



MARKETPLACE PLAN |

Drug Formulary

Indiana

IN-EXCM-0854b-V.13

CareSource is a Qualified
Health Plan issuer in the



INTRODUCTION

We are pleased to provide the 2021 CareSource Drug Formulary. The Drug Formulary is a list of the drugs covered by CareSource.

This document is divided into three parts:

1. The Introduction – Provides important facts about the CareSource prescription drug benefit. This section explains terms, such as network pharmacy, prior authorizations, quantity limits, step therapy, therapeutic interchange and exceptions.
2. The [Drug Formulary](#) – Lists the drugs we cover.
3. The [Index](#) – Lists all of the covered drugs in alphabetical order. You can find the Index in the back of this document.

PRESCRIPTION DRUG COVERAGE DETAILS

Best Medical Practices

We want to make sure our members get the safest, most cost-effective drugs for their needs. We use evidence-based guidelines to make sure our Formulary meets best medical practices.

Network Pharmacies

CareSource provides coverage for prescription drugs and some prescription medical supplies.

CareSource contracts with pharmacies in order to provide members with a full range of prescription benefits. Members may choose and receive prescriptions from any pharmacy that is contracted with CareSource. These are often referred to as network pharmacies. It is important that members receive prescriptions from network pharmacies because prescriptions received from non-network pharmacies are generally not reimbursable or covered by CareSource, except as otherwise required by applicable federal and state law and your Evidence of Coverage. Accordingly, members may be responsible for the entire amount charged by a non-network pharmacy.

Network pharmacies can include local pharmacies, mail-order pharmacies or specialty pharmacies. To find a network pharmacy, use our online [Find a Pharmacy](#) tool under “Quick Links” at [CareSource.com/marketplace](#).

CareSource may also cover drugs administered in the member’s home, such as medicines given through a home health agency.

Cost Sharing

Members may pay part of the costs of some drugs and supplies. These cost-sharing amounts are called deductibles, copays and/or coinsurance. For some drugs, members may pay coinsurance. Coinsurance is a percent of a drug's cost.

The Drug Formulary shows drugs in different levels or tiers. Drugs are grouped into tiers based on the amounts that members pay.

Tiered Medications

The CareSource Formulary has up to six levels or tiers, including tiers 0, 1, 2, 3, 4 and 5. Some benefit designs only have five tiers. If a benefit design only has five tiers anything shown in this document as a tier 5 drug will process under the tier 4 price structure. In general, the higher the cost-sharing tier number, the higher the cost for the drug. In general, the copay amount increases as the tier number increases. All deductibles, coinsurance and copay amounts paid count toward members' maximum out-of-pocket amount.

To find tier levels for drugs, go to the [drug list](#) section of this document.

Prior Authorizations

CareSource may require health partners (doctors or other providers) to send us information about why a drug or a certain amount is needed. This is called a prior authorization request. CareSource must approve the request before a member can get the drug. The abbreviation "PA" is used in the Drug Formulary to show that a prior authorization is needed.

Here are some reasons for a prior authorization:

- A generic or alternative drug is available.
- The drug can be misused or abused.
- The drug requires special handling, monitoring or is available from limited shipping locations.
- There are other drugs that must be tried first.

Prior Authorization Requests

Health partners may make prior authorization requests by phone or fax. Please call the Provider Services telephone number for your state and follow the prompts, or fax to the Medical Management provider fax number for your state.

We may not approve a prior authorization request for a drug. If we don't, we will send the member information about how to appeal our decision.

Quantity Limits

Some drugs have limits on how much can be given to a member at one time. The abbreviation “QL” is used in the Drug Formulary to show there is a quantity limit.

Quantity limits are based on the drug makers’ recommended dosing frequencies. Patient safety is also considered.

Therapy with opioid analgesics may have quantity limits based on drug makers' recommended dosing frequencies and/or state regulations.

Step Therapy

Members may need to try one drug before taking another. This is called Step Therapy. A member must first try one medicine on the Formulary before another Formulary drug would be approved for use.

CareSource will cover certain drugs only if Step Therapy is used. The abbreviation “ST” is used in the Drug Formulary to show when Step Therapy is required.

Generic Substitution and Therapeutic Interchange

A pharmacy may provide a generic drug in place of a brand-name drug. This is called generic substitution. Members and health partners can expect the generic to produce the same effect and have the same safety profile as the brand-name drug. This is known as therapeutic interchange.

Generic drugs usually cost less than their brand-name equivalents.

Note to Health Partners: Generic drugs should be considered the first line of prescribing, subject to applicable rules. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drugs.
- Manufactured in the same strength and dosage form as the brand-name drugs.

In most instances, a brand-name drug for which a generic product becomes available will become non-Formulary, with the generic product covered in its place, upon release of the generic product onto the market. However, the Formulary document is subject to state- specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate. Choosing a

brand drug when there is a generic available may cost you more. When a generic is available and you choose the brand name drug, you may be responsible to pay the cost difference between the two in addition to your copay or coinsurance. Or you could be responsible for the entire cost of the brand.

Tell Us the Medical Reasons for Exceptions

Sometimes a member may have a drug allergy or intolerance. Or, a certain drug may not be effective for a member. In these cases, the member or the member's representative may ask for an exception to a drug listed on the Drug Formulary. The member or member's representative must call Member Services to make the request. The member services telephone number for your state is listed on the back of the member ID card.

CareSource then contacts the appropriate health partner. CareSource may ask the health partner to provide written clinical documentation about why the member needs an exception. Health partners must provide this information.

Typically, our Drug Formulary includes more than one drug for treating a condition. These medicines are called "alternative" drugs. CareSource will generally not approve the request for an exception if an alternative drug would be just as effective as the drug requested and would not cause other health problems.

Specialty Pharmacy

CareSource works with Accredo Pharmacy to supply specialty medications that health partners may prescribe. Accredo Pharmacy can:

- Help members get prescriptions filled or moved to Accredo Pharmacy from another pharmacy
- Deliver members' specialty medicines to their homes, workplaces or their doctors' offices
- Help members learn about their specialty medications and give them support from specially-trained health care professionals

For more information, call Accredo Pharmacy at 1-866-231-3520. Hours are Monday through Friday from 8 a.m. to 11 p.m. Eastern Standard Time (EST).

Mail Order Medications

CareSource works with Express Scripts Pharmacy to supply prescription medicines to members' homes. This could change a member's copay amount. Express Scripts Pharmacy can:

- Help members get prescriptions filled or moved to Express Scripts Pharmacy from another pharmacy
- Deliver prescriptions to members' homes, workplaces or doctors' offices.

For more information, call CareSource Member Services at 877-806-9284. Hours are Monday through Friday from 7 a.m. to 7 p.m. EST.

Members may also access the express-scripts.com website through the CareSource

member portal to manage prescription refills for their specialty and mail order medications and to check coverage. To create an account on the CareSource Member Portal, go to my.caresource.com.

Other Medical Supplies and Durable Medical Equipment (DME)

To support members, other medical supplies can continue to be filled by the CareSource Pharmacy Benefit Manager (PBM) through a retail pharmacy for a limited period of time until a DME provider can be contacted. This may include wound care supplies and enteral feeds.

Medications Administered in the Health Partner Setting

Medications that are administered in a health partner setting will be billed to the health plan under your medical benefit. Such settings include a physician office, hospital outpatient department, clinic, dialysis center, or infusion center. Prior authorization requirements now exist for many injectable medicines.

Medication Therapy Management Program

CareSource offers a Medication Therapy Management (MTM) program for all members. MTM services allow local pharmacists to work with doctors and other prescribers to enhance quality of care, improve medication compliance, address medication needs, and provide health care to patients in a cost-effective manner. Members and health partners may be contacted by a pharmacist to discuss medications. We encourage members to talk with their pharmacists about their medications. This can help members to get the best results from the medications they are taking.

HOW TO USE THIS DOCUMENT

Go to the [Index](#) to look up a drug by name. Drugs are listed in alphabetical order. The Index will show the page number on which the drug is found in the Drug Formulary. Turn to that page number to get details about the drug.

Note to Health Partners: The CareSource Drug Formulary is organized by sections. Each section is divided by therapeutic drug class, primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

ADDITIONAL INFORMATION FOR HEALTH PARTNERS

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and then approved by a local Pharmacy, Therapeutics and Technology (PT&T) Committee for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.guideline.gov.

CARESOURCE ONLINE FORMULARY SEARCH TOOLS AVAILABLE

CareSource has easy-to-use online drug formulary tools that can help you save time by quickly looking up medications to make sure they are covered by CareSource. Also, you can check for generic alternatives, prior authorization requirements, and any restrictions or limits that may apply. To start using the tool, visit CareSource.com, and visit the Pharmacy page of the appropriate line of business, and select Formulary Search Tool. You can also find CareSource policies on CareSource.com Health Partner Policies page.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics (P&T) Committee are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of experts from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

In addition to the National P&T Committee review, the CareSource Pharmacy Therapeutics and Technology (PT&T) Committee makes formulary recommendations based upon the needs of regional member demographics. The CareSource PT&T Committee is comprised of the Plan's Medical Directors, Pharmacy staff and representatives from the medical community.

DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, we have provided examples below. The general principles shown in the examples can usually be extended to other entries in the document.

When a strength, dosage or different formulation is specified, only that specific strength, dosage or formulation may be covered. Other strengths/dosages/formulations, including injectable dosage forms of the reference product, are not covered.

Extended-release and delayed-release products require their own entry.

metformin	Glucophage
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The immediate-release product listing of Glucophage alone would not include the extended-release product Glucophage XR.

metformin ext-rel	Glucophage XR
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A separate entry for Glucophage XR confirms that the extended-release product is on the document.

Dosage forms on the document will be consistent with the category and use where listed.

neomycin/polymyxin B/hydrocortisone	Cortisporin
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Since Cortisporin is listed only in the OTIC section, it is limited to the OTIC solution and suspension. From this entry the topical cream cannot be assumed to be on the list unless there is an entry for this product in the DERMATOLOGY section of the document.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a Formulary exception may be requested for coverage. Medical necessity or Formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

NOTICE

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for member notification.

While we make every effort to ensure that our Drug Formulary is up-to-date, this list may have changed since printing. For the most up-to-date information, you must use the “Find My Prescriptions” tool on CareSource.com/marketplace, or contact Member Services at the toll-free telephone number on your ID card to confirm the accuracy of the information in this copy of the Drug Formulary.

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List of Abbreviations

ACA: Affordable Care Act.

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

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

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

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

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
<i>DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML</i>	3	
<i>DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG</i>	3	
<i>DIFLUCAN ORAL TABLET 150 MG</i>	3	QL
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>itraconazole oral solution 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>NOXAFILE ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)</i>	2	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	
<i>ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG</i>	3	
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA
<i>SPORANOX ORAL SOLUTION 10 MG/ML</i>	3	
<i>SPORANOX PULSEPAK ORAL CAPSULE 100 MG</i>	3	QL
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)</i>	3	PA
<i>VFEND ORAL TABLET 200 MG, 50 MG</i>	3	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	
<i>abacavir oral tablet 300 mg</i>	1	
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS ORAL CAPSULE 250 MG	2	
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	

Drug Name	Drug Tier	Requirements / Limits
<i>BIKTARVY ORAL TABLET 50-200-25 MG</i>	2	
<i>CIMDUO ORAL TABLET 300-300 MG</i>	2	
<i>COMBIVIR ORAL TABLET 150-300 MG</i>	3	
<i>DESCOVY ORAL TABLET 200-25 MG</i>	2	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	
<i>DOVATO ORAL TABLET 50-300 MG</i>	2	
EDURANT ORAL TABLET 25 MG	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivu-tenofovir disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	0	
EMTRIVA ORAL CAPSULE 200 MG	3	
EMTRIVA ORAL SOLUTION 10 MG/ML	2	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSIA ORAL TABLET 200-50 MG, 400-100 MG	4	PA; QL
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
EPIVIR HBV ORAL TABLET 100 MG	3	
EPIVIR ORAL SOLUTION 10 MG/ML	3	
EPIVIR ORAL TABLET 150 MG, 300 MG	3	
EPZICOM ORAL TABLET 600-300 MG	3	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG	3	

Drug Name	Drug Tier	Requirements / Limits
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
FLUMADINE ORAL TABLET 100 MG	3	
<i>fosamprenavir oral tablet 700 mg</i>	1	
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	4	PA; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	4	PA; QL
HEPSERA ORAL TABLET 10 MG	3	
INTELENCE ORAL TABLET 100 MG, 200 MG	3	
INTELENCE ORAL TABLET 25 MG	2	
INVIRASE ORAL TABLET 500 MG	2	
ISENTRESS HD ORAL TABLET 600 MG	2	
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	
ISENTRESS ORAL TABLET 400 MG	2	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ISENTRESS ORAL TABLET,CHEWAB LE 100 MG, 25 MG	2		<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	
JULUCA ORAL TABLET 50-25 MG	2		NORVIR ORAL POWDER IN PACKET 100 MG	2	
KALETRA ORAL SOLUTION 400-100 MG/5 ML	3		NORVIR ORAL SOLUTION 80 MG/ML	2	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2		NORVIR ORAL TABLET 100 MG	3	
<i>lamivudine oral solution 10 mg/ml</i>	1		ODEFSEY ORAL TABLET 200-25-25 MG	2	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1		<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1		<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL
LEXIVA ORAL SUSPENSION 50 MG/ML	2		PREZISTA ORAL SUSPENSION 100 MG/ML	2	
LEXIVA ORAL TABLET 700 MG	3		PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1		RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	3	QL
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1		RETROVIR ORAL CAPSULE 100 MG	3	
MAVYRET ORAL TABLET 100-40 MG	5	PA; QL	RETROVIR ORAL SYRUP 10 MG/ML	3	
<i>nevirapine oral suspension 50 mg/5 ml</i>	1				
<i>nevirapine oral tablet 200 mg</i>	1				

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

Drug Name	Drug Tier	Requirements / Limits
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	
REYATAZ ORAL POWDER IN PACKET 50 MG	2	
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	
SELZENTRY ORAL SOLUTION 20 MG/ML	2	
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	5	PA; QL
SOVALDI ORAL TABLET 200 MG, 400 MG	5	PA; QL
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	1	
SUSTIVA ORAL CAPSULE 200 MG, 50 MG	3	
SUSTIVA ORAL TABLET 600 MG	3	
SYMFI LO ORAL TABLET 400-300-300 MG	2	
SYMFI ORAL TABLET 600-300-300 MG	2	

Drug Name	Drug Tier	Requirements / Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	3	QL
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	3	QL
TEMIXYS ORAL TABLET 300-300 MG	2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	
TRIUMEQ ORAL TABLET 600-50-300 MG	2	
TRIZIVIR ORAL TABLET 300-150-300 MG	3	
TYBOST ORAL TABLET 150 MG	3	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL
VALCYTE ORAL RECON SOLN 50 MG/ML	3	
VALCYTE ORAL TABLET 450 MG	3	

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>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG	5	PA; QL
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	
VIRAZOLE INHALATION RECON SOLN 6 GRAM	3	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
VIREAD ORAL TABLET 300 MG	3	
VOSEVI ORAL TABLET 400-100-100 MG	4	PA; QL
XOFLUZA ORAL TABLET 20 MG, 40 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
XOFLUZA ORAL TABLET 80 MG	3	
ZEPATIER ORAL TABLET 50-100 MG	4	PA; QL
ZIAGEN ORAL SOLUTION 20 MG/ML	3	
ZIAGEN ORAL TABLET 300 MG	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 10 mg/ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML	3	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
KEFLEX ORAL CAPSULE 750 MG	3	
SPECTRACEF ORAL TABLET 400 MG	3	
SUPRAX ORAL CAPSULE 400 MG	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML, 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	3	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1		ERY-TAB ORAL TABLET,DELAYE D RELEASE (DR/EC) 500 MG	3	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1		<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1		<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL	<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
DIFICID ORAL TABLET 200 MG	3	QL	<i>erythromycin oral capsule,delayed release(dr/ec) 250 mg</i>	1	
<i>e.e.s. 400 oral tablet 400 mg</i>	1		<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3		<i>erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3		ZITHROMAX ORAL PACKET 1 GRAM	3	
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	3		ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1		ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	3		<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
ZITHROMAX Z-PAK ORAL TABLET 250 MG	3		CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG	3	
MISCELLANEOUS ANTIINFECTIVES					
AEMCOLO ORAL TABLET,DELAYE D RELEASE (DR/EC) 194 MG	3	QL	CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	3	
<i>albendazole oral tablet 200 mg</i>	1	QL	<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
ALBENZA ORAL TABLET 200 MG	3	QL	<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL	CYCLOCERINE ORAL CAPSULE 250 MG	3	
ALINIA ORAL TABLET 500 MG	2	QL	<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>atovaquone oral suspension 750 mg/5 ml</i>	1		DARAPRIM ORAL TABLET 25 MG	4	PA
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL	EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL	<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	4	PA; QL	FLAGYL ORAL CAPSULE 375 MG	3	
			HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	3	
			<i>hydroxychloroquine oral tablet 200 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	QL
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	4	PA; QL
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
MALARONE ORAL TABLET 250-100 MG	3	QL
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG	3	QL
<i>mefloquine oral tablet 250 mg</i>	1	QL
MEPRON ORAL SUSPENSION 750 MG/5 ML	3	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
MYAMBUTOL ORAL TABLET 400 MG	3	
MYCOBUTIN ORAL CAPSULE 150 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NEBUPENT INHALATION RECON SOLN 300 MG	2	QL
<i>neomycin oral tablet 500 mg</i>	1	
<i>nitazoxanide oral tablet 500 mg</i>	1	QL
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM	3	
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL
PRETOMANID ORAL TABLET 200 MG	3	PA
PRIFTIN ORAL TABLET 150 MG	2	
<i>primaquine oral tablet 26.3 mg</i>	1	QL
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	4	PA
QUALAQUIN ORAL CAPSULE 324 MG	3	QL
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
STROMECTOL ORAL TABLET 3 MG	3	QL

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL	<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	4	PA; QL	<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	4	PA; QL	<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	4	PA; QL	<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	5	PA; QL	<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
TRECATOR ORAL TABLET 250 MG	3		<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
XENLETA ORAL TABLET 600 MG	3		AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	3	
PENICILLINS					
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1				
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1				

