<i>doxylamine-pyridoxine (vit b6)</i>	1	QL
<i>dronabinol</i>	1	PA
<i>droperidol injection solution</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	6	ACA; OTC
ENTEREG	3	
<i>enulose</i>	1	
GASTROCROM	3	
<i>gavilax oral powder</i>	6	ACA; OTC
<i>gavilyte-c</i>	6	ACA
<i>gavilyte-g</i>	6	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	6	ACA; OTC
<i>gentlelax</i>	6	ACA; OTC
GOLYTELY	3	
<i>granisetron hcl oral</i>	1	QL
<i>hemmorex-hc</i>	1	
<i>hydrocortisone acetate rectal</i>	1	
<i>hydrocortisone rectal</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	1	ST
KRISTALOSE	3	
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	6	ACA; OTC
<i>laxative peg 3350</i>	6	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	3	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	1	
<i>lidocaine-hydrocortisone-aloe</i>	1	
LINZESS	2	QL
LIVMARLI	5	PA; SP
<i>lubiprostone</i>	1	QL
<i>magnesium citrate oral solution</i>	6	ACA; OTC
MARINOL	3	PA
<i>mesalamine</i>	1	

Drug Name	Tier	Requirements / Limits
<i>mesalamine with cleansing wipe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	6	ACA; OTC
<i>milk of magnesia concentrated</i>	6	ACA; OTC
MOVANTIK	2	QL
<i>natura-lax</i>	6	ACA; OTC
OICALIVA	4	PA; SP; LA; QL
<i>ondansetron</i>	1	QL
<i>ondansetron hcl oral solution</i>	1	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative</i>	6	ACA; OTC
ORTIKOS	3	
PANCREAZE ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 37,000-97,300-149,900 UNIT, 4,200-14,200-24,600 UNIT	2	
<i>peg 3350-electrolytes</i>	6	ACA

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Drug Name	Tier	Requirements / Limits
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	6	ACA
<i>peg-electrolyte soln</i>	6	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
<i>phosphate laxative</i>	6	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	6	ACA; OTC
<i>powderlax oral powder</i>	6	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCORT	3	
PROCTOCORT RECTAL	3	ST
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax oral powder</i>	6	ACA; OTC
RECTIV	2	
REGLAN ORAL	3	
RELISTOR ORAL	2	ST
RELISTOR SUBCUTANEOUS SOLUTION	2	ST
RELISTOR SUBCUTANEOUS SYRINGE	2	ST
ROWASA RECTAL ENEMA KIT	3	

Drug Name	Tier	Requirements / Limits
SANCUSO	3	QL
<i>scopolamine base</i>	1	
SFROWASA	3	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	4	PA; SP; QL
<i>smoothlax oral powder</i>	6	ACA; OTC
<i>sodium,potassium,mag sulfates</i>	6	ACA
SUCRAID	4	PA; SP
<i>sulfasalazine</i>	1	
SYMPROIC	2	
SYNDROS	3	PA
<i>trimethobenzamide oral</i>	1	
TRULANCE	2	
UCERIS ORAL	3	
UCERIS RECTAL	2	
URSO 250	3	
URSO FORTE	3	
<i>ursodiol</i>	1	
VARUBI	2	QL
VIBERZI	2	
VIOKACE	2	
VOWST	5	SP
<i>women's gentle laxative(bisac)</i>	6	ACA; OTC

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



Drug Name	Tier	Requirements / Limits
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	
ZUPLENZ	3	QL
<b>ULCER THERAPY</b>		
<i>amoxicil-clarithromy-lansopraz</i>	1	QL
<i>bismuth subcit k-metronidz-tcn</i>	1	
CARAFATE	3	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	3	
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	1	ST; PPI: Coverage Limitation May Apply; QL
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	1	ST; PPI: Coverage Limitation May Apply

Drug Name	Tier	Requirements / Limits
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	PPI: Coverage Limitation May Apply; QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	PPI: Coverage Limitation May Apply
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; PPI: Coverage Limitation May Apply; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST; PPI: Coverage Limitation May Apply
<i>famotidine oral suspension</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	PPI: Coverage Limitation May Apply; QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	PPI: Coverage Limitation May Apply
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; PPI: Coverage Limitation May Apply; QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST; PPI: Coverage Limitation May Apply
<i>misoprostol</i>	1	
<i>nizatidine oral capsule</i>	1	

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Drug Name	Tier	Requirements / Limits
OMECLAMOX-PAK	3	QL
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	PPI: Coverage Limitation May Apply; QL
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	PPI: Coverage Limitation May Apply
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; PPI: Coverage Limitation May Apply; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST; PPI: Coverage Limitation May Apply
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; PPI: Coverage Limitation May Apply; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST; PPI: Coverage Limitation May Apply
<i>pantoprazole oral granules dr for susp in packet</i>	1	ST; PPI: Coverage Limitation May Apply
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	PPI: Coverage Limitation May Apply; QL
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	PPI: Coverage Limitation May Apply
PEPCID ORAL TABLET 40 MG	3	

Drug Name	Tier	Requirements / Limits
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	1	PPI: Coverage Limitation May Apply
<i>sucralfate</i>	1	
TALICIA	2	QL
VOQUEZNA DUAL PAK	3	
VOQUEZNA TRIPLE PAK	3	
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>		
<b>ANTIVIRALS</b>		
<i>ribavirin oral capsule</i>	4	PA; SP
<i>ribavirin oral tablet 200 mg</i>	4	PA; SP
<b>BIOTECHNOLOGY DRUGS</b>		
ARCALYST	5	ST; SP; QL
FULPHILA	4	PA; SP; QL
LEUKINE INJECTION RECON SOLN	4	PA; SP
NIVESTYM	4	PA; SP
PROCRIT	4	PA; SP
RETACRIT	4	PA; SP
ZARXIO	4	PA; SP
ZIEXTENZO	4	PA; SP; QL
<b>GROWTH HORMONES</b>		
EGRIFTA SV	4	PA; SP; GH: Coverage Limitation May Apply
GENOTROPIN	4	PA; SP; GH: Coverage Limitation May Apply

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
GENOTROPIN MINIQUICK	4	PA; SP; GH: Coverage Limitation May Apply
NORDITROPIN FLEXPPO	4	PA; SP; GH: Coverage Limitation May Apply
OMNITROPE	4	PA; SP; GH: Coverage Limitation May Apply
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; SP; GH: Coverage Limitation May Apply
<b>INTERFERONS</b>		
ACTIMMUNE	4	PA; SP
ALFERON N	2	
PEGASYS	4	SP; QL
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO	5	PA; SP; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; SP; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; SP; QL
BAFIERTAM	4	PA; SP; QL
BETASERON SUBCUTANEOUS KIT	4	PA; SP; QL
COPAXONE SUBCUTANEOUS SYRINGE	5	PA; SP; QL
<i>dimethyl fumarate</i>	4	PA; SP; QL
<i>fingolimod</i>	4	PA; SP; QL

Drug Name	Tier	Requirements / Limits
<i>glatiramer</i>	4	PA; SP; QL
<i>glatopa</i>	4	PA; SP; QL
KESIMPTA PEN	4	PA; SP; QL
MAVENCLAD (10 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (4 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (5 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (6 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (7 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (8 TABLET PACK)	5	PA; SP; LA; QL
MAVENCLAD (9 TABLET PACK)	5	PA; SP; LA; QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	4	PA; SP; QL
MAYZENT ORAL TABLET 1 MG	4	PA; SP
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; SP
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; SP
PLEGRIDY	4	PA; SP; QL
PONVORY	4	PA; SP; QL
PONVORY 14-DAY STARTER PACK	4	PA; SP; QL
REBIF (WITH ALBUMIN)	4	PA; SP; QL
REBIF REBIDOSE	4	PA; SP; QL

