

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 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.

The Drug List includes preferred generic prescription drugs and generic prescription drugs. These prescription drugs are your lower copayment or coinsurance options. Consider a preferred generic or generic covered prescription drug if you and your provider decide such a prescription drug is appropriate for your treatment.

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 7. 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 with the “ACA” indicator 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.

Medication-Assisted Treatment (MAT)

Medications displayed with a “MAT” in the Requirements/Limits column are defined as Medication-Assisted Treatment drugs. You should refer to your benefit plan document for further information.

Diabetic Supplies (DS)

Products displayed with a “DS” in the Requirements/Limits column are defined as Diabetic Supplies. These products are covered under the diabetic supply benefit in your plan document.

Please Note: Your benefit plan defines the level of coverage.

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 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 Drugs

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.

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 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.

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.

Abbreviations

Coverage Notes and Restrictions Abbreviations		
Abbreviation/Note	Description	Explanation
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.
Other Special Requirements for Coverage		
Tier 1 = Preferred Generics	This prescription is available at your Preferred Generic benefit.	
Tier 2 = Generics	This prescription is available at your Generic benefit.	
Tier 3 = Preferred Brands	This prescription is available at your Preferred Brand benefit.	
Tier 4 = Non-Preferred Brands	This prescription is available at your Non-Preferred Brand benefit.	
Tier 5 = Specialty Prescription Drugs	This prescription is available at your Specialty benefit.	
Tier 6 = ACA Preventive Drugs	This prescription is available at your Preventive Health Service benefit.	

*Standardized plans will assess all generic drugs at a single generic 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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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	2	QL
<i>flucytosine oral capsule 250 mg, 500 mg</i>	2	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	QL
<i>itraconazole oral solution 10 mg/ml</i>	2	QL
<i>ketoconazole oral tablet 200 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON 300 MG	3	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	2	
<i>nystatin oral tablet 500,000 unit</i>	2	
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	2	PA
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	2	PA
<i>terbinafine hcl oral tablet 250 mg</i>	2	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	2	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	2	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	5	
<i>abacavir oral tablet 300 mg</i>	5	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	5	
<i>acyclovir oral capsule 200 mg</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	
<i>adefovir oral tablet 10 mg</i>	2	
<i>amantadine hcl oral capsule 100 mg</i>	2	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	
<i>amantadine hcl oral tablet 100 mg</i>	2	
APTIVUS ORAL CAPSULE 250 MG	5	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	5	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	
CIMDUO ORAL TABLET 300-300 MG	5	
<i>darunavir ethanolate oral tablet 600 mg, 800 mg</i>	5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	5	
DOVATO ORAL TABLET 50-300 MG	5	
EDURANT ORAL TABLET 25 MG	5	

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz oral capsule 200 mg, 50 mg</i>	5	
<i>efavirenz oral tablet 600 mg</i>	5	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>emtricitabine oral capsule 200 mg</i>	5	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	6	ACA
EMTRIVA ORAL SOLUTION 10 MG/ML	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	
EVOTAZ ORAL TABLET 300-150 MG	5	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	QL
<i>fosamprenavir oral tablet 700 mg</i>	5	

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Drug Name	Drug Tier	Requirements / Limits
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	QL
INTELENCE ORAL TABLET 25 MG	5	
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	5	
JULUCA ORAL TABLET 50-25 MG	5	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	QL
<i>lamivudine oral solution 10 mg/ml</i>	5	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	5	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	5	
LEXIVA ORAL SUSPENSION 50 MG/ML	5	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	5	

Drug Name	Drug Tier	Requirements / Limits
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	5	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	
<i>nevirapine oral suspension 50 mg/5 ml</i>	5	
<i>nevirapine oral tablet 200 mg</i>	5	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	5	
NORVIR ORAL POWDER IN PACKET 100 MG	5	
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	2	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	QL
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG	3	QL
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	QL
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	

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Drug Name	Drug Tier	Requirements / Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	5	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
<i>ribavirin inhalation recon soln 6 gram</i>	2	PA
<i>rimantadine oral tablet 100 mg</i>	2	
<i>ritonavir oral tablet 100 mg</i>	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SELZENTRY ORAL TABLET 25 MG, 75 MG	5	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	5	PA; SP; QL
<i>stavudine oral capsule 40 mg</i>	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	5	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	

Drug Name	Drug Tier	Requirements / Limits
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	QL
<i>valganciclovir oral recon soln 50 mg/ml</i>	2	
<i>valganciclovir oral tablet 450 mg</i>	2	
VEMLIDY ORAL TABLET 25 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
ZEPATIER ORAL TABLET 50-100 MG	5	PA; SP; QL
<i>zidovudine oral capsule 100 mg</i>	5	
<i>zidovudine oral syrup 10 mg/ml</i>	5	
<i>zidovudine oral tablet 300 mg</i>	5	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefixime oral capsule 400 mg</i>	2	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	2	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	2	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
<i>e.e.s. 400 oral tablet 400 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	2	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	2	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	2	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	2	QL
<i>atovaquone oral suspension 750 mg/5 ml</i>	2	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; SP; LA; QL
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
COARTEM ORAL TABLET 20-120 MG	3	QL
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
EMVERM ORAL TABLET,CHEWABLE 100 MG	3	QL
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	2	PA; QL
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>linezolid oral tablet 600 mg</i>	2	PA
<i>mefloquine oral tablet 250 mg</i>	2	QL
<i>metronidazole oral capsule 375 mg</i>	2	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	2	QL
<i>paramomycin oral capsule 250 mg</i>	2	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	4	
<i>pentamidine inhalation recon soln 300 mg</i>	2	QL
<i>praziquantel oral tablet 600 mg</i>	2	
PRETOMANID ORAL TABLET 200 MG	4	PA
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg</i>	2	QL
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	2	QL
<i>rifabutin oral capsule 150 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA; LA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	QL
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; SP; QL
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA; SP; QL
TRECTOR ORAL TABLET 250 MG	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG	3	PA; QL
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	

QUINOLONES

Drug Name	Drug Tier	Requirements / Limits
BAXDELA ORAL TABLET 450 MG	4	QL
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	2	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	2	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	
<i>morgidox oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
URINARY TRACT AGENTS		
<i>fosfomicin tromethamine oral packet 3 gram</i>	2	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>trimethoprim oral tablet 100 mg</i>	2	
VANCOMYCIN		
<i>vancomycin oral capsule 125 mg, 250 mg</i>	2	QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>vancomycin oral recon soln 25 mg/ml, 50 mg/ml</i>	2	QL

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS

<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; SP

ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS

<i>abiraterone oral tablet 250 mg, 500 mg</i>	5	PA; SP; QL
ALECENSA ORAL CAPSULE 150 MG	5	PA; SP; QL
<i>anastrozole oral tablet 1 mg</i>	6	ACA
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	5	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; SP; LA
<i>bexarotene oral capsule 75 mg</i>	5	PA; SP
<i>bexarotene topical gel 1 %</i>	5	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	5	PA; SP; QL
BRUKINSA ORAL CAPSULE 80 MG	5	PA; SP; LA
CABOMETYX ORAL TABLET 20 MG	5	PA; SP; LA; QL
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA; SP; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; SP; LA
<i>capecitabine oral tablet 150 mg, 500 mg</i>	5	PA; SP; QL
CAPRELSA ORAL TABLET 100 MG, 300 MG	5	PA; SP; LA; QL
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA; SP; QL
COTELLIC ORAL TABLET 20 MG	5	PA; SP; LA; QL
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	5	
<i>cyclosporine modified oral solution 100 mg/ml</i>	5	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	5	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	5	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	5	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	5	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	5	PA; SP
EMCYT ORAL CAPSULE 140 MG	3	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	5	PA; SP; QL
<i>etoposide oral capsule 50 mg</i>	2	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; SP; QL
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	
<i>exemestane oral tablet 25 mg</i>	6	ACA
GAVRETO ORAL CAPSULE 100 MG	5	PA; SP; LA; QL
<i>gefitinib oral tablet 250 mg</i>	5	PA; SP; QL
<i>gengraf oral capsule 100 mg, 25 mg</i>	5	
<i>gengraf oral solution 100 mg/ml</i>	5	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; SP; QL
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	2	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; SP; QL
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; SP; LA; QL
<i>imatinib oral tablet 100 mg, 400 mg</i>	5	PA; SP; QL
INLYTA ORAL TABLET 1 MG, 5 MG	5	PA; SP; QL
IRESSA ORAL TABLET 250 MG	5	PA; SP; QL
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; SP; QL
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	5	PA; SP; QL
<i>lapatinib oral tablet 250 mg</i>	5	PA; SP; QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; SP; QL
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	5	PA; SP; QL
<i>letrozole oral tablet 2.5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	ST; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	5	PA; SP; QL
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	5	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	5	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL
LYSODREN ORAL TABLET 500 MG	5	SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA; SP; QL
MEKINIST ORAL TABLET 0.5 MG, 2 MG	5	PA; SP; QL
<i>melphalan oral tablet 2 mg</i>	2	
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	5	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	
<i>mycophenolate mofetil oral tablet 500 mg</i>	5	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	5	