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Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG	3	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
QUINOLONES		
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
FACTIVE ORAL TABLET 320 MG	3	
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		

Drug Name	Drug Tier	Requirements / Limits
BACTRIM DS ORAL TABLET 800-160 MG	3	
BACTRIM ORAL TABLET 400-80 MG	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG, 75 MG	3	ST
AVIDOXY DK KIT 100 MG-2 % -SPF 30	3	ST
<i>avidoxy oral tablet 100 mg</i>	1	
<i>coremino oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	ST
<i>demeclacycline oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET, DELAYE D RELEASE (DR/EC) 120 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
DORYX ORAL TABLET,DELAYE D RELEASE (DR/EC) 200 MG, 50 MG	3	ST	<i>minocycline oral tablet extended release 24 hr</i> 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	ST
<i>doxycycline hyclate oral capsule</i> 100 mg, 50 mg	1		MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG	3	ST
<i>doxycycline hyclate oral tablet</i> 100 mg, 20 mg	1		<i>monodoxine nl oral capsule</i> 100 mg, 75 mg	1	
<i>doxycycline hyclate oral tablet, delayed release (dr/ec)</i> 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	ST	MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG	3	ST
<i>doxycycline monohydrate oral capsule</i> 100 mg, 50 mg, 75 mg	1		MORGIDOX 1X 50 KIT 50 MG	3	ST
<i>doxycycline monohydrate oral capsule</i> 150 mg	1	ST	MORGIDOX 2X100 KIT 100 MG	3	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i> 25 mg/5 ml	1		<i>morgidox oral capsule</i> 100 mg	1	
<i>doxycycline monohydrate oral tablet</i> 100 mg, 150 mg, 50 mg, 75 mg	1		NUZYRA ORAL TABLET 150 MG	3	QL
<i>minocycline oral capsule</i> 100 mg, 50 mg, 75 mg	1		ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	3	ST
<i>minocycline oral tablet</i> 100 mg, 50 mg, 75 mg	1		SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG	3	ST
			SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
TARGADOX ORAL TABLET 50 MG	3	ST
tetracycline oral capsule 250 mg, 500 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML	3	ST
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML	3	ST
URINARY TRACT AGENTS		
FURADANTIN ORAL SUSPENSION 25 MG/5 ML	3	
MACROBID ORAL CAPSULE 100 MG	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG	3	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	3	
<i>trimethoprim oral tablet 100 mg</i>	1	
VANCOMYCIN		
VANCOCIN ORAL CAPSULE 125 MG, 250 MG	3	PA; QL
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	PA; QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
MESNEX ORAL TABLET 400 MG	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ABECMA INTRAVENOUS SUSPENSION 300X10EXP6 TO 460X10EXP6 CELL	5	PA

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>abiraterone oral tablet 250 mg, 500 mg</i>	4	PA; QL	ASTAGRAF XL ORAL CAPSULE,EXTEN DED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	3	ST
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	4	PA	AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA; QL
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	4	PA	AYVAKIT ORAL TABLET 25 MG, 50 MG	5	PA
AFINITOR ORAL TABLET 10 MG	4	PA	AZASAN ORAL TABLET 100 MG, 75 MG	3	
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG	5	PA	<i>azathioprine oral tablet 50 mg</i>	1	
ALECensa ORAL CAPSULE 150 MG	4	PA; QL	BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA
ALKERAN ORAL TABLET 2 MG	3		BELRAPZO INTRAVENOUS SOLUTION 25 MG/ML	5	PA
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	4	PA; QL	BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	4	PA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	4	PA; QL	<i>bexarotene oral capsule 75 mg</i>	4	PA
<i>anastrozole oral tablet 1 mg</i>	0		<i>bicalutamide oral tablet 50 mg</i>	1	
AROMASIN ORAL TABLET 25 MG	3		BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; QL
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	5	PA	BRAFTOVI ORAL CAPSULE 50 MG, 75 MG	5	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
BREYANZI INTRAVENOUS SUSPENSION 1.5 X TO 70 X 10EXP6 CELL/ML	5	PA	COTELLIC ORAL TABLET 20 MG	4	PA; QL
BRUKINSA ORAL CAPSULE 80 MG	5	PA	<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; QL	CYCLOPHOSPHA MIDE ORAL TABLET 25 MG, 50 MG	3	
<i>capecitabine oral tablet 150 mg, 500 mg</i>	4		<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
CAPRELSA ORAL TABLET 100 MG, 300 MG	4	PA; QL	<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
CASODEX ORAL TABLET 50 MG	3		<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CELLCEPT ORAL CAPSULE 250 MG	3		DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	PA
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	3		DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1,800 MG-30,000 UNIT/15 ML	5	PA
CELLCEPT ORAL TABLET 500 MG	3		DAURISMO ORAL TABLET 100 MG, 25 MG	5	PA; 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)	4	PA	DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; QL	ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	4	PA
COSELA INTRAVENOUS RECON SOLN 300 MG	5	PA	EMCYT ORAL CAPSULE 140 MG	2	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ENHERTU INTRAVENOUS RECON SOLN 100 MG	5	PA	GILOTTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	4	PA; QL
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA	GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; QL	HYDREA ORAL CAPSULE 500 MG	3	
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	4	PA; QL	<i>hydroxyurea oral capsule 500 mg</i>	1	
<i>etoposide oral capsule 50 mg</i>	1		IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	4	PA; QL
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	4	PA	IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; QL
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1		ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; QL
<i>exemestane oral tablet 25 mg</i>	0		IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; QL
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG	5	PA; QL	<i>imatinib oral tablet 100 mg, 400 mg</i>	4	PA; QL
FEMARA ORAL TABLET 2.5 MG	3		IMURAN ORAL TABLET 50 MG	3	
<i>flutamide oral capsule 125 mg</i>	1		INLYTA ORAL TABLET 1 MG, 5 MG	4	PA; QL
GAVRETO ORAL CAPSULE 100 MG	4	PA; QL	IRESSA ORAL TABLET 250 MG	4	PA; QL
<i>genraf oral capsule 100 mg, 25 mg</i>	1		JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; QL
<i>genraf oral solution 100 mg/ml</i>	1		JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	5	PA

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA	MATULANE ORAL CAPSULE 50 MG	4	
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	5	PA	<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>lapatinib oral tablet 250 mg</i>	4	PA; QL	<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
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)	4	PA	MEKINIST ORAL TABLET 0.5 MG, 2 MG	4	PA; QL
<i>letrozole oral tablet 2.5 mg</i>	1		MEKTOVI ORAL TABLET 15 MG	5	PA; QL
LEUKERAN ORAL TABLET 2 MG	2		<i>melphalan oral tablet 2 mg</i>	1	
LORBRENA ORAL TABLET 100 MG, 25 MG	4	PA; QL	<i>mercaptopurine oral tablet 50 mg</i>	1	
LYNPARZA ORAL TABLET 100 MG, 150 MG	4	PA; QL	<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
LYSODREN ORAL TABLET 500 MG	4		<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	5	PA	<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
			<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
			MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	PA
			MVASI INTRAVENOUS SOLUTION 25 MG/ML	4	PA

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral capsule 250 mg</i>	1		NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; QL
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1		NUBEQA ORAL TABLET 300 MG	4	PA; QL
<i>mycophenolate mofetil oral tablet 500 mg</i>	1		ODOMZO ORAL CAPSULE 200 MG	4	PA; QL
<i>mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg</i>	1		PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	PA
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG	3		PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; QL
MYLERAN ORAL TABLET 2 MG	2		PEPAXTO INTRAVENOUS RECON SOLN 20 MG	5	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	3		POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	PA
NEORAL ORAL SOLUTION 100 MG/ML	3		PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	3	
NERLYNX ORAL TABLET 40 MG	4	PA	PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	
NEXAVAR ORAL TABLET 200 MG	4	PA; QL	PURIXAN ORAL SUSPENSION 20 MG/ML	4	
NILANDRON ORAL TABLET 150 MG	3	PA	RAPAMUNE ORAL SOLUTION 1 MG/ML	3	
<i>nilutamide oral tablet 150 mg</i>	1	PA	RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	

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
RETEVMO ORAL CAPSULE 40 MG, 80 MG	5	PA; QL
ROMIDEPSIN INTRAVENOUS SOLUTION 5 MG/ML	5	PA
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	4	PA; QL
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; QL
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	4	PA
RYDAPT ORAL CAPSULE 25 MG	4	PA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	0	\$0 for ages 35 and older
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	4	PA; QL
STIVARGA ORAL TABLET 40 MG <i>sunitinib oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	4	PA; QL
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	4	PA; QL
TABRECTA ORAL TABLET 150 MG, 200 MG <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	4	PA
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	4	PA; QL
TAGRISSO ORAL TABLET 40 MG, 80 MG	4	PA; QL
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG <i>tamoxifen oral tablet 10 mg, 20 mg</i>	4	PA; QL
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG	5	PA; QL
TARGETIN TOPICAL GEL 1 %	4	PA