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
REBIF TITRATION PACK	4	PA; SP; QL
<i>teriflunomide</i>	4	PA; SP; QL
VUMERITY	4	PA; SP; QL
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO	6	ACA
ACAM2000 (NATIONAL STOCKPILE)	2	
ACTHIB (PF)	6	ACA
ADACEL(TDAP ADOLESN/ADULT )(PF)	6	ACA
AFLURIA QD 2023-24(3YR UP)(PF)	6	ACA
AFLURIA QUAD 2023-2024(6MO UP)	6	ACA
AREXVY (PF)	6	ACA
BCG VACCINE, LIVE (PF)	6	ACA
BEXSERO	6	ACA
BIOTHRAX	6	ACA
BOOSTRIX TDAP	6	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	6	ACA
DENGVAXIA (PF)	6	ACA
ENGERIX-B (PF)	6	ACA
ENGERIX-B PEDIATRIC (PF)	6	ACA
FLUAD QUAD 2023-24(65Y UP)(PF)	6	ACA
FLUARIX QUAD 2023-2024 (PF)	6	ACA

Drug Name	Tier	Requirements / Limits
FLUBLOK QUAD 2023-2024 (PF)	6	ACA
FLUCELVAX QUAD 2023-2024	6	ACA
FLUCELVAX QUAD 2023-2024 (PF)	6	ACA
FLULAVAL QUAD 2023-2024 (PF)	6	ACA
FLUMIST QUAD 2023-2024	6	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF	6	ACA
FLUZONE QUAD 2023-2024	6	ACA
FLUZONE QUAD 2023-2024 (PF)	6	ACA
GARDASIL 9 (PF)	6	ACA
GRASTEK	2	PA
HAVRIX (PF)	6	ACA
HEPLISAV-B (PF)	6	ACA
HIBERIX (PF)	6	ACA
IMOVAX RABIES VACCINE (PF)	6	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	6	ACA
IPOLE	6	ACA
IXIARO (PF)	6	ACA
JYNNEOS (PF)(STOCKPILE)	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	6	ACA

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION	6	ACA
MENQUADFI (PF)	6	ACA
MENVEO A-C-Y-W-135-DIP (PF)	6	ACA
M-M-R II (PF)	6	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA)	6	ACA
ODACTRA	2	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA; SP
PEDIARIX (PF)	6	ACA
PEDVAX HIB (PF)	6	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	6	ACA
PNEUMOVAX-23	6	ACA
PREHEVBRIO (PF)	6	ACA
PREVNAR 13 (PF)	6	ACA
PREVNAR 20 (PF)	6	ACA
PRIORIX (PF)	6	ACA
PROQUAD (PF)	6	ACA
QUADRACEL (PF)	6	ACA
RABAVERT (PF)	6	ACA
RAGWITEK	2	PA
RECOMBIVAX HB (PF)	6	ACA
ROTARIX ORAL SUSPENSION	6	ACA
ROTATEQ VACCINE	6	ACA

Drug Name	Tier	Requirements / Limits
SHINGRIX (PF)	6	ACA
STAMARIL (PF)	6	ACA
TDVAX	6	ACA
TENIVAC (PF)	6	ACA
TICOVAC	2	
TRUMENBA	6	ACA
TWINRIX (PF)	6	ACA
TYPHIM VI	6	ACA
VAQTA (PF)	6	ACA
VARIVAX (PF)	6	ACA
VAXCHORA VACCINE	6	ACA
VAXELIS (PF)	6	ACA
VAXNEUVANCE (PF)	6	ACA
VIVOTIF	6	ACA
YF-VAX (PF)	6	ACA

## IMMUNOLOGY

### INTERLEUKINS

<i>imiquimod</i>	1	
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## MUSCULOSKELETAL & RHEUMATOLOGY

### GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
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<i>colchicine (gout) oral tablet</i>	1	
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<i>febuxostat</i>	1	ST
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MITIGARE	2	
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<i>probenecid</i>	1	
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<i>probenecid- colchicine</i>	1	
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October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
ZYLOPRIM ORAL TABLET 100 MG	3	
<b>OSTEOPOROSIS THERAPY</b>		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
AELVIA	3	ST; QL
BINOSTO	3	ST; QL
EVISTA	3	
FORTEO	4	PA; SP; QL
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D	3	ST; QL
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	6	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	QL
TERIPARATIDE	5	PA; SP; QL
TYMLOS	4	PA; SP; QL
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN	4	PA; SP; QL
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL
ADALIMUMAB-ADAZ	4	PA; SP

Drug Name	Tier	Requirements / Limits
AMJEVITA(CF)	4	PA; SP; QL
AMJEVITA(CF) AUTOINJECTOR	4	PA; SP; QL
ARAVA	3	QL
BENLYSTA SUBCUTANEOUS	4	PA; SP; QL
CYLTEZO(CF)	4	PA; SP
CYLTEZO(CF) PEN	4	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; SP
CYLTEZO(CF) PEN PSORIASIS STRT	4	PA; SP
DEPEN TITRATABS	2	PA
ENBREL MINI	4	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION	4	PA; SP
ENBREL SUBCUTANEOUS SYRINGE	4	PA; SP; QL
ENBREL SURECLICK	4	PA; SP; QL
HUMIRA PEN	4	PA; SP; QL
HUMIRA PEN CROHNS-UC-HS START	4	PA; SP; QL
HUMIRA PEN PSOR-UVEITS-ADOL HS	4	PA; SP; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; SP; QL
HUMIRA(CF)	4	PA; SP; QL

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Drug Name	Tier	Requirements / Limits
HUMIRA(CF) PEDI CROHNS STARTER	4	PA; SP; QL
HUMIRA(CF) PEN CROHNS-UC-HS	4	PA; SP; QL
HUMIRA(CF) PEN PEDIATRIC UC	4	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS	4	PA; SP; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; SP; QL
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; SP
HYRIMOZ PEN PSORIASIS STARTER	4	PA; SP
HYRIMOZ(CF)	4	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER	4	PA; SP
HYRIMOZ(CF) PEN	4	PA; SP
<i>leflunomide</i>	1	QL
OTEZLA	4	PA; SP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; QL
<i>penicillamine oral capsule</i>	1	ST
<i>penicillamine oral tablet</i>	1	PA
RASUVO (PF)	2	ST

Drug Name	Tier	Requirements / Limits
RIDAURA	2	
RINVOQ	4	PA; SP; QL
SAVELLA	2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL
XELJANZ	4	PA; SP; QL
XELJANZ XR	4	PA; SP; QL

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	6	ACA
DUREX AVANTI BARE REAL FEEL	6	ACA; OTC
FC2 FEMALE CONDOM	6	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	6	ACA
KYLEENA	4	SP
LILETTA	5	SP
MIRENA	6	SP; ACA
PARAGARD T 380A	6	SP; ACA
SKYLA	4	SP
TRUSTEX LUBRICATED CONDOMS	6	ACA; OTC

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
TRUSTEX-RIA NON-LUB CONDOMS	6	ACA; OTC
WIDE-SEAL DIAPHRAGM	6	ACA
<b>ESTROGENS &amp; PROGESTINS</b>		
ACTIVELLA	3	
<i>amabelz</i>	1	
ANGELIQ	3	
<i>camila</i>	6	ACA
CLIMARA	3	QL
COMBIPATCH	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE VAGINAL GEL 8 %	4	INF: Coverage Limitations May Apply; SP
<i>deblitane</i>	6	ACA
DELESTROGEN	3	
DEPO-ESTRADIOL	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	6	ACA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	6	ACA; QL
DEPO-SUBQ PROVERA 104	3	QL
<i>dotti</i>	1	QL
DUAVEE	2	
<i>eemt</i>	1	
<i>eemt hs</i>	1	