Drug Name	Drug Tier	Requirements / Limits
MYLERAN ORAL TABLET 2 MG	3	
NERLYNX ORAL TABLET 40 MG	5	PA; SP; LA
<i>nilutamide oral tablet 150 mg</i>	2	PA
NUBEQA ORAL TABLET 300 MG	5	PA; SP; LA; QL
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	PA; SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	PA; SP
ODOMZO ORAL CAPSULE 200 MG	5	PA; SP; LA; QL
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; SP; LA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	5	
PURIXAN ORAL SUSPENSION 20 MG/ML	5	SP

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; LA; QL
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	5	PA; SP; LA; QL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; SP; LA; QL
RYDAPT ORAL CAPSULE 25 MG	5	PA; SP; QL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	5	
SCSEMBLIX ORAL TABLET 20 MG, 40 MG	5	PA; SP; QL
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	5	PA; SP
<i>sirolimus oral solution 1 mg/ml</i>	5	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	5	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; SP; QL
<i>sorafenib oral tablet 200 mg</i>	5	PA; SP; QL
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
STIVARGA ORAL TABLET 40 MG	5	PA; SP; QL
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; SP; QL
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	5	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; SP; QL
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA; SP; QL
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA; SP; LA; QL
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; SP; QL
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	6	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	5	PA; SP; QL
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP; QL
TIBSOVO ORAL TABLET 250 MG	5	PA; SP
<i>toremifene oral tablet 60 mg</i>	2	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	2	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; SP
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	5	PA; SP; LA; QL
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	5	PA; SP; QL
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP; LA; QL
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG	5	PA; SP; QL
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; SP; QL
VONJO ORAL CAPSULE 100 MG	5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
VOTRIENT ORAL TABLET 200 MG	5	PA; SP; QL
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; SP; QL
XOSPATA ORAL TABLET 40 MG	5	PA; SP; LA; QL
XTANDI ORAL CAPSULE 40 MG	5	PA; SP; QL
XTANDI ORAL TABLET 40 MG, 80 MG	5	PA; SP; QL
ZEJULA ORAL CAPSULE 100 MG	5	PA; SP; LA; QL
ZEJULA ORAL TABLET 100 MG	5	PA; SP; LA; QL
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; SP; LA
ZELBORAF ORAL TABLET 240 MG	5	PA; SP; QL
ZOLINZA ORAL CAPSULE 100 MG	5	PA; SP; QL
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL
ZYKADIA ORAL TABLET 150 MG	5	PA; SP; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	2	
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January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	2	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; SP; LA
<i>epitol oral tablet 200 mg</i>	2	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	2	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	2	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>methsuximide oral capsule 300 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)</i>	3	PA; QL
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	
<i>pregabalin oral solution 20 mg/ml</i>	2	
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	2	PA

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	2	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	2	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	2	
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	2	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	2	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	2	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA; SP; LA; QL
<i>vigabatrin oral tablet 500 mg</i>	5	PA; SP; LA; QL
<i>vigadrone oral powder in packet 500 mg</i>	5	PA; SP; QL
<i>vigadrone oral tablet 500 mg</i>	5	PA; SP; QL
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	QL
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	QL
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; SP; LA
ANTIPARKINSONISM AGENTS		
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5	PA; SP; QL
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i>	2	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	4	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	2	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	2	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	2	
<i>selegiline hcl oral capsule 5 mg</i>	2	
<i>selegiline hcl oral tablet 5 mg</i>	2	
<i>tolcapone oral tablet 100 mg</i>	2	PA
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	2	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	

MIGRAINE & CLUSTER HEADACHE THERAPY

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	2	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	2	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	2	ST; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	2	
<i>frovatriptan oral tablet 2.5 mg</i>	2	QL
<i>migergot rectal suppository 2-100 mg</i>	2	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	2	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	2	ST; QL
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	2	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	5	PA; SP; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	
<i>memantine oral solution 2 mg/ml</i>	2	
<i>memantine oral tablet 10 mg, 5 mg</i>	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5	PA; SP
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	2	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; SP; QL
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	5	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)-0.46 MG (3)	5	PA; SP; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral suspension 25 mg/5 ml (5 mg/ml)</i>	2	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	4	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	2	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	2	PA
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>metaxalone oral tablet 400 mg, 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg, 50-770-60 mg</i>	4	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	4	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	2	QL
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	QL
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	2	QL
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	2	ST
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	2	QL
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	2	QL
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	2	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	2	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	2	QL
<i>diskets oral tablet,soluble 40 mg</i>	2	ST; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	2	ST; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	2	ST; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	2	ST; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	2	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>	2	QL
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	2	QL
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	ST; QL
<i>hydromorphone rectal suppository 3 mg</i>	2	QL
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	2	QL
<i>methadone oral concentrate 10 mg/ml</i>	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	ST; QL
<i>methadone oral tablet 10 mg, 5 mg</i>	1	ST; QL
<i>methadone oral tablet, soluble 40 mg</i>	2	ST; QL
<i>methadose oral concentrate 10 mg/ml</i>	2	ST; QL
<i>methadose oral tablet, soluble 40 mg</i>	2	ST; QL
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	2	ST; QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	ST; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	QL
<i>morphine oral tablet 15 mg, 30 mg</i>	2	QL
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	ST; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone oral capsule 5 mg</i>	2	QL
<i>oxycodone oral concentrate 20 mg/ml</i>	2	QL
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml</i>	2	QL
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	ST; QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	2	QL
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	2	ST; QL
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>tencon oral tablet 50-325 mg</i>	2	
<i>zebutal oral capsule 50-325-40 mg</i>	2	
NON-NARCOTIC ANALGESICS		
<i>aspirin childrens oral tablet, chewable 81 mg</i>	6	ACA; OTC
<i>aspirin oral tablet 325 mg</i>	2	OTC
<i>aspirin oral tablet, chewable 81 mg</i>	6	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	2	OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	6	ACA; OTC
<i>aspirin, buffd-calcium carb-mag oral tablet 325 mg</i>	2	OTC
<i>aspir-trin oral tablet, delayed release (dr/ec) 325 mg</i>	2	OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	2	OTC
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	6	ACA; OTC
<i>bufferin oral tablet 325 mg</i>	2	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	2	QL
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	2	QL
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
<i>diclofenac potassium oral capsule 25 mg</i>	2	
<i>diclofenac potassium oral tablet 25 mg</i>	2	ST
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	2	ST; QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	6	ACA; OTC
<i>ecotrin oral tablet,delayed release (dr/ec) 325 mg</i>	2	OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>fenoprofen oral capsule 400 mg</i>	2	ST
<i>fenoprofen oral tablet 600 mg</i>	2	ST
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	2	ST
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>ketoprofen oral capsule 25 mg</i>	2	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	ST
<i>ketorolac oral tablet 10 mg</i>	2	QL
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	3	
<i>lofena oral tablet 25 mg</i>	2	ST
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	2	
<i>mefenamic acid oral capsule 250 mg</i>	2	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	2	ST; QL
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	QL
<i>naltrexone oral tablet 50 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	2	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	2	ST
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	4	QL