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	4	PA; QL	TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	PA
TAZVERIK ORAL TABLET 200 MG	5	PA	TUKYSA ORAL TABLET 150 MG, 50 MG	5	PA; QL
TECARTUS INTRAVENOUS SUSPENSION 2X10EXP6 TO 2X10EXP8 CELL	5	PA	TURALIO ORAL CAPSULE 200 MG	5	PA; QL
TEMODAR INTRAVENOUS RECON SOLN 100 MG	4		TYKERB ORAL TABLET 250 MG	4	PA; QL
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 250 MG	5	PA	UKONIQ ORAL TABLET 200 MG	5	PA; QL
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	4	PA	VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA
TIBSOVO ORAL TABLET 250 MG	4	PA	VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	4	PA; QL
<i>toremifene oral tablet 60 mg</i>	1		VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	4	PA; QL
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	4	PA	VITRAKVI ORAL CAPSULE 100 MG, 25 MG	4	PA; QL
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	4	PA	VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; QL
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1		VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	4	PA; QL
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	3		VOTRIENT ORAL TABLET 200 MG	4	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
XALKORI ORAL CAPSULE 200 MG, 250 MG	4	PA; QL
XELODA ORAL TABLET 150 MG, 500 MG	5	
XOSPATA ORAL TABLET 40 MG	4	PA
ZEJULA ORAL CAPSULE 100 MG	4	PA; QL
ZELBORAF ORAL TABLET 240 MG	4	PA; QL
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	PA
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	4	PA
ZOLINZA ORAL CAPSULE 100 MG	4	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	2	
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; QL
ZYKADIA ORAL TABLET 150 MG	4	PA; QL
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
BANZEL ORAL SUSPENSION 40 MG/ML	2	PA

Drug Name	Drug Tier	Requirements / Limits
BANZEL ORAL TABLET 200 MG, 400 MG	3	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	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>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	3	ST	DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	3	
DEPAKOTE ORAL TABLET, DELAYE D RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	3	ST	<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	3	ST	<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA	<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA	EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG	3		<i>epitol oral tablet 200 mg</i>	1	
DIASSTAT RECTAL KIT 2.5 MG	3		EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	3	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1		<i>ethosuximide oral capsule 250 mg</i>	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	3		<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	3		<i>felbamate oral suspension 600 mg/5 ml</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2		<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
			FELBATOL ORAL SUSPENSION 600 MG/5 ML	3	
			FELBATOL ORAL TABLET 400 MG, 600 MG	3	

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	Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1		LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	3	ST
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1		<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1		<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	1	
GABITRIL ORAL TABLET 12 MG, 16 MG, 2 MG, 4 MG	3		<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG	3	ST	<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3		<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	3	ST	<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i>	1	
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	3	ST	<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	1	
			<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1		<i>phenytoin oral tablet, chewable 50 mg</i>	1	
MYSOLINE ORAL TABLET 250 MG, 50 MG	3		<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
ONFI ORAL SUSPENSION 2.5 MG/ML	3	PA	<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
ONFI ORAL TABLET 10 MG, 20 MG	3	PA	<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1		<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	1	ST
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1		<i>primidone oral tablet 250 mg, 50 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG	3	ST	<i>QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG</i>	2	ST
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1		<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	
<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>	1		<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	3		<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1		<i>SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG</i>	3	ST

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1		<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets,dose pack 25 mg (35)</i>	1		TROKENDI XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG	3	ST
<i>subvenite starter (green) kit oral tablets,dose pack 25 mg (84) -100 mg (14)</i>	1		<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
<i>subvenite starter (orange) kit oral tablets,dose pack 25 mg (42) -100 mg (7)</i>	1		<i>valproic acid oral capsule 250 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	3	PA	VALTOCO NASAL SPRAY,NON- AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	3	QL
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	3		VIMPAT ORAL SOLUTION 10 MG/ML	2	
TEGRETOL ORAL TABLET 200 MG	3		VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	3				
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1				
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1				
<i>topiramate oral capsule,sprinkle,er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	ST			

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	3	QL	<i>carbidopa oral tablet 25 mg</i>	1	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	QL	<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	1	
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)	3	QL	<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
ZARONTIN ORAL CAPSULE 250 MG	3		<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	3		COMTAN ORAL TABLET 200 MG	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1		<i>entacapone oral tablet 200 mg</i>	1	
ANTIPARKINSONISM AGENTS					
AZILECT ORAL TABLET 0.5 MG, 1 MG	3	ST	INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA; QL
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1		KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; QL
<i>bromocriptine oral capsule 5 mg</i>	1		LODOSYN ORAL TABLET 25 MG	3	PA
<i>bromocriptine oral tablet 2.5 mg</i>	1				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
MIRAPEX ER 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	3		RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG	5	PA; QL	<i>selegiline hcl oral capsule 5 mg</i>	1	
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG, 322 MG/DAY(129 MG X1-193MG X1)	5	PA; QL	<i>selegiline hcl oral tablet 5 mg</i>	1	
PARLODEL ORAL CAPSULE 5 MG	3		SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
PARLODEL ORAL TABLET 2.5 MG	3		STALEVO 100 ORAL TABLET 25- 100-200 MG	3	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1		STALEVO 125 ORAL TABLET 31.25-125-200 MG	3	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1		STALEVO 150 ORAL TABLET 37.5-150-200 MG	3	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1		STALEVO 200 ORAL TABLET 50- 200-200 MG	3	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1		STALEVO 50 ORAL TABLET 12.5-50-200 MG	3	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1		STALEVO 75 ORAL TABLET 18.75-75-200 MG	3	
			TASMAR ORAL TABLET 100 MG	3	PA
			<i>tolcapone oral tablet 100 mg</i>	1	PA
			<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
			<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MIGRAINE & CLUSTER HEADACHE THERAPY		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL
AMERGE ORAL TABLET 1 MG, 2.5 MG	3	ST; QL
CAFERGOT ORAL TABLET 1-100 MG	3	
D.H.E.45 INJECTION SOLUTION 1 MG/ML	3	
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	ST; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOMAR SUBLINGUAL TABLET 2 MG	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FROVA ORAL TABLET 2.5 MG	3	ST; QL
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
<i>migergot rectal suppository 2-100 mg</i>	1	
MIGRAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML)	3	ST; QL
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
NURTEC ODT ORAL TABLET,DISINTE GRATING 75 MG	3	PA; QL
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG	3	ST; QL
RELPAX ORAL TABLET 20 MG, 40 MG	3	ST; QL
REVVOW ORAL TABLET 100 MG, 50 MG	3	PA; QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	3	ST; QL
TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML)	3	ST; QL
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	3	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG</i>	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG</i>	3	ST
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	4	PA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	1	ST
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	1	
<i>EVRYSDI ORAL RECON SOLN 0.75 MG/ML</i>	5	PA; QL
<i>EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR</i>	3	ST
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine oral solution 4 mg/ml</i>	1	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG	3	ST	NUEDEXTA ORAL CAPSULE 20-10 MG	2	PA
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21)	5	PA; QL	NULIBRY INTRAVENOUS RECON SOLN 9.5 MG	5	PA
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL	RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG	3	ST
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1		<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>memantine oral solution 2 mg/ml</i>	1		<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	1	
<i>memantine oral tablet 10 mg, 5 mg</i>	1		RUZURGI ORAL TABLET 10 MG	4	PA
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3		TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	4	
NAMENDA ORAL TABLET 10 MG, 5 MG	3	ST	<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	4	PA; QL
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG	3		MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	3		<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
			<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i>	1		<i>orphegesic forte oral tablet 50-770-60 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1		<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>cyclobenzaprine oral capsule,extended release 24hr 15 mg, 30 mg</i>	1		PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1		<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3		<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1		SKELAXIN ORAL TABLET 800 MG	3	
FEXMID ORAL TABLET 7.5 MG	3	ST	<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
LORZONE ORAL TABLET 375 MG, 750 MG	3	ST	<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1		ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1		ZANAFLEX ORAL TABLET 4 MG	3	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3		NARCOTIC ANALGESICS		
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1		<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1		<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	
			<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1		butalbital-acetaminophen oral capsule 50-300 mg	1	
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	PA; QL	butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg	1	
ALLZITAL ORAL TABLET 25-325 MG	3	ST	butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1	
ascomp with codeine oral capsule 30-50-325-40 mg	1		butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	PA; QL	butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1		butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA	codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1		codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1		DILAUDID ORAL LIQUID 1 MG/ML	3	
			DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG	3	
			diskets oral tablet,soluble 40 mg	1	PA
			DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG	3	

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	Drug Name	Drug Tier	Requirements / Limits
<i>dvorah oral tablet 325-30-16 mg</i>	1		<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>	1	PA; QL
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5- 325 mg</i>	1		<i>hydrocodone- acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	
ESGIC ORAL CAPSULE 50-325- 40 MG	3	ST	<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5- 300 mg, 7.5-325 mg</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL	<i>hydrocodone- ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	PA; QL	<i>hydromorphone oral liquid 1 mg/ml</i>	1	
FIORICET ORAL CAPSULE 50-300- 40 MG	3	ST	<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	
FIORICET WITH CODEINE ORAL CAPSULE 50-300- 40-30 MG	3		<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	PA; QL
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; QL	<i>hydromorphone rectal suppository 3 mg</i>	1	
			HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
levorphanol tartrate oral tablet 2 mg, 3 mg	1	
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML	3	
methadone oral concentrate 10 mg/ml	1	PA
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1	PA
methadone oral tablet 10 mg, 5 mg	1	PA
methadone oral tablet,soluble 40 mg	1	PA
methadose oral concentrate 10 mg/ml	1	PA
methadose oral tablet,soluble 40 mg	1	PA
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	PA; QL
morphine oral capsule,extend.releas pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	1	PA; QL
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	