Drug Name	Tier	Requirements / Limits
ENDOMETRIN	4	INF: Coverage Limitations May Apply; SP
<i>errin</i>	6	ACA
ESTRACE ORAL	3	
<i>estradiol oral</i>	1	
<i>estradiol transdermal</i>	1	QL
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol- norethindrone acet</i>	1	
<i>estrogens- methyltestosterone</i>	1	
<i>fyavolv</i>	1	
<i>heather</i>	6	ACA
<i>incassia</i>	6	ACA
<i>jencycla</i>	6	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	6	ACA
<i>lyllana</i>	1	QL
<i>lyza</i>	6	ACA
<i>medroxyprogesteron e intramuscular</i>	6	ACA; QL
<i>medroxyprogesteron e oral</i>	1	
MENOSTAR	3	QL
<i>mimvey</i>	1	
<i>nora-be</i>	6	ACA
<i>norethindrone (contraceptive)</i>	6	ACA
<i>norethindrone acetate</i>	1	

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



Drug Name	Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
PREMARIN VAGINAL	2	
<i>progesterone</i>	4	SP
<i>progesterone micronized</i>	1	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	6	ACA
<i>tulana</i>	6	ACA
<i>yuvaferm</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
ANNOVERA	6	ST; ACA; QL
CERVIDIL	3	
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	6	ACA
<i>etonogestrel-ethinyl estradiol</i>	6	ACA
<i>fem ph</i>	1	
GYNAZOLE-1	3	
<i>haloette</i>	6	ACA
<i>metronidazole vaginal</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
MYFEMBREE	2	PA
NEXPLANON	6	SP; ACA
NUVESSA	3	

Drug Name	Tier	Requirements / Limits
ORIAHNN	2	PA
OSPHENA	3	SG
PREPIDIL	3	
RELAGARD	3	
<i>terconazole</i>	1	
TODAY CONTRACEPTIVE SPONGE	6	ACA; OTC
<i>tranexamic acid oral</i>	1	
TRIMO-SAN JELLY	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	2	OTC
VCF CONTRACEPTIVE GEL	2	OTC
XACIATO	2	
<i>xulane</i>	6	ACA
<i>zafemy</i>	6	ACA
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<i>afirmelle</i>	6	ACA
<i>after pill</i>	6	ACA; OTC; QL
AFTERA	6	ACA; OTC; QL
<i>altavera (28)</i>	6	ACA
<i>alyacen 1/35 (28)</i>	6	ACA
<i>alyacen 7/7/7 (28)</i>	6	ACA
<i>amethia</i>	6	ACA
<i>amethyst (28)</i>	6	ACA
<i>apri</i>	6	ACA
<i>aranelle (28)</i>	6	ACA

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Drug Name	Tier	Requirements / Limits
<i>ashlyna</i>	6	ACA
<i>aubra</i>	6	ACA
<i>aubra eq</i>	6	ACA
<i>aurovela 1.5/30 (21)</i>	6	ACA
<i>aurovela 1/20 (21)</i>	6	ACA
<i>aurovela 24 fe</i>	6	ACA
<i>aurovela fe 1.5/30 (28)</i>	6	ACA
<i>aurovela fe 1-20 (28)</i>	6	ACA
<i>aviane</i>	6	ACA
<i>ayuna</i>	6	ACA
<i>azurette (28)</i>	6	ACA
<i>balziva (28)</i>	6	ACA
BEYAZ	6	ST; ACA
<i>blisovi 24 fe</i>	6	ACA
<i>blisovi fe 1.5/30 (28)</i>	6	ACA
<i>blisovi fe 1/20 (28)</i>	6	ACA
<i>briellyn</i>	6	ACA
<i>camrese</i>	6	ACA
<i>camrese lo</i>	6	ACA
<i>caziant (28)</i>	6	ACA
<i>charlotte 24 fe</i>	6	ACA
<i>chateal (28)</i>	6	ACA
<i>chateal eq (28)</i>	6	ACA
<i>cryselle (28)</i>	6	ACA
<i>curae</i>	6	ACA; OTC; QL
<i>cyred</i>	6	ACA
<i>cyred eq</i>	6	ACA
<i>dasetta 1/35 (28)</i>	6	ACA
<i>dasetta 7/7/7 (28)</i>	6	ACA
<i>daysee</i>	6	ACA

Drug Name	Tier	Requirements / Limits
<i>desog-e.estradiol/e.estradiol</i>	6	ACA
<i>dolishale</i>	6	ACA
<i>drospirenone-e.estradiol-lm.fa</i>	6	ACA
<i>drospirenone-ethinyl estradiol</i>	6	ACA
<i>econtra ez</i>	6	ACA; OTC; QL
<i>econtra one-step</i>	6	ACA; OTC; QL
<i>elimest</i>	6	ACA
ELLA	6	ACA; QL
<i>enpresse</i>	6	ACA
<i>enskyce</i>	6	ACA
<i>estarylla</i>	6	ACA
<i>ethynodiol diac-eth estradiol</i>	6	ACA
<i>falmina (28)</i>	6	ACA
<i>finzala</i>	6	ACA
<i>gemmily</i>	6	ACA
<i>hailey</i>	6	ACA
<i>hailey 24 fe</i>	6	ACA
<i>hailey fe 1.5/30 (28)</i>	6	ACA
<i>hailey fe 1/20 (28)</i>	6	ACA
<i>her style</i>	6	ACA; OTC; QL
<i>iclevia</i>	6	ACA
<i>isibloom</i>	6	ACA
<i>jaimiess</i>	6	ACA
<i>jasmiel (28)</i>	6	ACA
<i>jolessa</i>	6	ACA
<i>juleber</i>	6	ACA

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements / Limits</b>
<i>junel 1.5/30 (21)</i>	6	ACA
<i>junel 1/20 (21)</i>	6	ACA
<i>junel fe 1.5/30 (28)</i>	6	ACA
<i>junel fe 1/20 (28)</i>	6	ACA
<i>junel fe 24</i>	6	ACA
<i>kaitlib fe</i>	6	ACA
<i>kalliga</i>	6	ACA
<i>kariva (28)</i>	6	ACA
<i>kelnor 1/35 (28)</i>	6	ACA
<i>kelnor 1-50 (28)</i>	6	ACA
<i>kurvelo (28)</i>	6	ACA
<i>l norgest/e.estradiol-e.estrad</i>	6	ACA
<i>larin 1.5/30 (21)</i>	6	ACA
<i>larin 1/20 (21)</i>	6	ACA
<i>larin 24 fe</i>	6	ACA
<i>larin fe 1.5/30 (28)</i>	6	ACA
<i>larin fe 1/20 (28)</i>	6	ACA
<i>layolis fe</i>	6	ACA
<i>leena 28</i>	6	ACA
<i>lessina</i>	6	ACA
<i>levonest (28)</i>	6	ACA
<i>levonorgestrel</i>	6	ACA; OTC; QL
<i>levonorgestrel-ethinyl estrad</i>	6	ACA
<i>levonorg-eth estrad triphasic</i>	6	ACA
<i>levora-28</i>	6	ACA
<i>lojaimiess</i>	6	ACA
<i>loryna (28)</i>	6	ACA
<i>low-ogestrel (28)</i>	6	ACA
<i>lo-zumandimine (28)</i>	6	ACA