Drug Name	Drug Tier	Requirements / Limits
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
<i>salsalate oral tablet 500 mg, 750 mg</i>	2	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	6	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	2	ST
<i>tolmetin oral tablet 600 mg</i>	2	ST
<i>tramadol oral tablet 50 mg</i>	2	QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	ST; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL
<i>tri-buffered aspirin oral tablet 325 mg</i>	2	OTC
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 380 MG	5	SP

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Drug Name	Drug 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	3	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA INTRAMUSCULA R SUSPENSION,EXT ENDED REL RECON 300 MG, 400 MG	3	
ABILIFY MAINTENA INTRAMUSCULA R SUSPENSION,EXT ENDED REL SYRING 300 MG, 400 MG	3	
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	2	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amitriptyline- chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	2	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	
<i>aripiprazole oral solution 1 mg/ml</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	2	QL
ARISTADA INITIO INTRAMUSCULA R SUSPENSION,EXT ENDED REL SYRING 675 MG/2.4 ML	3	
ARISTADA INTRAMUSCULA R SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	ST; QL
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	QL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	2	
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	ST; QL
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	ST; QL
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	2	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin oral tablet 3 mg, 6 mg</i>	2	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	ST; QL
<i>ergoloid oral tablet 1 mg</i>	2	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	ST
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	QL
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	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) 90 mg</i>	2	ST; QL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg</i>	2	ST; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	

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

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

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>methamphetamine oral tablet 5 mg</i>	2	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	2	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>midazolam oral syrup 2 mg/ml</i>	2	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>modafinil oral tablet 100 mg, 200 mg</i>	2	PA; QL
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	4	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>olanzapine intramuscular recon soln 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	4	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	2	QL
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	2	ST
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	ST; QL
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	2	ST; QL
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>procentra oral solution 5 mg/5 ml</i>	2	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	2	
QUAZEPAM ORAL TABLET 15 MG	4	QL

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	QL
<i>ramelteon oral tablet 8 mg</i>	2	QL
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	3	
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	5	ST; SP; LA; QL
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL
<i>tasimelteon oral capsule 20 mg</i>	5	PA; SP; QL
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	4	QL
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>tranylcypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	QL
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	2	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	2	ST; QL
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	ST; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	2	QL
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	2	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	2	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	2	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	2	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	QL
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>dilt-xr oral capsule, ext. rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL
<i>enalapril maleate oral solution 1 mg/ml</i>	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	
<i>eprosartan oral tablet 600 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metirosine oral capsule 250 mg</i>	2	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	2	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	2	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<i>tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	2	
<i>triamterene oral capsule 100 mg, 50 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; SP; LA; QL
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; SP; LA; QL
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
CARDIAC GLYCOSIDES		
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	2	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	2	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; SP; LA; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	5	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	5	

Drug Name	Drug Tier	Requirements / Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	2	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; SP; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; SP; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; SP; LA; QL
<i>vitamin k injection solution 1 mg/0.5 ml</i>	2	
<i>vitamin k1 injection solution 10 mg/ml</i>	2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	

LIPID/CHOLESTEROL LOWERING AGENTS

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	6	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	
<i>colesevelam oral powder in packet 3.75 gram</i>	2	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral granules 5 gram</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	2	ST
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	2	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	6	ACA; QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	6	ACA; QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	2	PA
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	ACA; QL
<i>niacin oral tablet 500 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	ACA; QL
<i>prevalite oral powder 4 gram</i>	2	
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	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
<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

Drug Name	Drug Tier	Requirements / Limits
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	3	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; SP
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; SP
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitro-bid transdermal ointment 2 %</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	2	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	2	

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL
<i>calcipotriene topical cream 0.005 %</i>	2	QL
<i>calcipotriene topical ointment 0.005 %</i>	2	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	2	ST; QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>calcitriol topical ointment 3 mcg/gram</i>	2	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	ST
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; SP; QL
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	2	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	2	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	2	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; SP; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; SP; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; SP; QL
BURN THERAPY		
<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	2	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL
<i>ammonium lactate topical cream 12 %</i>	2	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	5	PA; SP; QL
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL
<i>doxepin topical cream 5 %</i>	2	ST; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML, 300 MG/2 ML	5	PA; SP; QL
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>iodine-sodium iodide topical tincture 2 %</i>	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	2	
<i>methyl salicylate oil</i>	2	
<i>methyl salicylate topical liquid</i>	2	
<i>pimecrolimus topical cream 1 %</i>	2	ST; QL
<i>podofilox topical solution 0.5 %</i>	2	
<i>prudoxin topical cream 5 %</i>	2	ST; QL
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	ST; QL
<i>wintergreen oil oil</i>	2	
THERAPY FOR ACNE		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>adapalene topical cream 0.1 %</i>	2	
<i>adapalene topical gel 0.3 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>adapalene topical gel with pump 0.3 %</i>	2	
<i>adapalene topical solution 0.1 %</i>	2	
<i>adapalene topical swab 0.1 %</i>	2	ST
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i>	2	
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	2	
<i>avar topical cleanser 10-5 % (w/w)</i>	2	
<i>avita topical cream 0.025 %</i>	2	
<i>azelaic acid topical gel 15 %</i>	2	
<i>benzepro topical towelette 6 %</i>	2	
<i>benzoyl peroxide topical cleanser 7 %</i>	2	
<i>benzoyl peroxide topical foam 9.8 %</i>	2	
<i>bp 10-1 topical cleanser 10-1 %</i>	2	ST
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>clindacin etz topical swab 1 %</i>	2	
<i>clindacin p topical swab 1 %</i>	2	
<i>clindacin topical foam 1 %</i>	2	QL
<i>clindamycin phosphate topical foam 1 %</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical gel 1 %</i>	2	QL
<i>clindamycin phosphate topical gel, once daily 1 %</i>	2	ST; QL
<i>clindamycin phosphate topical lotion 1 %</i>	2	QL
<i>clindamycin phosphate topical solution 1 %</i>	2	QL
<i>clindamycin phosphate topical swab 1 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	2	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	2	
<i>dapsone topical gel 5 %</i>	2	
<i>dapsone topical gel with pump 7.5 %</i>	2	
<i>ery pads topical swab 2 %</i>	2	
<i>erygel topical gel 2 %</i>	2	
<i>erythromycin with ethanol topical gel 2 %</i>	2	
<i>erythromycin with ethanol topical solution 2 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	2	
<i>ivermectin topical cream 1 %</i>	2	QL
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>neucac topical gel 1.2 % (1 % base) -5 %</i>	2	
<i>rosadan topical cream 0.75 %</i>	2	
<i>rosadan topical gel 0.75 %</i>	2	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	2	
<i>sss 10-5 topical cream 10-5 % (w/w)</i>	2	
<i>sss 10-5 topical foam 10-5 %</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	2	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	2	ST
<i>tazarotene topical cream 0.1 %</i>	2	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	2	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl laryngotracheal solution 4 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA
<i>lidocaine topical ointment 5 %</i>	2	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	QL
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	2	
<i>lidocort topical cream 3-0.5 %</i>	2	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT 1 %	4	ST; QL
<i>gentamicin topical cream 0.1 %</i>	2	QL
<i>gentamicin topical ointment 0.1 %</i>	2	QL
<i>lugols topical solution 5-10 %</i>	2	
<i>mafenide acetate topical packet 50 gram</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin calcium topical cream 2 %</i>	2	ST; QL
<i>mupirocin topical ointment 2 %</i>	2	QL
<i>strong iodine topical solution 5-10 %</i>	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
XEPI TOPICAL CREAM 1 %	4	ST; QL
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream 0.77 %</i>	2	QL
<i>ciclodan topical solution 8 %</i>	2	
<i>ciclopirox topical cream 0.77 %</i>	2	QL
<i>ciclopirox topical gel 0.77 %</i>	2	QL
<i>ciclopirox topical shampoo 1 %</i>	2	QL
<i>ciclopirox topical solution 8 %</i>	2	
<i>ciclopirox topical suspension 0.77 %</i>	2	QL
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	2	QL
<i>econazole topical cream 1 %</i>	2	QL
ERTACZO TOPICAL CREAM 2 %	4	QL
<i>ketoconazole topical cream 2 %</i>	2	QL
<i>ketoconazole topical foam 2 %</i>	2	ST; QL
<i>ketoconazole topical shampoo 2 %</i>	2	QL
<i>ketodan kit topical combo pack 2 %</i>	2	ST
<i>ketodan topical foam 2 %</i>	2	ST; QL
LUZU TOPICAL CREAM 1 %	4	QL
MENTAX TOPICAL CREAM 1 %	4	QL
<i>naftifine topical cream 1 %, 2 %</i>	2	QL
<i>naftifine topical gel 2 %</i>	2	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin topical powder 100,000 unit/gram</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	QL
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	QL
<i>nystop topical powder 100,000 unit/gram</i>	2	
<i>oxiconazole topical cream 1 %</i>	2	QL
<i>tavaborole topical solution with applicator 5 %</i>	2	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	2	PA; QL
<i>acyclovir topical ointment 5 %</i>	2	PA; QL
<i>penciclovir topical cream 1 %</i>	4	
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>apexicon e topical cream 0.05 %</i>	2	ST
<i>bese topical lotion 0.05 %</i>	2	ST