Drug Name	Drug Tier	Requirements / Limits
morphine oral tablet 15 mg, 30 mg	1	
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG	3	PA; QL
NALOCET ORAL TABLET 2.5-300 MG	3	
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG	3	
oxycodone oral capsule 5 mg	1	
oxycodone oral concentrate 20 mg/ml	1	
oxycodone oral solution 5 mg/5 ml	1	
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	
oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	PA; QL	ANAPROX DS ORAL TABLET 550 MG	3	
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1		ARTHROTEC 50 ORAL TABLET,IR,DELA YED REL,BIPHASIC 50- 200 MG-MCG	3	ST
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL	ARTHROTEC 75 ORAL TABLET,IR,DELA YED REL,BIPHASIC 75- 200 MG-MCG	3	ST
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1		<i>aspirin low dose oral tablet,delayed release (dr/ec) 81 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG	3		<i>aspirin oral tablet 325 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4		<i>aspirin oral tablet,chewable 81 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>tencon oral tablet 50-325 mg</i>	1		<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>vtol lq oral solution 50-325-40 mg/15 ml</i>	1		<i>aspir-trin oral tablet,delayed release (dr/ec) 325 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
<i>zebutal oral capsule 50-325-40 mg</i>	1		<i>bayer aspirin oral tablet 325 mg</i>	0	covered at \$0 for ages 69 and younger; OTC
NON-NARCOTIC ANALGESICS					
<i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i>	0	covered at \$0 for ages 69 and younger; OTC	<i>buprenorphine- naloxone sublingual film 12-3 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL
buprenorphine-naloxone sublingual tablet 8-2 mg	1	
butorphanol injection solution 1 mg/ml, 2 mg/ml	1	
butorphanol nasal spray,non-aerosol 10 mg/ml	1	QL
CAMBIA ORAL POWDER IN PACKET 50 MG	3	ST; QL
cataflam oral tablet 50 mg	1	
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	ST
children's aspirin oral tablet,chewable 81 mg	0	covered at \$0 for ages 69 and younger; OTC
choline,magnesium salicylate oral liquid 500 mg/5 ml	1	
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	ST; QL
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
DAYPRO ORAL TABLET 600 MG	3	ST
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
diflunisal oral tablet 500 mg	1	
DISALCID ORAL TABLET 500 MG, 750 MG	3	
DUEXIS ORAL TABLET 800-26.6 MG	3	ST
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG	3	ST
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	0	covered at \$0 for ages 69 and younger; OTC
ecotrin oral tablet,delayed release (dr/ec) 325 mg	0	covered at \$0 for ages 69 and younger; OTC

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>etodolac oral capsule 200 mg, 300 mg</i>	1		INDOCIN RECTAL SUPPOSITORY 50 MG	3	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1		<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1		<i>indomethacin oral capsule, extended release 75 mg</i>	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 - 3.6 MILLION)	4	PA	<i>ketoprofen oral capsule 25 mg</i>	1	ST
FELDENE ORAL CAPSULE 10 MG, 20 MG	3	ST	<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>fenoprofen oral tablet 600 mg</i>	1	ST	<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL	LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	1		LODINE ORAL TABLET 400 MG	3	ST
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1		<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1		<i>mefenamic acid oral capsule 250 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1		<i>meloxicam oral tablet 15 mg</i>	1	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1		<i>meloxicam oral tablet 7.5 mg</i>	1	QL
INDOCIN ORAL SUSPENSION 25 MG/5 ML	3	ST	<i>meloxicam submicronized oral capsule 10 mg</i>	1	ST
			<i>meloxicam submicronized oral capsule 5 mg</i>	1	ST; QL
			MOBIC ORAL TABLET 15 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
MOBIC ORAL TABLET 7.5 MG	3	ST; QL	<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	ST
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1		NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	3	ST
NALFON ORAL TABLET 600 MG	3	ST	<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	1	ST
<i>naloxone injection solution 0.4 mg/ml</i>	1		NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1		NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	3	PA; QL
<i>naltrexone oral tablet 50 mg</i>	1		ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	4	PA
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	3	ST	<i>oxaprozin oral tablet 600 mg</i>	1	
NAPROSYN ORAL SUSPENSION 125 MG/5 ML	3	ST	<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	1	
NAPROSYN ORAL TABLET 500 MG	3	ST	<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	ST	RELAFEN ORAL TABLET 500 MG, 750 MG	3	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1				
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1				
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1				

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Drug Name	Drug Tier	Requirements / Limits
salsalate oral tablet 500 mg, 750 mg	1	
st.joseph aspirin oral tablet,chewable 81 mg	0	covered at \$0 for ages 69 and younger; OTC
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	0	covered at \$0 for ages 69 and younger; OTC
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin oral capsule 400 mg	1	ST
tolmetin oral tablet 200 mg	1	
tolmetin oral tablet 600 mg	1	ST
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	ST; QL
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	ST; QL
TRAMADOL ORAL TABLET 100 MG	3	
tramadol oral tablet 50 mg	1	QL
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	PA; QL
tramadol- acetaminophen oral tablet 37.5-325 mg	1	QL
ULTRACET ORAL TABLET 37.5-325 MG	3	QL
ULTRAM ORAL TABLET 50 MG	3	QL
VIMOVO ORAL TABLET,IR,DELA YED REL,BIPHASIC 375-20 MG, 500-20 MG	3	ST
VIVITROL INTRAMUSCULA R SUSPENSION,EXT ENDED REL RECON 380 MG	4	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7- 1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	
PSYCHOTHERAPEUTIC DRUGS		

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	Drug Name	Drug Tier	Requirements / Limits
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL	ADZENYS XR-ODT ORAL TABLET,DISINTEGRATING ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	3	ST
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL	<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	3	QL	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG	3		<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG	3	ST	<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG	3	ST	<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
			<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
			<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
			<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
			ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG	3	

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	Drug Name	Drug Tier	Requirements / Limits
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	3	ST; QL	BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	ST; QL
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHA SIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	3	ST	<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
<i>aripiprazole oral solution 1 mg/ml</i>	1		<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL	<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL	<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	ST; QL	<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	QL	<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG	3		<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1		<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1		<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL	<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3		<i>dextroamphetamine oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	3	ST	<i>dextroamphetamine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	2	ST	<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG	3	ST; QL	<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1		<i>dextroamphetamine oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
DESOXYN ORAL TABLET 5 MG	3		<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	
DESVENLAFAVIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG	3	ST; QL	<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL	<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG	3	ST	<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
			<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	

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	Drug Name	Drug Tier	Requirements / Limits
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1		EVEKEO ODT ORAL TABLET,DISINTE GRATING 10 MG, 15 MG, 20 MG, 5 MG	3	
<i>doxepin oral concentrate 10 mg/ml</i>	1		EVEKEO ORAL TABLET 10 MG, 5 MG	3	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	ST; QL	FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	3	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL	FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	3	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL	FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	2	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	ST	FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	3	ST; QL	<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	3		<i>fluoxetine oral capsule 20 mg</i>	1	
<i>ergoloid oral tablet 1 mg</i>	1		<i>fluoxetine oral capsule,delayed release(dr/ec) 90 mg</i>	1	QL
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1		<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL	<i>fluoxetine oral tablet 10 mg</i>	1	ST; QL
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL			

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	ST	HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	5	PA; QL
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1		HETLIOZ ORAL CAPSULE 20 MG	5	PA; QL
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1		<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1		<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	QL	INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 6 MG, 9 MG	3	QL
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	ST; QL	JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL	KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG	3	ST
<i>FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG</i>	3	ST; QL	KETAMINE SUBLINGUAL TROCHE 100 MG	3	
<i>GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG</i>	3	QL	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1		<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1				
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1				

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	Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate oral tablet 300 mg</i>	1		<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1		<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG	3		<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1		<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1		<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1		<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1		METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1		<i>methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg</i>	1	
MARPLAN ORAL TABLET 10 MG	3		<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>methamphetamine oral tablet 5 mg</i>	1		<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
METHYLINE ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	3		<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<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>	1	ST			