<b>Drug Name</b>	<b>Tier</b>	<b>Requirements / Limits</b>
<i>lutera (28)</i>	6	ACA
<i>marlissa (28)</i>	6	ACA
<i>merzee</i>	6	ACA
<i>mibelas 24 fe</i>	6	ACA
<i>microgestin 1.5/30 (21)</i>	6	ACA
<i>microgestin 1/20 (21)</i>	6	ACA
<i>microgestin 24 fe</i>	6	ACA
<i>microgestin fe 1.5/30 (28)</i>	6	ACA
<i>microgestin fe 1/20 (28)</i>	6	ACA
<i>mili</i>	6	ACA
<i>mono-lynyah</i>	6	ACA
<i>my choice</i>	6	ACA; OTC; QL
<i>my way</i>	6	ACA; OTC; QL
<i>necon 0.5/35 (28)</i>	6	ACA
<i>new day</i>	6	ACA; OTC; QL
<i>nikki (28)</i>	6	ACA
<i>noreth-ethinyl estradiol-iron</i>	6	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	6	ACA
<i>norethindrone-e.estradiol-iron</i>	6	ACA
<i>norgestimate-ethinyl estradiol</i>	6	ACA
<i>nortrel 0.5/35 (28)</i>	6	ACA
<i>nortrel 1/35 (21)</i>	6	ACA
<i>nortrel 1/35 (28)</i>	6	ACA

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Drug Name	Tier	Requirements / Limits
<i>nortrel 7/7/7 (28)</i>	6	ACA
<i>nylia 1/35 (28)</i>	6	ACA
<i>nylia 7/7/7 (28)</i>	6	ACA
<i>nymyo</i>	6	ACA
<i>ocella</i>	6	ACA
<i>opcicon one-step</i>	6	ACA; OTC; QL
<i>option-2</i>	6	ACA; OTC; QL
<i>philith</i>	6	ACA
<i>pimtrea (28)</i>	6	ACA
PLAN B ONE-STEP	6	ACA; OTC; QL
<i>portia 28</i>	6	ACA
<i>reclipsen (28)</i>	6	ACA
<i>rivelsa</i>	6	ACA
<i>setlakin</i>	6	ACA
<i>simliya (28)</i>	6	ACA
<i>simpesse</i>	6	ACA
<i>sprintec (28)</i>	6	ACA
<i>sronyx</i>	6	ACA
<i>syeda</i>	6	ACA
TAKE ACTION	6	ACA; OTC; QL
<i>tarina 24 fe</i>	6	ACA
<i>tarina fe 1/20 (28)</i>	6	ACA
<i>taysofy</i>	6	ACA
<i>tilia fe</i>	6	ACA
<i>tri-estarylla</i>	6	ACA
<i>tri-legest fe</i>	6	ACA
<i>tri-linyah</i>	6	ACA
<i>tri-lo-estarylla</i>	6	ACA
<i>tri-lo-marzia</i>	6	ACA

Drug Name	Tier	Requirements / Limits
<i>tri-lo-mili</i>	6	ACA
<i>tri-lo-sprintec</i>	6	ACA
<i>tri-mili</i>	6	ACA
<i>tri-nymyo</i>	6	ACA
<i>tri-sprintec (28)</i>	6	ACA
<i>trivora (28)</i>	6	ACA
<i>tri-vylibra</i>	6	ACA
<i>tri-vylibra lo</i>	6	ACA
<i>tydemy</i>	6	ACA
<i>velivet triphasic regimen (28)</i>	6	ACA
<i>vestura (28)</i>	6	ACA
<i>vienva</i>	6	ACA
<i>viorele (28)</i>	6	ACA
<i>volnea (28)</i>	6	ACA
<i>vyfemla (28)</i>	6	ACA
<i>vylibra</i>	6	ACA
<i>wera (28)</i>	6	ACA
<i>wymzya fe</i>	6	ACA
YAZ (28)	6	ST; ACA
<i>zarah</i>	6	ACA
<i>zovia 1-35 (28)</i>	6	ACA
<i>zumandimine (28)</i>	6	ACA

### OXYTOCICS

<i>methergine</i>	1	ST; QL
<i>methylergonovine oral</i>	1	ST; QL

### OPHTHALMOLOGY

#### ANTIBIOTICS

AZASITE	2	
<i>bacitracin ophthalmic (eye)</i>	1	

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
MOXIFLOXACIN (PF)-BSS	3	
<i>moxifloxacin ophthalmic (eye)</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	3	
NATACYN	2	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
POLYTRIM	3	

Drug Name	Tier	Requirements / Limits
<i>tobramycin ophthalmic (eye)</i>	1	
TOBRAMYCIN-VANCOMYCIN	3	
TOBREX OPHTHALMIC (EYE) OINTMENT	3	
VIGAMOX	3	
ZYMAXID	3	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	1	
BETOPTIC S	3	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf)</i>	1	
<i>timolol maleate ophthalmic (eye)</i>	1	
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE	4	SP
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops</i>	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	3	
<i>atropine ophthalmic (eye) ointment</i>	1	

October 2023 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Tier	Requirements / Limits
CYCLOGYL	3	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>cyclopen-tropic-phenyleph-watr</i>	1	
<i>homatropaire</i>	1	
ISOPTO ATROPINE	3	
MYDRIACYL	3	
PHENYLEPH-TROPICAMIDE IN WATER	3	
<i>tropicamide</i>	1	
<b>DIRECT ACTING MIOTICS</b>		
MIOCHOL-E	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
AKTEN (PF)	3	
ALCAINE	3	
ALOCRIAL	3	ST; SG
ALOMIDE	3	ST; SG
<i>altacaine</i>	1	
ALTAFLUOR BENOX	3	
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	1	
BEVACIZUMAB INTRAVITREAL SYRINGE 2 MG/0.08 ML, 2.5 MG/0.1 ML, 3.25 MG/0.13 ML	3	

Drug Name	Tier	Requirements / Limits
CEQUA	3	PA
<i>cromolyn ophthalmic (eye)</i>	1	
CYCLOSPORINE IN KLARITY	3	
<i>cyclosporine ophthalmic (eye)</i>	1	PA; QL
CYSTARAN	4	PA; SP
DEXAMET-MOXIFL-KETORO-NACL(PF)	3	
<i>epinastine</i>	1	
FLUORESCEIN-BENOXINATE	3	
<i>fluorescein-proparacaine</i>	1	
IHEEZO (PF)	3	
KLARITY-A (AZITHRO-CHONDR)(PF)	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	3	
LACRISERT	3	PA; QL
LASTACAPT ONCE DAILY RELIEF	3	ST; SG; OTC
MYDRIATIC4(TROP-PROP-PE-KTRLC)	3	
<i>olopatadine ophthalmic (eye)</i>	1	SG
OMIDRIA	3	
OXERVATE	4	PA; SP

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Drug Name	Tier	Requirements / Limits
PHOTREXA CROSS-LINKING KIT	3	
PHOTREXA VISCOUS	3	
PREDNISOL ACE-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-GATIFLOX-BROMFEN	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN	3	
PREDNISOLONE ACETATE-BROMFENAC	3	
PREDNISOLONE ACETATE-NEPAFENAC	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC	3	
PREDNISOLONE-MOXIFLOX-BROMFEN	3	
<i>proparacaine</i>	1	
RESTASIS	3	PA; QL
RESTASIS MULTIDOSE	2	PA; QL
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	3	
TYRVAYA	3	PA
XIIDRA	2	PA; QL

Drug Name	Tier	Requirements / Limits
ZERVIATE	3	ST; SG; NSA: Coverage Limitation May Apply

### NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACULAR	3	ST
ACULAR LS	3	ST
<i>bromfenac</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
ILEVRO	3	
<i>ketorolac ophthalmic (eye)</i>	1	
PROLENSA	3	

### ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	

### OTHER GLAUCOMA DRUGS

<i>bimatoprost ophthalmic (eye)</i>	1	
BRIMONIDINE-DORZOLAMIDE (PF)	3	
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
COMBIGAN	3	ST
<i>dorzolamide</i>	1	
DORZOLAMIDE (PF)	3	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	

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Drug Name	Tier	Requirements / Limits
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS	3	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	ST
<i>miostat</i>	1	
SIMBRINZA	3	
<i>tafluprost (pf)</i>	1	ST
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	3	
<i>travoprost</i>	1	
VYZULTA	3	ST
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	3	
MAXITROL	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
PREDNISOLONE SOD PH-MOXIFLOX	3	
PREDNISOLONE-MOXIFLOXACIN HCL	3	