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	
<i>betamethasone valerate topical foam 0.12 %</i>	2	ST
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>clobetasol scalp solution 0.05 %</i>	2	QL
<i>clobetasol topical cream 0.05 %</i>	2	QL
<i>clobetasol topical foam 0.05 %</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical gel 0.05 %</i>	2	QL
<i>clobetasol topical lotion 0.05 %</i>	2	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	2	QL
<i>clobetasol topical shampoo 0.05 %</i>	2	ST; QL
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	2	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	2	QL
<i>clobetasol-emollient topical foam 0.05 %</i>	2	ST; QL
<i>clocortolone pivalate topical cream 0.1 %</i>	2	
<i>clodan topical shampoo 0.05 %</i>	2	ST; QL
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical gel 0.05 %</i>	2	ST
<i>desonide topical lotion 0.05 %</i>	2	ST
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	2	ST
<i>desoximetasone topical gel 0.05 %</i>	2	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	2	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	2	ST
<i>diflorasone topical cream 0.05 %</i>	2	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	2	ST; QL
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinolone topical solution 0.01 %</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL
<i>fluocinonide topical cream 0.1 %</i>	2	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	2	QL
<i>fluocinonide topical ointment 0.05 %</i>	2	QL
<i>fluocinonide topical solution 0.05 %</i>	2	QL
<i>fluocinonide-e topical cream 0.05 %</i>	2	QL
<i>flurandrenolide topical cream 0.05 %</i>	2	ST; QL
<i>flurandrenolide topical lotion 0.05 %</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>flurandrenolide topical ointment 0.05 %</i>	2	ST; QL
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical lotion 0.05 %</i>	2	ST
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halcinonide topical cream 0.1 %</i>	2	ST
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	QL
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	2	ST; QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	ST; QL
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	ST; QL
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	2	QL
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	2	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	
<i>scalacort topical lotion 2 %</i>	2	
<i>tovet emollient topical foam 0.05 %</i>	2	ST; QL
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	2	ST; QL
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	ST
<i>triderm topical cream 0.1 %</i>	2	
<i>triderm topical cream 0.5 %</i>	2	ST

TOPICAL ENZYMES

SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL
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TOPICAL SCABICIDES / PEDICULICIDES

<i>crotan topical lotion 10 %</i>	2	
<i>malathion topical lotion 0.5 %</i>	2	
<i>permethrin topical cream 5 %</i>	2	
<i>spinosad topical suspension 0.9 %</i>	2	

DIAGNOSTICS & MISCELLANEOUS AGENTS

IRRIGATING SOLUTIONS

<i>lactated ringers irrigation solution</i>	2	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
<i>ringer's irrigation solution</i>	2	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	2	

MISCELLANEOUS AGENTS

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	2	
<i>acetic acid irrigation solution 0.25 %</i>	2	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	5	PA; SP; LA
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	PA; SP
<i>cevimeline oral capsule 30 mg</i>	2	
CHEMET ORAL CAPSULE 100 MG	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA; SP
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	5	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	5	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; AZ GH: Coverage Limitation May Apply; SP; LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; SP; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; SP; LA
PHEBURANE ORAL GRANULES 483 MG/GRAM	5	PA; SP
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
<i>riluzole oral tablet 50 mg</i>	2	PA
<i>risedronate oral tablet 30 mg</i>	2	QL
<i>sodium chloride 0.9 % injection solution</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sodium chloride injection syringe 0.9 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	2	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	2	PA
<i>tiopronin oral tablet 100 mg</i>	5	PA; SP
<i>water for irrigation, sterile irrigation solution</i>	2	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	6	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	6	ACA; OTC
NICORETTE BUCCAL GUM 2 MG	6	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	6	ACA; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	6	ACA; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	6	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	6	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	6	ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	6	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	6	ACA; OTC
NICOTROL INHALATION CARTRIDGE 10 MG	6	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	6	ACA
<i>quit 2 buccal gum 2 mg</i>	6	ACA; OTC
<i>quit 2 buccal lozenge 2 mg</i>	6	ACA; OTC
<i>quit 4 buccal gum 4 mg</i>	6	ACA; OTC
<i>quit 4 buccal lozenge 4 mg</i>	6	ACA; OTC

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	6	ACA; OTC
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	6	ACA
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	6	ACA

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	2	QL
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	2	
<i>dentagel dental gel 1.1 %</i>	2	
<i>fluoride (sodium) dental cream 1.1 %</i>	2	
<i>fluoride (sodium) dental gel 1.1 %</i>	2	
<i>fluoride (sodium) dental paste 1.1 %</i>	2	
<i>fluoride (sodium) dental solution 0.2 %</i>	2	
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	QL
<i>kourzeq dental paste 0.1 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	2	QL
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	2	
<i>sf 5000 plus dental cream 1.1 %</i>	2	
<i>sf dental gel 1.1 %</i>	2	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	2	
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	
<i>flac otic oil otic (ear) drops 0.01 %</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	2	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	4	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone oral tablet 25 mg</i>	2	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	2	PA
<i>dexamethasone intensol oral drops 1 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	2	PA
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	2	
<i>millipred oral tablet 5 mg</i>	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	2	
<i>prednisolone oral tablet 5 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>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>	2	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	2	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	2	
<i>prednisone oral solution 5 mg/5 ml</i>	2	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	2	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>potassium iodide oral solution 1 gram/ml</i>	2	
<i>propylthiouracil oral tablet 50 mg</i>	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	3	OTC; QL
FREESTYLE INSULINX TEST STRIPS STRIP	3	OTC; QL

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LITE STRIPS STRIP	3	OTC; QL
FREESTYLE TEST STRIP	3	OTC; QL
PRECISION XTRA TEST STRIP	3	OTC; QL
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MINI SPACER	3	
AEROCHAMBER PLUS FLOW-VU SPACER	3	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROTRACH PLUS SPACER	3	
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER SPACER	3	
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	
FLEXICHAMBER SPACER	3	