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
MKO (MIDAZOLAM- KETAMINE- ONDAN) SUBLINGUAL TROCHE 3-25-2 MG	3		<i>olanzapine-</i> <i>fluoxetine oral</i> <i>capsule 12-25 mg,</i> <i>12-50 mg, 3-25 mg,</i> <i>6-25 mg, 6-50 mg</i>	1	
<i>modafinil oral tablet</i> 100 mg, 200 mg	1	ST; QL	<i>oxazepam oral</i> <i>capsule 10 mg, 15</i> <i>mg, 30 mg</i>	1	
<i>molindone oral</i> tablet 10 mg, 25 mg, 5 mg	1		<i>paliperidone oral</i> <i>tablet extended</i> <i>release 24hr 1.5 mg,</i> <i>3 mg, 6 mg, 9 mg</i>	1	QL
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	ST	PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG	3	
NARDIL ORAL TABLET 15 MG	3		PARNATE ORAL TABLET 10 MG	3	
<i>nefazodone oral</i> tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1		<i>paroxetine hcl oral</i> <i>tablet 10 mg, 20 mg,</i> <i>30 mg, 40 mg</i>	1	QL
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3		<i>paroxetine hcl oral</i> <i>tablet extended</i> <i>release 24 hr 12.5</i> <i>mg, 25 mg, 37.5 mg</i>	1	ST; QL
<i>nortriptyline oral</i> <i>capsule 10 mg, 25</i> <i>mg, 50 mg, 75 mg</i>	1		<i>paroxetine</i> <i>mesylate(menop.sym</i> <i>) oral capsule 7.5</i> <i>mg</i>	1	ST; QL
<i>nortriptyline oral</i> <i>solution 10 mg/5 ml</i>	1		PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	3	ST; QL
<i>olanzapine oral</i> <i>tablet 10 mg, 15 mg,</i> <i>2.5 mg, 20 mg, 5 mg,</i> <i>7.5 mg</i>	1	QL	PAXIL ORAL SUSPENSION 10 MG/5 ML	3	ST
<i>olanzapine oral</i> <i>tablet,disintegrating</i> <i>10 mg, 15 mg, 20</i> <i>mg, 5 mg</i>	1	QL	PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1		RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1		REMERON ORAL TABLET 15 MG, 30 MG	3	
<i>phenelzine oral tablet 15 mg</i>	1		REMERON SOLTAB ORAL TABLET,DISINTE GRATING 15 MG, 30 MG, 45 MG	3	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1		RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG	3	QL
<i>procentra oral solution 5 mg/5 ml</i>	1		RISPERDAL ORAL SOLUTION 1 MG/ML	3	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1		RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	QL
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL	<i>risperidone oral solution 1 mg/ml</i>	1	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL	<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG</i>	2	ST	<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)</i>	2	ST	RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	ST
<i>ramelteon oral tablet 8 mg</i>	1	QL			

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	3		<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>seconal sodium oral capsule 100 mg</i>	1	QL	<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	3	QL	<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>sertraline oral concentrate 20 mg/ml</i>	1		TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	ST; QL
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL	<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
SILENOR ORAL TABLET 3 MG, 6 MG	3	ST; QL	<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
SUNOSI ORAL TABLET 150 MG, 75 MG	2	ST; QL	<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	ST; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3		VERSACLOZ ORAL SUSPENSION 50 MG/ML	3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL	VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	5	PA; QL
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1		WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	ST; QL
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1		XYREM ORAL SOLUTION 500 MG/ML	4	PA; QL
TRANXENE T-TAB ORAL TABLET 7.5 MG	3				
<i>tranylcypromine oral tablet 10 mg</i>	1				

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Drug Name	Drug Tier	Requirements / Limits
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; QL
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	QL
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	QL
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	1	QL
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	ST; QL
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	4	PA
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG	3	QL

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA ZYDIS ORAL TABLET,DISINTE GRATING 10 MG, 15 MG, 20 MG, 5 MG	3	QL
CARDIOVASCULAR, HYPERTENSION & LIPIDS ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	3	ST
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	3	ST
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
NORPACE ORAL CAPSULE 100 MG, 150 MG	3	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
RYTHMOL SR ORAL CAPSULE, EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG	3	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	

ANTIHYPERTENSIVE THERAPY

Drug Name	Drug Tier	Requirements / Limits
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG	3	ST
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG	3	
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG	3	
<i>amiloride oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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	Drug Name	Drug Tier	Requirements / Limits
<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		BIDIL ORAL TABLET 20-37.5 MG	3	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1		bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1		bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
<i>amlodipine-valsartan-hcthzid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1		bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1		CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG	3	ST
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1		candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1		candesartan-hydrochlorothiazide oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1		captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1		captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
			CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	

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	Drug Name	Drug Tier	Requirements / Limits
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3		CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR	3	QL
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3		<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	3	ST; QL	<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	3	ST; QL	<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL
CAROSPIR ORAL SUSPENSION 25 MG/5 ML	3	ST	CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG	3	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1		COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	3	ST
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1		CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	3	ST
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1		DEMSER ORAL CAPSULE 250 MG	2	PA
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR	3	QL	DIBENZYLINE ORAL CAPSULE 10 MG	3	PA
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR	3	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>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1		<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1		<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1		<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1		<i>eprosartan oral tablet 600 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1		<i>ethacrynic acid oral tablet 25 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5 ML	3		<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL	<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
DYRENium ORAL CAPSULE 100 MG, 50 MG	3		<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG	2	ST	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
EDECrin ORAL TABLET 25 MG	3		<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1		<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
			<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
			<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
			<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1		LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	3	
INSPRA ORAL TABLET 25 MG, 50 MG	3		LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1		<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1		MAXZIDE ORAL TABLET 75-50 MG	3	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1		MAXZIDE-25MG ORAL TABLET 37.5-25 MG	3	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1		<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG	3		<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1		metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1		<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	ST	<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1		<i>metyrosine oral capsule 250 mg</i>	1	PA
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	3	

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	Drug Name	Drug Tier	Requirements / Limits
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1		<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1		<i>olmesartan- amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5- 12.5 mg, 40-5-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1		<i>olmesartan- hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40- 25 mg</i>	1	
<i>nadolol- bendroflumethiazide oral tablet 80-5 mg</i>	1		ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1		<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1		<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1		<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1		<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1		PRINIVIL ORAL TABLET 20 MG	3	
<i>nimodipine oral capsule 30 mg</i>	1		PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG	3	ST
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1				
NYMALIZE ORAL SOLUTION 60 MG/10 ML	3				
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	3				

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	Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1		<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1		TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1		<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazide oral tablet 40-25 mg, 80-25 mg</i>	1		<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1		<i>telmisartan-hydrochlorothiazide oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1		TENORMIN ORAL TABLET 25 MG	3	ST
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1		<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1		THALITONE ORAL TABLET 15 MG	3	
<i>spironolactone-hydrochlorothiazide oral tablet 25-25 mg</i>	1		<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	ST			

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

Drug Name	Drug Tier	Requirements / Limits
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazide oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazide 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	4	PA

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	3	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG	3	ST

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG	3	ST	ARIIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	5	
ZESTORETIC ORAL TABLET 10- 12.5 MG, 20-12.5 MG, 20-25 MG	3		<i>aspirin-dipyridamole</i> <i>oral capsule, er</i> <i>multiphase 12 hr 25-</i> <i>200 mg</i>	1	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	3		BRILINTA ORAL TABLET 60 MG, 90 MG	2	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG	3	ST	CABLIVI INJECTION KIT 11 MG	4	PA
CARDIAC GLYCOSIDES					
digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1		<i>cilostazol oral tablet</i> <i>100 mg, 50 mg</i>	1	
digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1		<i>clopidogrel oral</i> <i>tablet 300 mg, 75 mg</i>	1	
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1		<i>dipyridamole oral</i> <i>tablet 25 mg, 50 mg,</i> <i>75 mg</i>	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1		DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	4	PA; QL
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	3		EFFIENT ORAL TABLET 10 MG, 5 MG	3	
COAGULATION THERAPY					
			ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
			ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA

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	Drug Name	Drug Tier	Requirements / Limits
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4		<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<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>	4		<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<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>	4		<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1		<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	3		<i>heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml</i>	1	
<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>	1		<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
			<i>heparin lockflush(porcine)(pf) intravenous syringe 100 unit/ml</i>	1	
			HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
			<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	

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	Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1		<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	2		PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1		<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3		<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1		<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	1		<i>vitamin k1 injection solution 10 mg/ml</i>	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	3		<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	
<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		XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	PA
MEPHYTON ORAL TABLET 5 MG	3	QL	XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
<i>pentoxifylline oral tablet extended release 400 mg</i>	1		ZONTIVITY ORAL TABLET 2.08 MG	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS					
			ANTARA ORAL CAPSULE 30 MG, 90 MG	3	ST

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Drug Name	Drug Tier	Requirements / Limits
atorvastatin oral tablet 10 mg, 20 mg	0	\$0 for ages 40-75 years; QL
atorvastatin oral tablet 40 mg, 80 mg	1	QL
cholestyramine (with sugar) oral powder 4 gram	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral powder in packet 3.75 gram	1	
colesevelam oral tablet 625 mg	1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM	3	ST
COLESTID ORAL GRANULES 5 GRAM	3	ST
COLESTID ORAL PACKET 5 GRAM	3	ST
COLESTID ORAL TABLET 1 GRAM	3	ST
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	