Drug Name	Tier	Requirements / Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	
<i>tobramycin-dexamethasone</i>	1	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
DEXTENZA	3	
DEXYCU (PF)	3	
<i>difluprednate</i>	1	
EYSUVIS	3	PA; QL
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	ST
INVELTYS	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	ST
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	ST
LOTEMAX SM	3	ST
<i>loteprednol etabonate</i>	1	
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
PREDNISOLONE ACETATE (PF)	3	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	

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Drug Name	Tier	Requirements / Limits
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
<i>sulfacetamide-prednisolone</i>	1	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P	3	ST
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
IOPIDINE OPTHALMIC (EYE) DROPPERETTE	3	ST
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL	3	
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>		
AUVI-Q	2	ST; QL
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST

Drug Name	Tier	Requirements / Limits
<i>cetirizine oral solution 1 mg/ml</i>	1	NSA: Coverage Limitation May Apply
CLARINEX ORAL TABLET	3	NSA: Coverage Limitation May Apply; QL
<i>clemastine oral syrup</i>	1	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine</i>	1	
<i>desloratadine</i>	1	NSA: Coverage Limitation May Apply; QL
<i>dexchlorpheniramin e maleate oral solution</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
EPIPEN	2	ST; QL
EPIPEN JR	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
KARBINAL ER	3	ST
<i>levocetirizine oral solution</i>	1	NSA: Coverage Limitation May Apply

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Drug Name	Tier	Requirements / Limits
<i>levocetirizine oral tablet</i>	1	NSA: Coverage Limitation May Apply; QL
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
QUZYTIR	3	NSA: Coverage Limitation May Apply
RYCLORA	3	
RYVENT	3	ST
SYMJEPI	2	QL
VISTARIL	3	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate</i>	1	
<i>bromfed dm</i>	1	
<i>brompheniramine-pseudoeph-dm</i>	1	
CAPCOF	3	
CLARINEX-D 12 HOUR	3	NSA: Coverage Limitation May Apply; QL
<i>codeine-guaifenesin</i>	1	
CODITUSSIN AC	3	
CODITUSSIN DAC	3	
<i>g tussin ac</i>	1	
HISTEX-AC	3	
HYCODAN (WITH HOMATROPINE)	3	

Drug Name	Tier	Requirements / Limits
<i>hydrocodone-chlorpheniramine</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
MAR-COF CG	3	
<i>maxi-tuss ac</i>	1	
MAXI-TUSS CD	3	
<i>m-clear wc</i>	1	
M-END PE	3	
NINJACOF-XG	3	
POLY-TUSSIN AC	3	
<i>promethazine vc</i>	1	
<i>promethazine vc-codeine</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
RESPA-AR	3	
TUXARIN ER	3	
TUZISTRA XR	3	ST
<b>PULMONARY AGENTS</b>		
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; SP; LA; QL
ADRENALIN NASAL	3	
ADVAIR DISKUS	3	QL
ADVAIR HFA	2	QL

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Drug Name	Tier	Requirements / Limits
AIRDUO DIGIHALER	3	QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
<i>alyq</i>	4	PA; SP; QL
<i>ambrisentan</i>	4	PA; SP; LA; QL
ANORO ELLIPTA	2	QL
<i>arformoterol</i>	1	QL
ARNUITY ELLIPTA	2	QL
ASMANEX HFA	2	QL
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
ATROVENT HFA	3	QL
<i>azelastine-fluticasone</i>	1	ST; QL
BEVESPI AEROSPHERE	2	QL
<i>bosentan</i>	4	PA; SP; QL

Drug Name	Tier	Requirements / Limits
BREO ELLIPTA	2	QL
<i>brey-na</i>	1	
BREZTRI AEROSPHERE	2	QL
BRONCHITOL	5	PA; SP
BROVANA	3	QL
<i>budesonide inhalation</i>	1	QL
<i>budesonide-formoterol</i>	1	QL
CINRYZE	4	PA; SP; QL
COMBIVENT RESPIMAT	2	QL
<i>cromolyn inhalation</i>	1	
DULERA	2	QL
DYMISTA	3	ST; QL
ELIXOPHYLLIN	3	
<i>epinephrine hcl</i>	1	
FASENRA PEN	4	PA; SP; QL
<i>flunisolide</i>	1	ST; QL
<i>fluticasone propionate nasal</i>	1	QL
<i>fluticasone propionate-salmeterol inhalation blister with device</i>	1	QL
<i>formoterol fumarate</i>	1	QL
HAEGARDA	5	PA; SP; LA; QL
HYPER-SAL	3	
<i>icatibant</i>	4	PA; SP; QL
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL

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Drug Name	Tier	Requirements / Limits
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	4	PA; SP; QL
KALYDECO ORAL TABLET	4	PA; SP; QL
<i>levalbuterol hcl</i>	1	
<i>mometasone nasal</i>	1	ST; QL
<i>montelukast</i>	1	
<i>nebusal inhalation solution for nebulization 3 %</i>	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; SP; LA; QL
NUCALA SUBCUTANEOUS SYRINGE	4	PA; SP; LA; QL
OFEV	4	PA; SP; QL
OPSUMIT	4	PA; SP; LA; QL
ORKAMBI	4	PA; SP; QL
ORLADEYO	5	PA; SP; LA; QL
<i>pirfenidone oral capsule</i>	4	PA; SP; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	4	PA; SP; QL
<i>pulmosal</i>	1	
PULMOZYME	4	PA; SP

Drug Name	Tier	Requirements / Limits
QVAR REDIHALER	2	QL
REVATIO ORAL	5	PA; SP; QL
<i>roflumilast oral tablet 250 mcg</i>	1	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	1	PA
RYALTRIS	3	ST; QL
<i>sajazir</i>	4	PA; SP; QL
SEREVENT DISKUS	2	QL
<i>sildenafil (pulm.hypertension) oral</i>	4	PA; SP; QL
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	QL
SPIRIVA WITH HANDIHALER	2	QL
STIOLTO RESPIMAT	2	QL
SYMBICORT	2	QL
SYMDEKO	4	PA; SP; QL
<i>tadalafil (pulm.hypertension)</i>	4	PA; SP; QL
TAKHZYRO	4	PA; SP; LA; QL
<i>terbutaline oral</i>	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL
THEO-24	3	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	

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Drug Name	Tier	Requirements / Limits
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER ORAL TABLET	5	PA; SP; LA; QL
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; SP; LA; QL
TRELEGY ELLIPTA	2	QL
TRIKAFTA	4	PA; SP; QL
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; SP
<i>wixela inhub</i>	1	QL
XHANCE	3	ST; QL
XOLAIR	4	PA; SP; LA; QL
YUPELRI	2	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	ST
ZYFLO	3	ST
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin</i>	1	
<i>fesoterodine</i>	1	

Drug Name	Tier	Requirements / Limits
<i>flavoxate</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET	2	ST; QL
GEMTESA	3	PA
MYRBETRIQ	2	PA
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
OXYTROL	3	ST; QL
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
TOVIAZ	3	ST
<i>tropium</i>	1	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	ST
<i>dutasteride-tamsulosin</i>	1	ST
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX	3	ST
JALYN	3	ST
PROSCAR	3	ST
<i>silodosin</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; ED: Coverage Limitation May Apply; QL
<i>tamsulosin</i>	1	

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Drug Name	Tier	Requirements / Limits
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		
CYSTAGON	4	SP; LA
ELMIRON	2	
K-PHOS NO 2	3	
K-PHOS ORIGINAL	2	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
<i>potassium citrate oral tablet extended release</i>	1	
RENACIDIN	2	
URELLE	3	
<i>uretron d-s</i>	1	
URIBEL	3	
<i>urimar-t oral tablet</i>	1	
<i>uro-458</i>	1	
UROCIT-K 10	3	
UROCIT-K 15	3	
UROCIT-K 5	3	
<i>urogesic-blue</i>	1	
<i>uro-mp</i>	1	
UROQID-ACID NO.2	3	
<i>uro-sp</i>	1	
<i>uryl</i>	1	
<i>utira-c</i>	1	
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	