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Drug Name	Drug Tier	Requirements / Limits
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	3	
LITEAIRE MDI CHAMBER SPACER	3	
MICROCHAMBER SPACER	3	
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	3	
RITEFLO AEROCHAMBER SPACER	3	
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON- AEROSOL 3 MG/ACTUATION	3	QL
<i>diazoxide oral suspension 50 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	2	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL
GVOKE PFS 2- PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	QL
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	3	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	3	OTC
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	3	
BD MICROTAINER LANCET 30 GAUGE	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	OTC
CEQR SIMPLICITY DEVICE 2 UNIT	3	
FREESTYLE CONTROL SOLUTION	3	OTC
FREESTYLE FLASH SYSTEM KIT	3	OTC
FREESTYLE FREEDOM KIT	3	OTC
FREESTYLE FREEDOM LITE KIT	3	OTC
FREESTYLE INSULINX	3	OTC
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	QL
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR KIT	3	QL
FREESTYLE LIBRE 3 SENSOR DEVICE	3	QL
FREESTYLE LITE METER KIT	3	OTC

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE SIDEKICK II KIT	3	OTC
FREESTYLE SYSTEM KIT KIT	3	OTC
LANCETS 33 GAUGE	3	OTC
LANCING DEVICE	3	OTC
MEDISENSE COMBO PACK	3	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	3	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA KETONE-GLUCOSE KIT	3	OTC
PRECISION XTRA MONITOR	3	OTC
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
INSULIN THERAPY		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	4	
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	

Drug Name	Drug Tier	Requirements / Limits
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	2	QL
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	2	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	2	PA
<i>clomid oral tablet 50 mg</i>	2	AZ INF: Coverage Limitations May Apply
<i>clomiphene citrate oral tablet 50 mg</i>	2	AZ INF: Coverage Limitations May Apply
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	2	ST
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	5	PA; SP
<i>javygtor oral tablet, soluble 100 mg</i>	5	PA; SP
<i>methyltestosterone oral capsule 10 mg</i>	2	
<i>miglustat oral capsule 100 mg</i>	5	PA; SP; LA; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	3	PA; QL
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	5	PA; SP; LA; QL
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5	PA; SP
<i>sapropterin oral tablet, soluble 100 mg</i>	5	PA; SP
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; SP
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; SP; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	2	PA; QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; QL
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; QL
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5	PA; SP; LA; QL

NON-INSULIN HYPOGLYCEMIC AGENTS

<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
FARXIGA ORAL TABLET 10 MG, 5 MG	3	ST; QL
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST; QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	ST; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	3	ST; QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL
<i>metformin oral solution 500 mg/5 ml</i>	2	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	2	ST; QL
<i>metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg</i>	2	PA; QL
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	4	ST; QL
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	QL
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	QL
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
SEGLUOMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	4	ST; QL
STEGLATRO ORAL TABLET 15 MG, 5 MG	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	3	ST; QL
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	4	ST
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	ST; QL
THYROID HORMONES		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>euthyrox oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>levo-t oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>levothyroxine oral</i> <i>tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>liothyronine oral</i> <i>tablet</i> 25 mcg, 5 mcg, 50 mcg	2	
<i>niva thyroid oral</i> <i>tablet</i> 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	2	
<i>np thyroid oral</i> <i>tablet</i> 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	2	
<i>thyroid (pork) oral</i> <i>tablet</i> 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	2	

Drug Name	Drug Tier	Requirements / Limits
<i>unithroid oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral</i> <i>tablet, disintegrating</i> 0.125 mg	2	
<i>belladonna</i> <i>alkaloids-opium</i> <i>rectal suppository</i> 16.2-30 mg, 16.2-60 mg	2	QL
<i>chlordiazepoxide-</i> <i>clidinium oral</i> <i>capsule</i> 5-2.5 mg	2	
<i>dicyclomine oral</i> <i>capsule</i> 10 mg	2	
<i>dicyclomine oral</i> <i>solution</i> 10 mg/5 ml	2	
<i>dicyclomine oral</i> <i>tablet</i> 20 mg	2	
<i>diphenoxylate-</i> <i>atropine oral liquid</i> 2.5-0.025 mg/5 ml	2	
<i>diphenoxylate-</i> <i>atropine oral tablet</i> 2.5-0.025 mg	2	
<i>ed-spaz oral</i> <i>tablet, disintegrating</i> 0.125 mg	2	
<i>glycopyrrolate oral</i> <i>solution</i> 1 mg/5 ml (0.2 mg/ml)	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	2	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	2	
<i>hyosyne oral drops 0.125 mg/ml</i>	2	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	2	
<i>oscimin oral tablet 0.125 mg</i>	2	
<i>oscimin sl sublingual tablet 0.125 mg</i>	2	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	2	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	
<i>phenohydro oral tablet 16.2-0.1037 - 0.0194 mg</i>	2	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	2	
<i>symax-sl sublingual tablet 0.125 mg</i>	2	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	2	
MISCELLANEOUS AGENTS		
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	2	QL
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	QL
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	2	QL
<i>sevelamer carbonate oral tablet 800 mg</i>	2	QL
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	2	QL
<i>sodium polystyrene sulfonate oral powder</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	2	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	4	QL
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	2	
<i>alvimopan oral capsule 12 mg</i>	2	
<i>anucort-hc rectal suppository 25 mg</i>	2	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	2	QL
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	2	QL
<i>balsalazide oral capsule 750 mg</i>	2	
<i>betaine oral powder 1 gram/scoop</i>	5	ST; SP
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	2	
<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	2	
<i>budesonide rectal foam 2 mg/actuation</i>	2	
CHENODAL ORAL TABLET 250 MG	5	PA; SP; LA

Drug Name	Drug Tier	Requirements / Limits
<i>citrate of magnesia oral solution</i>	6	ACA; OTC
<i>citroma oral solution</i>	6	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	6	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML	6	ACA
<i>compro rectal suppository 25 mg</i>	2	
<i>constulose oral solution 10 gram/15 ml</i>	2	
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	2	
DIPENTUM ORAL CAPSULE 250 MG	4	ST
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	2	QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	2	PA
droperidol injection solution 2.5 mg/ml	2	
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	6	ACA; OTC
enulose oral solution 10 gram/15 ml	2	
gavilax oral powder 17 gram/dose	6	ACA; OTC
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	6	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	6	ACA
gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg	6	ACA; OTC
gentlelax oral powder 17 gram/dose	6	ACA; OTC
granisetron hcl oral tablet 1 mg	2	QL
hemmorex-hc rectal suppository 25 mg, 30 mg	2	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	2	
hydrocortisone rectal enema 100 mg/60 ml	2	

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	2	
hydrocortisone-pramoxine rectal cream 1-1 %	2	
hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)	2	ST
lactulose oral packet 10 gram	2	
lactulose oral solution 10 gram/15 ml, 20 gram/30 ml	2	
laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg	6	ACA; OTC
laxative peg 3350 oral powder 17 gram/dose	6	ACA; OTC
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	2	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)	2	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	2	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	2	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL
<i>magnesium citrate oral solution</i>	6	ACA; OTC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	2	
<i>mesalamine oral capsule, extended release 500 mg</i>	2	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	2	
<i>mesalamine rectal enema 4 gram/60 ml</i>	2	
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	6	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL
<i>natura-lax oral powder 17 gram/dose</i>	6	ACA; OTC
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; SP; LA; QL
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	QL
<i>onelax magnesium citrate oral solution</i>	6	ACA; OTC
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	6	ACA; OTC
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	6	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	6	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	6	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	6	ACA; OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	6	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	6	ACA; OTC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>purelax oral powder 17 gram/dose</i>	6	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	3	
RELISTOR ORAL TABLET 150 MG	3	ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	ST

Drug Name	Drug Tier	Requirements / Limits
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	3	ST
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	5	PA; SP; QL
<i>smoothlax oral powder 17 gram/dose</i>	6	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	6	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; SP
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	2	
SYMPROIC ORAL TABLET 0.2 MG	3	
<i>trimethobenzamide oral capsule 300 mg</i>	2	
TRULANCE ORAL TABLET 3 MG	3	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
UCERIS RECTAL FOAM 2 MG/ACTUATION	3	
<i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VARUBI ORAL TABLET 90 MG	3	QL
VIBERZI ORAL TABLET 100 MG, 75 MG	3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	3	
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	6	ACA; OTC
ZENPEP ORAL CAPSULE, DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	

ULCER THERAPY

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	2	QL
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	2	PPI: Coverage Limitation May Apply; QL
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	2	PPI: Coverage Limitation May Apply
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	ST; PPI: Coverage Limitation May Apply; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	ST; PPI: Coverage Limitation May Apply
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	2	
<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

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	2	ST; PPI: Coverage Limitation May Apply; QL
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	2	ST; PPI: Coverage Limitation May Apply
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<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>pantoprazole oral granules dr for susp in packet 40 mg</i>	2	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
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	PPI: Coverage Limitation May Apply
<i>sucralfate oral suspension 100 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sucralfate oral tablet 1 gram</i>	2	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

<i>ribavirin oral capsule 200 mg</i>	2	SP
<i>ribavirin oral tablet 200 mg</i>	2	SP

BIOTECHNOLOGY DRUGS

LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	5	PA; SP

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	5	PA; SP
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	5	ST; SP
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; SP; QL
GROWTH HORMONES		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; AZ GH: Coverage Limitation May Apply; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	ST; AZ GH: Coverage Limitation May Apply; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	ST; AZ GH: Coverage Limitation May Apply; SP
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	SP; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	SP; QL
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 95 MG	5	PA; SP; QL
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46), 240 mg</i>	5	PA; SP; QL
<i>fingolimod oral capsule 0.5 mg</i>	2	PA; SP; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	5	PA; SP; QL
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	5	PA; SP; QL
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; SP; QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	5	PA; SP; QL
PONVORY ORAL TABLET 20 MG	5	PA; SP; QL
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; SP; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP; QL
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	5	PA; SP; QL
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	6	ACA

Drug Name	Drug Tier	Requirements / Limits
ACAM2000 (NATIONAL STOCKPILE) PERCUTANEOUS RECON SOLN 1-5X10EXP8 UNIT/ML	6	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	6	ACA
AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	ACA
AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	6	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	6	ACA

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	6	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	6	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	6	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	6	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML	6	ACA
COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	6	ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	6	ACA
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	6	ACA

Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	6	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	6	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	6	ACA
FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	ACA
FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	ACA
FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	6	ACA
FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	ACA

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	6	ACA
FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	ACA
FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	6	ACA
FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	6	ACA
FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	6	ACA
FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	6	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	6	ACA

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	6	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	6	ACA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	6	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	6	ACA
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	6	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	6	ACA
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	6	ACA

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	6	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	6	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	6	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	6	ACA
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	6	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ- HDM	3	PA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	6	ACA
PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	6	ACA

Drug Name	Drug Tier	Requirements / Limits
PFIZER COVID 2023-24(6MO-4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML	6	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	6	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	6	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	6	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	6	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	6	ACA

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	6	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	6	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMBA 1 UNIT	3	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	6	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	6	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	6	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	6	ACA

Drug Name	Drug Tier	Requirements / Limits
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	6	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	6	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	6	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	6	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	6	ACA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	6	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	6	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	6	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	6	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	6	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	6	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	6	ACA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	6	ACA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	6	ACA
IMMUNOLOGY		
INTERLEUKINS		
<i>imiquimod topical cream in metered-dose pump 3.75 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	2	
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST
MITIGARE ORAL CAPSULE 0.6 MG	3	
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
<i>ibandronate oral tablet 150 mg</i>	2	QL
<i>raloxifene oral tablet 60 mg</i>	6	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; SP; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; SP; QL
ADALIMUMAB- ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; SP
ADALIMUMAB- ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; SP; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; SP; QL
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	5	PA; SP; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; SP; QL
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL

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Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; SP; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; SP; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; SP; QL
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; SP; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; SP; QL
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)-40 MG/0.4ML(X2)	5	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	QL
OTEZLA ORAL TABLET 30 MG	5	PA; SP; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; SP; QL
<i>penicillamine oral capsule 250 mg</i>	2	PA
<i>penicillamine oral tablet 250 mg</i>	2	PA
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	5	PA; SP; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; SP; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; SP; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	6	ACA
FC2 FEMALE CONDOM	6	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	6	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	5	SP
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG	6	SP; ACA

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Drug Name	Drug Tier	Requirements / Limits
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	6	SP; ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	5	SP
TRUSTEX LUBRICATED CONDOMS DEVICE	6	ACA; OTC
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	6	ACA; OTC
ESTROGENS & PROGESTINS		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>camila oral tablet 0.35 mg</i>	6	ACA
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	2	
<i>covaryx oral tablet 1.25-2.5 mg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	6	ACA
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL
DUAVEE ORAL TABLET 0.45-20 MG	4	

Drug Name	Drug Tier	Requirements / Limits
<i>eemt hs oral tablet 0.625-1.25 mg</i>	2	
<i>eemt oral tablet 1.25-2.5 mg</i>	2	
<i>errin oral tablet 0.35 mg</i>	6	ACA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	2	QL
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	6	ACA
<i>incassia oral tablet 0.35 mg</i>	6	ACA
<i>jencycla oral tablet 0.35 mg</i>	6	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	6	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL
<i>lyza oral tablet 0.35 mg</i>	6	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	6	ACA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	6	ACA; QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	6	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	6	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	5	SP
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	6	ACA
<i>tulana oral tablet 0.35 mg</i>	6	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	2	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	6	ACA

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	6	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	6	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	6	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	6	SP; ACA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	3	PA
OSPHENA ORAL TABLET 60 MG	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	2	
<i>tranexamic acid oral tablet 650 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	3	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	3	OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	6	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	6	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	6	ACA
<i>after pill oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	6	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	6	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	6	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	6	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	6	ACA
<i>apri oral tablet 0.15-0.03 mg</i>	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	6	ACA
<i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	6	ACA
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	6	ACA
<i>aubra oral tablet 0.1-20 mg-mcg</i>	6	ACA
<i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	6	ACA
<i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i>	6	ACA
<i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	6	ACA
<i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	6	ACA
<i>aviane oral tablet 0.1-20 mg-mcg</i>	6	ACA
<i>ayuna oral tablet 0.15-0.03 mg</i>	6	ACA
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	6	ACA
<i>balziva (28) oral tablet 0.4-35 mg-mcg</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	6	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	6	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	6	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	6	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	6	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	6	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	6	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	6	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	6	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	6	ACA
<i>curae oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>cyred eq oral tablet 0.15-0.03 mg</i>	6	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	6	ACA

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	6	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	6	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	6	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	6	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	6	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	6	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	6	ACA
<i>econtra ez oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>econtra one-step oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>elinest oral tablet 0.3-30 mg-mcg</i>	6	ACA
ELLA ORAL TABLET 30 MG	6	ACA; QL
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	6	ACA
<i>enskyce oral tablet 0.15-0.03 mg</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	6	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	6	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	6	ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	6	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	6	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	6	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	6	ACA
<i>her style oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	6	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	6	ACA
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	6	ACA

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	6	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	6	ACA
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	6	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	6	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	6	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	6	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	6	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	6	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	6	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	6	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	6	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	6	ACA
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	6	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	6	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	6	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	6	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	6	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	6	ACA
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	6	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	6	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	6	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	6	ACA
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	6	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	6	ACA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	6	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	6	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	6	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	6	ACA
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	6	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	6	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	6	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	6	ACA
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	6	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	6	ACA
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	6	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	6	ACA
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	6	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	6	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	6	ACA
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	6	ACA
<i>my choice oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>my way oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	6	ACA
<i>new day oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>nikki (28) oral tablet 3-0.02 mg</i>	6	ACA
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	6	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	6	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	6	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	6	ACA
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	6	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	6	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	6	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	6	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	6	ACA
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	6	ACA
<i>ocella oral tablet 3-0.03 mg</i>	6	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	6	ACA; OTC; QL
<i>philith oral tablet 0.4-35 mg-mcg</i>	6	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	6	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	6	ACA; OTC; QL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	6	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	6	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	6	ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	6	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	6	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	6	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	6	ACA
<i>syeda oral tablet 3-0.03 mg</i>	6	ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	6	ACA
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	6	ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	6	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	6	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	6	ACA
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	6	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	6	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	6	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	6	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	6	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	6	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	6	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	6	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	6	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	6	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	6	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	6	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	6	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	6	ACA
<i>vienna oral tablet 0.1-20 mg-mcg</i>	6	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	6	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	6	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	6	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	6	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	6	ACA
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	6	ACA
<i>zarah oral tablet 3-0.03 mg</i>	6	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	6	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	6	ACA
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	2	PA; QL
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	