Drug Name	Tier	Requirements / Limits
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind)</i>	1	QL
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN	3	
<i>klor-con</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>lugols oral</i>	1	
PHOSLYRA	2	QL
<i>potassium chloride oral</i>	1	
<i>strong iodine oral</i>	1	
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
DOJOLVI	5	PA; SP; LA
<b>VITAMINS &amp; HEMATINICS</b>		
ACCRUFER	3	

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Drug Name	Tier	Requirements / Limits
<i>b complex 1 (with folic acid)</i>	6	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	6	ACA; OTC
<i>balanced b-100 oral tablet</i>	6	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	3	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	6	ACA; OTC
CITRANATAL B-CALM (FE GLUC)	3	
CITRANATAL MEDLEY	3	
<i>classic prenatal</i>	6	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
CONCEPT DHA	3	
CONCEPT OB	3	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	6	ACA; OTC
<i>dodex</i>	1	
DRISDOL	3	
DUET DHA BALANCED	3	
DUET DHA WITH OMEGA-3	3	
<i>elite-ob</i>	1	
ENBRACE HR	3	

Drug Name	Tier	Requirements / Limits
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FLORIVA (FLUORIDE-VITAMIN D3)	3	OTC
<i>fluoride (sodium) oral drops</i>	6	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	6	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	6	ACA; OTC
<i>folitab</i>	6	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	6	ACA; OTC
<i>full spectrum b-vitamin c</i>	6	ACA; OTC
<i>hydroxocobalamin</i>	1	
<i>kobee</i>	6	ACA; OTC
KOSHER PRENATAL PLUS IRON	3	
<i>ludent fluoride</i>	6	ACA; OTC
MARNATAL-F	3	
MECOBALAMIN (VITAMIN B12) INJECTION	3	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	6	ACA; OTC
<i>mvc-fluoride</i>	6	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	

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Drug Name	Tier	Requirements / Limits
NASCOBAL	2	ST; QL
NATACHEW (FE BIS-GLYCINATE)	3	
NEEVODHA (WITH ALGAL OIL)	3	
NEONATAL COMPLETE	3	
NEONATAL FE	3	
NEONATAL PLUS VITAMIN	3	
NEONATAL-DHA	3	
NESTABS	3	
NESTABS ABC	3	
NESTABS DHA	3	
NESTABS ONE	3	
<i>newgen</i>	1	
OB COMPLETE	3	
OB COMPLETE ONE	3	
OB COMPLETE PETITE	3	
OB COMPLETE PREMIER	3	
OB COMPLETE WITH DHA	3	
<i>one daily prenatal</i>	6	ACA; OTC
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenal chew</i>	1	

Drug Name	Tier	Requirements / Limits
<i>prenal pearl</i>	1	
<i>prenal true</i>	1	
PRENATA	3	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	6	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	6	ACA; OTC
<i>prenatal multivitamins</i>	6	ACA; OTC
<i>prenatal one daily</i>	6	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	6	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA	3	
PRENATAL PLUS VITAMIN-MINERAL	3	
<i>prenatal vit no.179-iron-folic</i>	6	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	6	ACA; OTC
<i>prenatal vitamin with minerals</i>	6	ACA; OTC
<i>prenatal-u</i>	1	
PRENATE AM	3	
PRENATE CHEWABLE	3	
PRENATE DHA (FERR ASP GLYCIN)	3	
PRENATE ELITE (IRON ASP GLYC)	3	

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Drug Name	Tier	Requirements / Limits
PRENATE ENHANCE	3	
PRENATE ESSENTIAL(IRON-ASP-GL)	3	
PRENATE MINI (FERR ASP GLYCIN)	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATE STAR	3	
PRIMACARE	3	
PROVIDA OB	3	
<i>rena-vite</i>	6	ACA; OTC
R-NATAL OB	3	
SELECT-OB	3	
SELECT-OB (FOLIC ACID)	3	
SELECT-OB + DHA	3	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	6	ACA; OTC
<i>stress formula with iron(sulf)</i>	6	ACA; OTC
<i>super b maxi complex</i>	6	ACA; OTC
<i>super quints</i>	6	ACA; OTC
<i>taron-c dha</i>	1	
THRIVITE RX	3	
TRICARE	3	
TRIFERIC	3	
<i>trinatal rx 1</i>	1	

Drug Name	Tier	Requirements / Limits
<i>trinate</i>	1	
TRISTART DHA	3	
<i>tri-vitamin with fluoride</i>	6	ACA; OTC
VITAFOL FE PLUS	3	
VITAFOL GUMMIES	3	
VITAFOL NANO	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAFOL-OB+DHA	3	
VITAFOL-ONE	3	
VITAMED MD ONE RX	3	
VITAMEDMD REDICHEW RX	3	
<i>vitamin b complex-folic acid oral tablet</i>	6	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	6	ACA; OTC
VITAPEARL	3	
VITATRUE	3	
<i>wescap-c dha</i>	1	
<i>wescap-pn dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	
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SIRTURO.....	13	<i>sss 10-5</i> .....	45	SUMAXIN TS.....	45
SIVEXTRO .....	13	<i>st joseph aspirin</i> .....	29	<i>sunitinib malate</i> .....	19
SKYLA.....	71	<i>st. joseph aspirin</i> .....	29	SUNLENCA.....	11
SKYRIZI.....	42, 64	STALEVO 100.....	22	SUNOSI.....	33
<i>smoothlax</i> .....	64	STALEVO 125.....	22	<i>super b maxi complex</i> .....	89
<i>sodium chloride</i> .....	52, 84	STALEVO 150.....	22	<i>super quints</i> .....	89
<i>sodium chloride 0.9 %</i> .....	51	STALEVO 200.....	22	SUPRAX .....	12
<i>sodium chloride 0.9 % (flush)</i>		STALEVO 50.....	22	SUTENT.....	19
.....	51	STALEVO 75.....	23	<i>syeda</i> .....	76
<i>sodium fluoride 5000 plus</i> ....	53	STAMARIL (PF) .....	69	SYMAX DUOTAB .....	61
<i>sodium fluoride-pot nitrate</i> ...	53	<i>stavudine</i> .....	11	<i>symax fastabs</i> .....	61
SODIUM OXYBATE.....	33	STEGLATRO.....	60	<i>symax-sl</i> .....	61
<i>sodium phenylbutyrate</i> .....	52	STEGLUJAN .....	60	<i>symax-sr</i> .....	61
<i>sodium polystyrene sulfonate</i>	61	STELARA .....	42	SYMBICORT .....	84
<i>sodium,potassium,mag sulfates</i>		STIOLTO RESPIMAT.....	84	SYMBYAX.....	33
.....	64	STIVARGA.....	19	SYMDEKO .....	84
<i>solifenacin</i> .....	85	<i>stop smoking aid</i> .....	52	SYMFI.....	11
SOLIUQA 100/33 .....	57	STRENSIQ.....	59	SYMFI LO.....	11
SOLODYN.....	15	<i>stress formula with iron</i> .....	89	SYMJEPI.....	82
SOLOSEC .....	13	<i>stress formula with iron(sulf)</i>	89	SYMLINPEN 120 .....	60
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SYMPAZAN.....	21	TASMAR .....	23	<i>thioridazine</i> .....	33
SYMPROIC .....	64	<i>tavaborole</i> .....	47	<i>thiothixene</i> .....	33
SYMTUZA.....	11	TAVALISSE .....	39	THRIVITE RX .....	89
SYNALAR.....	49	<i>taysofy</i> .....	76	<i>thyroid (pork)</i> .....	60
SYNALAR CREAM KIT ...	49	<i>tazarotene</i> .....	45	<i>tiadylt er</i> .....	37
SYNALAR OINTMENT KIT		<i>taztia xt</i> .....	37	<i>tiagabine</i> .....	21
.....	49	TAZVERIK.....	19	TIAZAC .....	37
SYNALAR TS .....	49	TDVAX .....	69	TIBSOVO.....	19
SYNAREL .....	59	TEGRETOL .....	21	TICOVAC .....	69
SYNDROS .....	64	TEGRETOL XR.....	21	TIGLUTIK .....	52
SYNJARDY .....	60	TEGSEDI .....	24	<i>tilia fe</i> .....	76
SYNJARDY XR .....	60	TEKTRUNA HCT .....	37	<i>timolol maleate</i> .....	37, 77
SYNRIBO .....	19	<i>telmisartan</i> .....	37	<i>timolol maleate (pf)</i> .....	77
SYPRINE .....	52	<i>telmisartan-amlodipine</i> .....	37	TIMOLOL-BRIMONIDI-	
<b>T</b>		<i>telmisartan-hydrochlorothiazid</i>		DORZOLAM(PF) .....	80
TABLOID .....	19	.....	37	<i>tinidazole</i> .....	13
TABRECTA.....	19	<i>temazepam</i> .....	33	<i>tiopronin</i> .....	52
TACLONEX .....	42	TEMBEXA.....	11	<i>tis-u-sol pentalyte</i> .....	51
<i>tacrolimus</i> .....	19, 43	TEMOVATE .....	49	TIVICAY.....	11
<i>tadalafil</i> .....	85	<i>temozolomide</i> .....	19	TIVICAY PD.....	11
<i>tadalafil (pulm. hypertension)</i>		<i>tencon</i> .....	27	<i>tizanidine</i> .....	25
.....	84	TENIVAC (PF) .....	69	TOBI PODHALER .....	13
TAFINLAR .....	19	<i>tenofovir disoproxil fumarate</i>		TOBRADEX .....	80
<i>tafluprost (pf)</i> .....	80	.....	11	<i>tobramycin</i> .....	14, 77
TAGRISSE .....	19	TENORETIC 100.....	37	<i>tobramycin in 0.225 % nacl.</i> ..	13
TAKE ACTION .....	76	TENORETIC 50.....	37	TOBRAMYCIN WITH	
TAKHZYRO.....	84	TENORMIN.....	37	NEBULIZER.....	14
TALICIA.....	66	<i>terazosin</i> .....	37	<i>tobramycin-dexamethasone</i> ..	80
TALTZ AUTOINJECTOR ..	42	<i>terbinafine hcl</i> .....	9	TOBRAMYCIN-	
TALTZ AUTOINJECTOR (2		<i>terbutaline</i> .....	84	VANCOMYCIN.....	77
PACK).....	42	<i>terconazole</i> .....	73	TOBREX.....	77
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TALTZ SYRINGE.....	42	TERSIFOAM .....	42	TOLAK.....	43
TALZENNA.....	19	TESTOPEL .....	59	<i>tolcapone</i> .....	23
TAMIFLU .....	11	<i>testosterone</i> .....	59	<i>tolmetin</i> .....	29
<i>tamoxifen</i> .....	19	<i>testosterone cypionate</i> .....	59	<i>tolterodine</i> .....	85
<i>tamsulosin</i> .....	85	<i>testosterone enanthate</i> .....	59	<i>tolvaptan</i> .....	59
TAPERDEX.....	54	<i>tetrabenazine</i> .....	24	TOPICORT.....	49
TARCEVA .....	19	<i>tetracaine hcl</i> .....	79	<i>topiramate</i> .....	21, 22
TARGADOX .....	15	TETRACAINE HCL (PF)....	79	<i>toremifene</i> .....	19
TARGRETIN .....	19	<i>tetracycline</i> .....	15	<i>torseמידe</i> .....	37
<i>tarina 24 fe</i> .....	76	TEXACORT.....	49	TOSYMRA.....	23
<i>tarina fe 1/20 (28)</i> .....	76	TEZSPIRE.....	84	TOUJEO MAX U-300	
<i>taron-c dha</i> .....	89	THALOMID.....	19	SOLOSTAR .....	57
TARPEYO .....	54	THEO-24 .....	84	TOUJEO SOLOSTAR U-300	
TASIGNA .....	19	<i>theophylline</i> .....	84, 85	INSULIN .....	57
<i>tasimelteon</i> .....	33	THIOLA EC .....	52	<i>tovet emollient</i> .....	49