Drug Name	Drug Tier	Requirements / Limits
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	2	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	2	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	2	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	2	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 %	5	SP
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment 1 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	2	
<i>cyclopen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	2	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	2	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRILOPHthalmic (EYE) DROPS 2 %	4	ST
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	2	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	2	PA; QL
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	2	
LASTACAFTONCE DAILY RELIEF OPHthalmic (EYE) DROPS 0.25 %	4	ST; OTC
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	
RESTASIS MULTIDOSE OPHthalmic (EYE) DROPS 0.05 %	3	PA; QL
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	2	
ZERVIAE OPHthalmic (EYE) DROPPERETTE 0.24 %	4	ST; NSA: Coverage Limitation May Apply
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	2	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	2	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	2	
<i>miostat intraocular solution 0.01 %</i>	2	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	2	ST
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	4	ST
STEROID-ANTIBIOTIC COMBINATIONS		

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	2	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	2	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
<i>clemastine oral syrup 0.5 mg/5 ml</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>desloratadine oral tablet 5 mg</i>	2	NSA: Coverage Limitation May Apply; QL
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	2	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	2	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	2	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	2	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	2	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	2	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine vc-codeine oral syrup 6.25-5-10 mg/5 ml</i>	2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; SP; LA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
<i>alyq oral tablet 20 mg</i>	5	PA; SP; QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; SP; LA; QL
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	2	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	3	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	3	QL
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	2	ST; QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; SP; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	3	QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 50-25 MCG/DOSE	3	

Drug Name	Drug Tier	Requirements / Limits
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	2	QL
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; SP; QL
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	3	QL
<i>epinephrine hcl nasal solution 1 mg/ml</i>	2	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	2	ST; QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	QL
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	3	QL
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	2	QL
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; SP; QL
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	QL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	ST; QL
<i>montelukast oral granules in packet 4 mg</i>	2	
<i>montelukast oral tablet 10 mg</i>	2	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	2	
<i>nebusal inhalation solution for nebulization 3 %</i>	2	
OPSUMIT ORAL TABLET 10 MG	5	PA; SP; LA; QL
<i>pirfenidone oral capsule 267 mg</i>	5	PA; SP; QL
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	5	PA; SP; QL
<i>pulmosal inhalation solution for nebulization 7 %</i>	2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	3	QL
<i>roflumilast oral tablet 250 mcg</i>	2	PA; QL
<i>roflumilast oral tablet 500 mcg</i>	2	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	5	PA; SP; QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; SP; QL
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	5	PA; SP; QL
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	2	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	3	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	3	QL

Drug Name	Drug Tier	Requirements / Limits
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	3	QL
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; SP; QL
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; SP; LA; QL

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	QL
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; SP; QL
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	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	5	PA; SP
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	2	QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; SP; LA; QL

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	5	PA; SP; LA; QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	2	PA
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	2	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>tropium oral capsule, extended release 24hr 60 mg</i>	2	
<i>tropium oral tablet 20 mg</i>	2	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	
<i>dutasteride oral capsule 0.5 mg</i>	2	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	2	ST
<i>finasteride oral tablet 5 mg</i>	2	
<i>silodosin oral capsule 4 mg, 8 mg</i>	2	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	5	SP; LA
ELMIRON ORAL CAPSULE 100 MG	3	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>methen-sod phosph-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	2	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	2	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	2	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	2	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	2	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	2	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	2	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	2	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	QL
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	2	QL
<i>effer-k oral tablet, effervescent 25 meq</i>	2	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	2	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	2	
<i>lugols oral solution 5 %</i>	2	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	2	
<i>potassium chloride oral packet 20 meq</i>	2	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>strong iodine oral solution 5 %</i>	2	
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	6	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	6	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	6	ACA; OTC
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	2	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	6	ACA; OTC
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	6	ACA; OTC
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	2	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	2	
<i>dialyvite 800 oral tablet 0.8 mg</i>	6	ACA; OTC
<i>dodex injection solution 1,000 mcg/ml</i>	2	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	6	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	6	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	2	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	6	ACA; OTC
<i>folitab oral tablet extended release 105 mg iron- 500 mg- 800 mcg</i>	6	ACA; OTC
<i>folivane-ob oral capsule 85-1 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	6	ACA; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	6	ACA; OTC
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	2	
<i>kobee oral tablet 0.4 mg</i>	6	ACA; OTC
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	6	ACA; OTC
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	2	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	6	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	6	ACA; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	6	ACA; OTC
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	2	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	2	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	2	

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>newgen oral tablet 32-1,000 mg-mcg</i>	2	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	6	ACA; OTC
<i>pnv-dha oral capsule 27 mg iron-1 mg - 300 mg</i>	2	
<i>pnv-omega oral capsule 28-1-300 mg</i>	2	
<i>pnv-select oral tablet 27-1 mg</i>	2	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	2	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	2	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	2	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	2	
<i>prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	2	
<i>prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	
<i>prenatabs fa oral tablet 29-1 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	6	ACA; OTC
<i>prenatal multi-dha (algae oil) oral capsule 27mg iron-800 mcg-250 mg</i>	6	ACA; OTC
<i>prenatal multivitamins oral tablet 28 mg iron-800 mcg</i>	6	ACA; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	6	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	6	ACA; OTC
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	2	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	6	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	6	ACA; OTC
<i>prenatal vitamin with minerals oral tablet 28 mg iron-800 mcg</i>	6	ACA; OTC
<i>prenatal-u oral capsule 106.5-1 mg</i>	2	
<i>rena-vite oral tablet 0.8 mg</i>	6	ACA; OTC

January 2024. You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	2	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	2	
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	6	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	6	ACA; OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	6	ACA; OTC
<i>super quintis oral tablet 0.4 mg</i>	6	ACA; OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	2	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	2	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	2	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	6	ACA; OTC
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	6	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	6	ACA; OTC
<i>wescap-c dha oral capsule 35-1-200 mg</i>	2	
<i>wescap-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	2	
<i>wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	2	
<i>wesnate dha oral capsule 28 mg iron- 1 mg -200 mg</i>	2	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	2	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	2	
<i>zatean-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	2	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	2	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	2	