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TOVIAZ.....	85	<i>trimethoprim</i> .....	15	<i>unithroid</i> .....	61
TRACLEER.....	85	<i>tri-mili</i> .....	76	UPTRAVI.....	37
<i>tramadol</i> .....	29	<i>trimipramine</i> .....	33	URELLE.....	86
<i>tramadol-acetaminophen</i> .....	29	TRIMO-SAN JELLY.....	73	<i>uretron d-s</i> .....	86
<i>trandolapril</i> .....	37	<i>trinatal rx 1</i> .....	89	URIBEL.....	86
<i>trandolapril-verapamil</i> .....	37	<i>trinatal</i> .....	89	<i>urimar-t</i> .....	86
<i>tranexamic acid</i> .....	73	TRINTELLIX.....	33	<i>uro-458</i> .....	86
<i>tranylcypropromine</i> .....	33	<i>tri-nymyo</i> .....	76	UROCIT-K 10.....	86
<i>travoprost</i> .....	80	TRIPTODUR.....	19	UROCIT-K 15.....	86
<i>trazodone</i> .....	33	<i>tri-sprintec (28)</i> .....	76	UROCIT-K 5.....	86
TRECTOR.....	14	TRISTART DHA.....	89	<i>urogesic-blue</i> .....	86
TRELEGY ELLIPTA.....	85	<i>tritocin</i> .....	49	<i>uro-mp</i> .....	86
TREMFYA.....	42	TRIUMEQ.....	11	UROQID-ACID NO.2.....	86
TRESIBA FLEXTOUCH U-100.....	57	TRIUMEQ PD.....	11	<i>uro-sp</i> .....	86
TRESIBA FLEXTOUCH U-200.....	57	<i>tri-vitamin with fluoride</i> .....	89	URSO 250.....	64
TRESIBA U-100 INSULIN.....	57	<i>trivora (28)</i> .....	76	URSO FORTE.....	64
<i>tretinoin</i> .....	45	<i>tri-vylibra</i> .....	76	<i>ursodiol</i> .....	64
<i>tretinoin (antineoplastic)</i> .....	19	<i>tri-vylibra lo</i> .....	76	<i>uryl</i> .....	86
<i>tretinoin microspheres</i> .....	45	TRIZIVIR.....	11	<i>utira-c</i> .....	86
TREXALL.....	19	TROKENDI XR.....	22	<b>V</b>	
TREZIX.....	27	<i>tropicamide</i> .....	78	<i>valacyclovir</i> .....	11
<i>triamcinolone acetonide</i> .....	49, 53	<i>tropium</i> .....	85	VALCHLOR.....	43
<i>triamterene</i> .....	37	TRUDHESA.....	23	VALCYTE.....	11
<i>triamterene-hydrochlorothiazid</i> .....	37	TRULANCE.....	64	<i>valganciclovir</i> .....	11
<i>triazolam</i> .....	33	TRULICITY.....	60	<i>valproic acid</i> .....	22
<i>tri-buffered aspirin</i> .....	29	TRUMENBA.....	69	<i>valproic acid (as sodium salt)</i> .....	22
TRICARE.....	89	TRUSTEX LUBRICATED CONDOMS.....	71	<i>valsartan</i> .....	37
<i>triderm</i> .....	49	TRUSTEX-RIA NON-LUB CONDOMS.....	72	<i>valsartan-hydrochlorothiazide</i> .....	37
<i>trientine</i> .....	52	TUKYSA.....	19	VALTOCO.....	22
TRIESENCE (PF).....	54	<i>tulana</i> .....	73	<i>vanadom</i> .....	25
<i>tri-estarylla</i> .....	76	TURALIO.....	19	VANCOCCIN.....	15
TRIFERIC.....	89	TUXARIN ER.....	82	<i>vancomycin</i> .....	15
<i>trifluoperazine</i> .....	33	TUZISTRA XR.....	82	<i>vandazole</i> .....	73
<i>trifluridine</i> .....	77	TWINRIX (PF).....	69	VANOXIDE-HC.....	45
<i>trihexyphenidyl</i> .....	23	TWYNEO.....	45	VAQTA (PF).....	69
TRIJARDY XR.....	60	TYBOST.....	11	<i>varenicline</i> .....	52
TRIKAFTA.....	85	<i>tydemy</i> .....	76	VARIVAX (PF).....	69
<i>tri-legest fe</i> .....	76	TYKERB.....	19	VARUBI.....	64
<i>tri-linyah</i> .....	76	TYMLOS.....	70	VASCEPA.....	40
TRILIPIX.....	40	TYPHIM VI.....	69	VASERETIC.....	37
<i>tri-lo-estarylla</i> .....	76	TYRVAYA.....	79	VASOTEC.....	37
<i>tri-lo-marzia</i> .....	76	TYVASO DPI.....	85	VAXCHORA VACCINE.....	69
<i>tri-lo-mili</i> .....	76	<b>U</b>		VAXELIS (PF).....	69
<i>tri-lo-sprintec</i> .....	76	UBRELVY.....	23	VAXNEUVANCE (PF).....	69
<i>trimethobenzamide</i> .....	64	UCERIS.....	64	VCF CONTRACEPTIVE FILM.....	73
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VCF CONTRACEPTIVE GEL .....	73	VITAMED MD ONE RX ....	89	<i>westgel dha</i> .....	89
VECAMYL .....	41	VITAMEDMD REDICHEW RX .....	89	WIDE-SEAL DIAPHRAGM .....	72
VECTICAL .....	42	<i>vitamin b complex-folic acid</i>	89	<i>wintergreen oil</i> .....	43
<i>velivet triphasic regimen (28)</i> .....	76	<i>vitamin k</i> .....	39	<i>wixela inhub</i> .....	85
VELPHORO.....	61	<i>vitamin k1</i> .....	39	<i>women's gentle laxative(bisac)</i> .....	64
VELTASSA .....	62	<i>vitamins a,c,d and fluoride</i> ...	89	<i>wymzya fe</i> .....	76
VEMLIDY .....	11	VITAPEARL.....	89	<b>X</b>	
VENCLEXTA.....	19	VITATRUE.....	89	XACIATO .....	73
VENCLEXTA STARTING PACK .....	19	VITRAKVI.....	20	XALKORI.....	20
<i>venlafaxine</i> .....	33	VIVITROL .....	29	XARELTO .....	39
<i>verapamil</i> .....	37	VIVJOA.....	9	XARELTO DVT-PE TREAT 30D START.....	39
VERELAN PM .....	38	VIVOTIF .....	69	XCOPRI .....	22
VERQUVO .....	41	VIZIMPRO.....	20	XCOPRI MAINTENANCE PACK .....	22
VERSACLOZ .....	33	VOGELXO.....	59	XCOPRI TITRATION PACK .....	22
VERZENIO.....	19	<i>volnea (28)</i> .....	76	XELJANZ.....	71
<i>vestura (28)</i> .....	76	VONJO.....	20	XELJANZ XR.....	71
VFEND.....	9	VOQUEZNA DUAL PAK..	66	XELODA.....	20
V-GO 20.....	56	VOQUEZNA TRIPLE PAK	66	XENICAL.....	50
V-GO 30.....	56	<i>voriconazole</i> .....	9	XENLETA.....	14
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VIBERZI.....	64	VOSEVI .....	11	XERMELO.....	20
VIBRAMYCIN.....	15	VOTRIENT .....	20	XGEVA .....	16
VICTOZA 2-PAK.....	60	VOWST.....	64	XHANCE .....	85
VICTOZA 3-PAK.....	60	VOXZOGO .....	59	XIFAXAN .....	14
VIEKIRA PAK .....	11	VRAYLAR.....	34	XIGDUO XR.....	60
<i>vienna</i> .....	76	VTAMA .....	42	XIIDRA .....	79
<i>vigabatrin</i> .....	22	VUMERITY.....	68	XOFLUZA .....	11
<i>vigadrone</i> .....	22	<i>vyfemla (28)</i> .....	76	XOLAIR.....	85
VIGAMOX.....	77	VYJUVEK.....	43	XOSPATA.....	20
VIJOICE.....	19	<i>vylibra</i> .....	76	XTANDI.....	20
<i>vilazodone</i> .....	34	VYNDAMAX .....	41	<i>xulane</i> .....	73
VIOKACE.....	64	VYNDAQEL.....	41	XULTOPHY 100/3.6 .....	57
<i>viorele (28)</i> .....	76	VYVANSE.....	34	XURIDEN .....	52
VIRACEPT .....	11	VYZULTA .....	80	XYOSTED .....	59
VIRAZOLE.....	11	<b>W</b>		XYWAV .....	34
VIREAD.....	11	WAKIX .....	34	<b>Y</b>	
VISTARIL.....	82	<i>warfarin</i> .....	39	YAZ (28).....	76
VISTOGARD.....	16	<i>water for irrigation, sterile</i> ...	52	YF-VAX (PF).....	69
VITAFOL FE PLUS .....	89	WEGOVI .....	50	YONSA .....	20
VITAFOL GUMMIES .....	89	WELIREG.....	20	YUPELRI .....	85
VITAFOL NANO .....	89	<i>wera (28)</i> .....	76	<i>yuvafem</i> .....	73
VITAFOL ULTRA .....	89	<i>wescap-c dha</i> .....	89	<b>Z</b>	
VITAFOL-OB.....	89	<i>wescap-pn dha</i> .....	89	<i>zafemy</i> .....	73
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VITAFOL-ONE .....	89	<i>wesnate dha</i> .....	89		
		<i>westab plus</i> .....	89		

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<i>zafirlukast</i> .....	85	ZEPOSIA STARTER PACK	ZONALON.....	43
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ZANAFLEX.....	25	ZERVIATE.....	ZONTIVITY.....	39
<i>zarah</i> .....	76	ZESTORETIC.....	ZORTRESS.....	20
ZARONTIN.....	22	ZESTRIL.....	ZORYVE.....	42
ZARXIO.....	66	ZIAGEN.....	<i>zovia 1-35 (28)</i> .....	76
<i>zatean-pn dha</i> .....	89	ZIANA.....	ZOVIRAX.....	47
<i>zatean-pn plus</i> .....	89	<i>zidovudine</i> .....	ZTALMY.....	22
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<i>zebutal</i> .....	27	<i>zileuton</i> .....	ZUBSOLV.....	29
ZEJULA.....	20	<i>zingiber</i> .....	<i>zumandimine (28)</i> .....	76
ZELBORAF.....	20	<i>ziprasidone hcl</i> .....	ZUPLENZ.....	65
ZEMBRACE SYMTOUCH.....	23	<i>ziprasidone mesylate</i> .....	ZYDELIG.....	20
ZEMPLAR.....	59	ZIRGAN.....	ZYFLO.....	85
<i>zenatane</i> .....	45	ZITHROMAX.....	ZYKADIA.....	20
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<i>zenzedi</i> .....	34	ZITHROMAX Z-PAK.....	ZYMAXID.....	77
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ZEPOSIA.....	24	<i>zolmitriptan</i> .....	ZYPREXA RELPREVV.....	34
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