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<i>gabapentin</i>23	<i>hailey fe 1.5/30 (28)</i>95	<i>hydrocodone bitartrate</i>30
<i>galantamine</i>28	<i>hailey fe 1/20 (28)</i>95	<i>hydrocodone-acetaminophen</i> 30
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<i>gavilax</i> 76	<i>haloette</i>93	<i>hydrocodone-ibuprofen</i>30
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<i>hydroxocobalamin</i>	112	IPOL	84	KESIMPTA PEN	81
<i>hydroxychloroquine</i>	13	<i>ipratropium bromide</i>	63, 107	<i>ketoconazole</i>	8, 57
<i>hydroxyurea</i>	18	<i>ipratropium-albuterol</i>	107	<i>ketodan</i>	57
<i>hydroxyzine hcl</i>	104	<i>irbesartan</i>	44	<i>ketodan kit</i>	57
<i>hydroxyzine pamoate</i>	104	<i>irbesartan-hydrochlorothiazide</i>	<i>ketoprofen</i>	33
<i>hyoscyamine sulfate</i>	74	44	<i>ketorolac</i>	33, 102
<i>hyosyne</i>	74	IRESSA	18	KISQALI	19
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UC STARTER	89	ISENTRESS HD	10	PACK	19
HYRIMOZ PEN PSORIASIS		<i>isibloom</i>	95	<i>klor-con</i>	111
STARTER	89	<i>isoniazid</i>	13	<i>klor-con 10</i>	111
HYRIMOZ(CF)	89	<i>isosorbide dinitrate</i>	51	<i>klor-con 8</i>	111
HYRIMOZ(CF) PEDI		<i>isosorbide mononitrate</i>	51	<i>klor-con m10</i>	111
CROHN STARTER	89	<i>isosorbide-hydralazine</i>	44	<i>klor-con m15</i>	111
HYRIMOZ(CF) PEN	89	<i>isotretinoin</i>	55	<i>klor-con m20</i>	111
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<i>ibuprofen</i>	33	IXIARO (PF)	84	<i>kourzeq</i>	63
<i>ibuprofen-famotidine</i>	33	J		K-PHOS ORIGINAL	110
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<i>icosapent ethyl</i>	50	JANUMET	71	<i>l norgest/e.estradiol-e.estradiol</i>	96
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<i>imatinib</i>	18	JANUVIA	71	<i>lacosamide</i>	23
<i>imipramine hcl</i>	38	JARDIANCE	71	<i>lactated ringers</i>	60
<i>imipramine pamoate</i>	38	<i>jasmiel (28)</i>	96	<i>lactulose</i>	76
<i>imiquimod</i>	87	<i>javygtor</i>	70	LAGEVRIO (EUA)	10
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(PF)	84	<i>jinteli</i>	92	<i>lamivudine-zidovudine</i>	10
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<i>indomethacin</i>	33	<i>junel 1.5/30 (21)</i>	96	<i>lanthanum</i>	74
INFANRIX (DTAP) (PF)	84	<i>junel 1/20 (21)</i>	96	<i>lapatinib</i>	19
INLYTA	18	<i>junel fe 1.5/30 (28)</i>	96	<i>larin 1.5/30 (21)</i>	96
INSULIN ASP PRT-INSULIN		<i>junel fe 1/20 (28)</i>	96	<i>larin 1/20 (21)</i>	96
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<i>leena 28</i>	96	<i>lithium citrate</i>	38	<i>mefloquine</i>	14
<i>leflunomide</i>	90	<i>lofena</i>	33	<i>megestrol</i>	19, 20
<i>lenalidomide</i>	19	<i>lojaimiess</i>	97	MEKINIST	20
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<i>lessina</i>	96	<i>lopinavir-ritonavir</i>	10	<i>meloxicam submicronized</i>	34
<i>letrozole</i>	19	<i>lorazepam</i>	38	<i>melphalan</i>	20
<i>leucovorin calcium</i>	17	<i>lorazepam intensol</i>	38	<i>memantine</i>	28
LEUKERAN	19	LOBRENA	19	MENACTRA (PF)	85
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<i>leuprolide</i>	19	<i>losartan</i>	45	MENVEO A-C-Y-W-135-DIP	
<i>levabuterol hcl</i>	107	<i>losartan-hydrochlorothiazide</i>		(PF)	85
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LEVEMIR U-100 INSULIN	69	<i>lovastatin</i>	50	<i>mercaptopurine</i>	20
<i>levetiracetam</i>	24	<i>low-ogestrel (28)</i>	97	<i>merzee</i>	97
<i>levobunolol</i>	101	<i>loxapine succinate</i>	38	<i>mesalamine</i>	77
<i>levocarnitine</i>	61	<i>lo-zumandimine (28)</i>	97	<i>mesalamine with cleansing</i>	
<i>levocarnitine (with sugar)</i>	61	<i>lubiprostone</i>	77	<i>wipe</i>	77
<i>levofloxacin</i>	15, 100	<i>ludent fluoride</i>	112	<i>metaxalone</i>	29
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<i>levonorgestrel</i>	96	MONTH)	19	<i>methamphetamine</i>	39
<i>levonorgestrel-ethinyl estrad</i>	97	LUPRON DEPOT-PED	19	<i>methazolamide</i>	102
<i>levonorg-eth estrad triphasic</i>	97	LUPRON DEPOT-PED (3		<i>methenamine hippurate</i>	16
<i>levora-28</i>	97	MONTH)	19	<i>methenamine mandelate</i>	16
<i>levorphanol tartrate</i>	30	<i>lurasidone</i>	38	<i>methen-sod phos-meth blue-</i>	
<i>levo-t</i>	73	<i>lutra (28)</i>	97	<i>hyos</i>	110
<i>levothyroxine</i>	73	LUZU	57	<i>methimazole</i>	65
<i>levoxyl</i>	73	<i>lyleq</i>	92	<i>methocarbamol</i>	29
LEXIVA	10	<i>lyllana</i>	92	<i>methotrexate sodium</i>	20
<i>lidocaine</i>	56	LYNPARZA	19	<i>methotrexate sodium (pf)</i>	20
<i>lidocaine hcl</i>	56	LYSODREN	19	<i>methoxsalen</i>	53
<i>lidocaine hcl-hydrocortison ac</i>		<i>lyza</i>	92	<i>methscopolamine</i>	74
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<i>lidocaine viscous</i>	56	<i>mafenide acetate</i>	56	<i>methyl salicylate</i>	53
<i>lidocaine-hydrocortison-e-aloe</i>		<i>magnesium citrate</i>	77	<i>methyl dopa</i>	45
.....	76	<i>malathion</i>	60	<i>methyl dopa-</i>	
<i>lidocaine-prilocaine</i>	56	<i>maraviroc</i>	10	<i>hydrochlorothiazide</i>	45
<i>lidocort</i>	56	<i>marlissa (28)</i>	97	<i>methylergonovine</i>	100
<i>linezolid</i>	13, 14	MARPLAN	38	<i>methylphenidate</i>	39
LINZESS	76	<i>matzim la</i>	45	<i>methylphenidate hcl</i>	39
<i>liothyronine</i>	73	<i>maxi-tuss ac</i>	105	<i>methylprednisolone</i>	64
<i>lisinopril</i>	44	<i>meclofenamate</i>	33	<i>methyltestosterone</i>	70
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<i>migergot</i> 27	<i>nabumetone</i> 34	<i>nimodipine</i> 45
<i>miglitol</i> 72	<i>nadolol</i> 45	<i>nisoldipine</i> 45
<i>miglustat</i> 70	<i>naftifine</i> 57	<i>nitazoxanide</i> 14
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<i>millipred dp</i> 64	<i>naratriptan</i> 27	<i>nitrofurantoin monohyd/m-</i> <i>cryst</i> 16
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<i>misoprostol</i> 80	<i>necon 0.5/35 (28)</i> 97	<i>nora-be</i> 92
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<i>m-natal plus</i> 112	<i>neomycin-bacitracin-poly-hc</i> 103	<i>norethindrone acetate</i> 92
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<i>nylia 7/7/7 (28)</i>	98	ORLISSA	70	<i>perindopril erbumine</i>	46
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<i>ofloxacin</i>	15, 64, 101	OTOVEL	64	<i>phenelzine</i>	40
<i>olanzapine</i>	39	<i>oxaprozin</i>	34	<i>phenobarb-hyoscy-atropine-</i>	
<i>olanzapine-fluoxetine</i>	39	<i>oxazepam</i>	40	<i>scop</i>	74
<i>olmesartan</i>	45	<i>oxcarbazepine</i>	24	<i>phenobarbital</i>	24
<i>olmesartan-amlodipin-</i>		<i>oxiconazole</i>	57	<i>phenohydro</i>	74
<i>hcthiamid</i>	45	<i>oxybutynin chloride</i>	109	<i>phenoxybenzamine</i>	46
<i>olmesartan-</i>		<i>oxycodone</i>	31	<i>phenylephrine hcl</i>	104
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OMNIPOD DASH INTRO		<i>paroex oral rinse</i>	63	<i>pindolol</i>	46
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