Drug Name	Drug Tier	Requirements / Limits
EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML	5	PA
ezetimibe oral tablet 10 mg	1	ST
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
FENOFRIBRATE ORAL CAPSULE 150 MG, 50 MG	3	ST
fenofibrate oral tablet 120 mg, 40 mg	1	ST
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG	3	ST
FIBRICOR ORAL TABLET 105 MG, 35 MG	3	ST
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	3	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	0	\$0 for ages 40-75 years; QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	0	\$0 for ages 40-75 years; QL
<i>gemfibrozil oral tablet 600 mg</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	3	ST; QL
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	2	ST
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	ST; QL
LOPID ORAL TABLET 600 MG	3	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	0	\$0 for ages 40-75 years; QL
LOVAZA ORAL CAPSULE 1 GRAM	3	PA
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACOR ORAL TABLET 500 MG	3	

Drug Name	Drug Tier	Requirements / Limits
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG	3	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	0	\$0 for ages 40-75 years; QL
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	3	ST
QUESTRAN ORAL POWDER 4 GRAM	3	ST
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	3	ST
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA; QL
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA; QL

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Drug Name	Drug Tier	Requirements / Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	0	\$0 for ages 40-75 years; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	PA; QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	0	\$0 for ages 40-75 years; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 135 MG, 45 MG	3	ST
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	2	QL
VYNDAMAX ORAL CAPSULE 61 MG	4	PA
VYNDAQEL ORAL CAPSULE 20 MG	4	PA
NITRATES		
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG	3	
ISORDIL ORAL TABLET 40 MG	3	
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	
MINITRAN TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>nitro-bid transdermal ointment 2 %</i>	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR	3	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY	3	
NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY	3	
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG	3	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	3	ST
<i>calcipotriene scalp solution 0.005 %</i>	1	QL
<i>calcipotriene topical cream 0.005 %</i>	1	QL
<i>calcipotriene topical ointment 0.005 %</i>	1	QL
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	1	QL
<i>calcipotriene-betamethasone topical suspension 0.005-0.064 %</i>	1	QL
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
DOVONEX TOPICAL CREAM 0.005 %	3	QL
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	QL
EPIFOAM TOPICAL FOAM 1-1 %	3	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	ST

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	3		SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; QL
OVACE PLUS TOPICAL CLEANSER 10 %	3		SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL
OVACE PLUS TOPICAL CREAM 10 %	3		SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	4	PA; QL
OVACE PLUS TOPICAL LOTION 9.8 %	3		SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 %	3		SORILUX TOPICAL FOAM 0.005 %	3	QL
OVACE TOPICAL CLEANSER 10 %	3		STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 %	3	ST	STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	4	PA; QL
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	3	ST	STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	4	PA; QL
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	3	ST	<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>selenium sulfide topical lotion 2.5 %</i>	1		<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1		<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
SELRX TOPICAL SHAMPOO 2.3 %	3				

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Drug Name	Drug Tier	Requirements / Limits
TACLONEX TOPICAL OINTMENT 0.005- 0.064 %	3	QL
TACLONEX TOPICAL SUSPENSION 0.005-0.064 %	2	QL
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	4	PA; QL
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; QL
TERSI FOAM TOPICAL FOAM 2.25 %	3	
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM	3	
BURN THERAPY		
SILVADENE TOPICAL CREAM 1 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
KERATOLYTICS		
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 %	3	ST
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 %	3	ST
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream 12 %</i>	1	
<i>ammonium lactate topical lotion 12 %</i>	1	
CANTHARIDIN IN ACETONE TOPICAL SOLUTION 0.7 %	3	
CONDYLOX TOPICAL GEL 0.5 %	3	QL
CORTANE-B TOPICAL LOTION 1-1-0.1 %	3	
EFUDEX TOPICAL CREAM 5 %	3	
FLUOROPLEX TOPICAL CREAM 1 %	3	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>iodine-sodium iodide topical tincture 2 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	3	
IODOSORB TOPICAL GEL 0.9 %	3	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
<i>methyl salicylate topical liquid</i>	1	
PANRETIN TOPICAL GEL 0.1 %	3	
<i>pimecrolimus topical cream 1 %</i>	1	ST; QL
<i>podofilox topical solution 0.5 %</i>	1	
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 %	3	ST; QL
QBREXZA TOPICAL TOWELETTE 2.4 %	3	PA
SCENESSE SUBCUTANEOUS IMPLANT 16 MG	5	PA
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	ST; QL
TOLAK TOPICAL CREAM 4 %	3	
VALCHLOR TOPICAL GEL 0.016 %	4	PA
<i>wintergreen oil oil</i>	1	

Drug Name	Drug Tier	Requirements / Limits
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG	3	ST
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG	3	ST
<i>accutane oral capsule 20 mg, 30 mg, 40 mg</i>	1	
ACZONE TOPICAL GEL 5 %	3	ST
ACZONE TOPICAL GEL WITH PUMP 7.5 %	3	ST
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
ADAPALENE TOPICAL LOTION 0.1 %	3	ST
<i>adapalene topical solution 0.1 %</i>	1	
<i>adapalene topical swab 0.1 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
AKLIEF TOPICAL CREAM 0.005 %	3	PA
ALTRENO TOPICAL LOTION 0.05 %	3	PA

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1		BENZACLIN PUMP TOPICAL GEL WITH PUMP 1-5 %	3	ST
AMZEEQ TOPICAL FOAM 4 %	2	ST	BENZACLIN TOPICAL GEL 1-5 %	3	ST
ARAZLO TOPICAL LOTION 0.045 %	3	PA	BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	3	ST
AVAR LS TOPICAL CLEANSER 10-2 %	3	ST	<i>benzepro topical towelette 6 %</i>	1	
AVAR LS TOPICAL FOAM 10-2 %	3	ST	<i>benzoyl peroxide topical cleanser 7 %</i>	1	
AVAR LS TOPICAL PADS, MEDICATED 10-2 %	3	ST	<i>benzoyl peroxide topical foam 9.8 %</i>	1	
<i>avar topical cleanser 10-5 % (w/w)</i>	1		<i>bp 10-1 topical cleanser 10-1 %</i>	1	ST
AVAR TOPICAL PADS, MEDICATED 9.5-5 %	3	ST	<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W)	3	ST	CLEOCIN T TOPICAL LOTION 1 %	3	ST; QL
AVAR-E LS TOPICAL CREAM 10-2 %	3	ST	CLINDACIN ETZ TOPICAL KIT 1 %	3	ST
<i>avita topical cream 0.025 %</i>	1	PA	<i>clindacin p topical swab 1 %</i>	1	
AVITA TOPICAL GEL 0.025 %	3	PA	CLINDACIN PAC TOPICAL KIT 1 %	3	ST
<i>azelaic acid topical gel 15 %</i>	1		<i>clindamycin phosphate topical foam 1 %</i>	1	QL
AZELEX TOPICAL CREAM 20 %	3	ST	<i>clindamycin phosphate topical gel 1 %</i>	1	QL
			<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL	<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>clindamycin phosphate topical solution 1 %</i>	1	QL	<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>clindamycin phosphate topical swab 1 %</i>	1		EVOCLIN TOPICAL FOAM 1 %	3	ST; QL
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1		FABIOR TOPICAL FOAM 0.1 %	3	PA
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	1		FINACEA TOPICAL FOAM 15 %	2	ST
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	PA	FINACEA TOPICAL GEL 15 %	3	ST
<i>dapsone topical gel 5 %</i>	1		INOVA TOPICAL COMBO PACK 4-5 %, 8-5 %	3	ST
<i>dapsone topical gel with pump 7.5 %</i>	1		<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
DIFFERIN TOPICAL CREAM 0.1 %	3	ST	<i>ivermectin topical cream 1 %</i>	1	QL
DIFFERIN TOPICAL GEL WITH PUMP 0.3 %	3	ST	METROCREAM TOPICAL CREAM 0.75 %	3	ST
DIFFERIN TOPICAL LOTION 0.1 %	3	ST	METROGEL TOPICAL GEL 1 %	3	ST
ENZOCLEAR TOPICAL FOAM 9.8 %	3	ST	<i>metronidazole topical cream 0.75 %</i>	1	
<i>ery pads topical swab 2 %</i>	1		<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>erygel topical gel 2 %</i>	1		<i>metronidazole topical gel with pump 1 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical lotion 0.75 %</i>	1		RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1		RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 %	3	PA
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	3	ST	RETIN-A TOPICAL GEL 0.01 %, 0.025 %	3	PA
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1		<i>rosadan topical cream 0.75 %</i>	1	
NORITATE TOPICAL CREAM 1 %	3	ST	<i>rosadan topical gel 0.75 %</i>	1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	2	ST	ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 %	3	ST
PACNEX TOPICAL CLEANSER 7 %	3	ST	ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 %	3	ST
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 %	3	ST	ROSANIL TOPICAL CLEANSER 10-5 % (W/W)	3	ST
PLEXION TOPICAL CLEANSER 9.8-4.8 %	3	ST	<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	1	
PLEXION TOPICAL CREAM 9.8-4.8 %	3	ST	ROSULA TOPICAL CLEANSER 10-4.5 %	3	ST
PLEXION TOPICAL LOTION 9.8-4.8 %	3	ST	SOOLANTRA TOPICAL CREAM 1 %	3	ST; QL
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	3	ST	<i>sss 10-5 topical cream 10-5 % (w/w)</i>	1	
			<i>sss 10-5 topical foam 10-5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	1		SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25	3	ST
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1		SUMAXIN CP TOPICAL KIT 10-4 %	3	ST
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1		SUMAXIN TOPICAL CLEANSER 9-4 %	3	ST
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %	1		SUMAXIN TOPICAL PADS, MEDICATED 10-4 %	3	ST
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1		SUMAXIN TS TOPICAL SUSPENSION 8-4 %	3	ST
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %	1		tazarotene topical cream 0.1 %	1	PA
sulfacleanse 8-4 topical suspension 8-4 %	1	ST	TAZORAC TOPICAL CREAM 0.05 %	2	PA
SUMADAN TOPICAL CLEANSER 9-4.5 %	3	ST	TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	PA
SUMADAN TOPICAL KIT 9-4.5 %	3	ST	tretinoin microspheres topical gel 0.04 %, 0.1 %	1	PA
			tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	1	PA
			tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA
			tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA

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Drug Name	Drug Tier	Requirements / Limits
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	3	ST
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZIANA TOPICAL GEL 1.2-0.025 %	3	ST
ZILXI TOPICAL FOAM 1.5 %	3	ST
TOPICAL ANESTHETICS		
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA
<i>lidocaine topical ointment 5 %</i>	1	QL
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	QL
<i>lidocort topical cream 3-0.5 %</i>	1	
<i>lta pre-attached laryngotracheal solution 4 %</i>	1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	PA
TOPICAL ANTIBACTERIALS		
CENTANY AT TOPICAL OINTMENT KIT 2 %	3	ST; QL
CENTANY TOPICAL OINTMENT 2 %	3	ST; QL
<i>gentamicin topical cream 0.1 %</i>	1	QL
<i>gentamicin topical ointment 0.1 %</i>	1	QL
KLARON TOPICAL SUSPENSION 10 %	3	ST
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
<i>mupirocin calcium topical cream 2 %</i>	1	ST; QL
<i>mupirocin topical ointment 2 %</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 %	3	
<i>strong iodine topical solution 5-10 %</i>	1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLYON TOPICAL CREAM 85 MG/G	2	
SULFAMYLYON TOPICAL PACKET 50 GRAM	3	
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK 0.77 %	3	
CICLODAN KIT TOPICAL SOLUTION 8 %	3	ST
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 %</i>	1	
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox-ure-</i> <i>camph-menth-euc-</i> <i>topical solution 8 %</i>	1	
<i>clotrimazole topical cream 1 %</i>	1	QL
<i>clotrimazole topical solution 1 %</i>	1	QL
<i>clotrimazole-</i> <i>betamethasone</i> <i>topical cream 1-0.05 %</i>	1	QL
<i>clotrimazole-</i> <i>betamethasone</i> <i>topical lotion 1-0.05 %</i>	1	QL
<i>econazole topical cream 1 %</i>	1	QL
ERTACZO TOPICAL CREAM 2 %	3	QL
EXELDERM TOPICAL CREAM 1 %	3	QL
EXELDERM TOPICAL SOLUTION 1 %	3	QL
EXTINA TOPICAL FOAM 2 %	3	QL
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
<i>ketodan kit topical combo pack 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits	
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	3	QL	<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL	
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	3	QL	<i>nystatin topical powder 100,000 unit/gram</i>	1	QL	
LOPROX KIT TOPICAL COMBO PACK 0.77 %	3	QL	<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL	
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	3	QL	<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL	
LOPROX TOPICAL SHAMPOO 1 %	3	QL	<i>nystop topical powder 100,000 unit/gram</i>	1	QL	
LUZU TOPICAL CREAM 1 %	3	QL	<i>oxiconazole topical cream 1 %</i>	1	QL	
MENTAX TOPICAL CREAM 1 %	3	QL	OXISTAT TOPICAL CREAM 1 %	3	QL	
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	QL	OXISTAT TOPICAL LOTION 1 %	3	QL	
<i>naftifine topical cream 1 %, 2 %</i>	1	QL	VUSION TOPICAL OINTMENT 0.25-15-81.35 %	3	QL	
<i>naftifine topical gel 1 %</i>	1	QL	TOPICAL ANTIVIRALS			
NAFTIN TOPICAL GEL 1 %, 2 %	3	QL	<i>acyclovir topical cream 5 %</i>	1	PA; QL	
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL	<i>acyclovir topical ointment 5 %</i>	1	PA; QL	
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL	DENAVIR TOPICAL CREAM 1 %	3		
			XERESE TOPICAL CREAM 5-1 %	3		

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Drug Name	Drug Tier	Requirements / Limits
ZOVIRAX TOPICAL CREAM 5 %	3	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	
ALA-SCALP TOPICAL LOTION 2 %	3	ST
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>amcinonide topical cream 0.1 %</i>	1	ST
<i>amcinonide topical lotion 0.1 %</i>	1	ST
<i>apexicon e topical cream 0.05 %</i>	1	ST
<i>beser topical lotion 0.05 %</i>	1	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
BRYHALI TOPICAL LOTION 0.01 %	3	ST
CAPEX TOPICAL SHAMPOO 0.01 %	3	ST
<i>clobetasol scalp solution 0.05 %</i>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam 0.05 %</i>	1	ST; QL
<i>clobetasol topical gel 0.05 %</i>	1	QL
<i>clobetasol topical lotion 0.05 %</i>	1	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	ST; QL	<i>desonide topical lotion 0.05 %</i>	1	ST
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL	<i>desonide topical ointment 0.05 %</i>	1	
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST; QL	DESOWEN TOPICAL LOTION 0.05 %	3	ST
CLOBEX TOPICAL SHAMPOO 0.05 %	3	ST; QL	<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	ST
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 %	3	ST; QL	<i>desoximetasone topical gel 0.05 %</i>	1	ST
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 %	3	ST	<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL	<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	1	ST
CLODERM TOPICAL CREAM 0.1 %	3	ST	<i>desrx topical gel 0.05 %</i>	1	ST
DERMA-SMOOTH/EFS BODY OIL TOPICAL OIL 0.01 %	3	ST	<i>diflorasone topical cream 0.05 %</i>	1	ST; QL
DERMA-SMOOTH/EFS SCALP OIL SCALP OIL 0.01 %	3	ST	<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL
DESONATE TOPICAL GEL 0.05 %	3	ST	DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 %	3	ST
<i>desonide topical cream 0.05 %</i>	1		DUOBRII TOPICAL LOTION 0.01-0.045 %	3	ST; QL
<i>desonide topical gel 0.05 %</i>	1	ST	<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
			<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
			<i>fluocinolone topical oil 0.01 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1	QL
<i>fluocinonide topical ointment 0.05 %</i>	1	QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	3	ST
<i>halobetasol propionate topical ointment 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>HALOG TOPICAL CREAM 0.1 %</i>	3	ST
<i>HALOG TOPICAL OINTMENT 0.1 %</i>	3	ST
<i>HALOG TOPICAL SOLUTION 0.1 %</i>	3	ST
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
IMPOYZ TOPICAL CREAM 0.025 %	3	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM	3	ST; QL
LEXETTE TOPICAL FOAM 0.05 %	3	ST
LUXIQ TOPICAL FOAM 0.12 %	3	ST
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
NUCORT TOPICAL LOTION 2 %	3	ST
OLUX TOPICAL FOAM 0.05 %	3	ST; QL
OLUX-E TOPICAL FOAM 0.05 %	3	ST; QL
PANDEL TOPICAL CREAM 0.1 %	3	ST
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
PROCTOCORT TOPICAL CREAM 1 %	3	ST
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	3	ST
<i>scalacort topical lotion 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 %	3	ST
SYNALAR CREAM KIT TOPICAL CREAM 0.025 %	3	ST
SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 %	3	ST
SYNALAR TOPICAL CREAM 0.025 %	3	ST
SYNALAR TOPICAL OINTMENT 0.025 %	3	ST
SYNALAR TOPICAL SOLUTION 0.01 %	3	ST
SYNALAR TS TOPICAL KIT 0.01 %	3	ST
TEMOVATE TOPICAL OINTMENT 0.05 %	3	ST; QL
TEXACORT TOPICAL SOLUTION 2.5 %	3	ST
TOPICORT TOPICAL CREAM 0.05 %, 0.25 %	3	ST
TOPICORT TOPICAL GEL 0.05 %	3	ST

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Drug Name	Drug Tier	Requirements / Limits
TOPICORT	3	ST
TOPICAL OINTMENT 0.05 %, 0.25 %		
<i>tovet emollient topical foam 0.05 %</i>	1	ST; QL
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	ST; QL
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TRIDESILON TOPICAL CREAM 0.05 %	3	ST
<i>tritocin topical ointment 0.05 %</i>	1	ST
ULTRAVATE TOPICAL LOTION 0.05 %	3	ST

Drug Name	Drug Tier	Requirements / Limits
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
ELIMITE TOPICAL CREAM 5 %	3	
EURAX TOPICAL CREAM 10 %	3	
EURAX TOPICAL LOTION 10 %	3	
<i>ivermectin topical lotion 0.5 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
OVIDE TOPICAL LOTION 0.5 %	3	
<i>permethrin topical cream 5 %</i>	1	
<i>spinosad topical suspension 0.9 %</i>	1	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L	3		<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>ringer's irrigation solution</i>	1		CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML	3	
SORBITOL IRRIGATION SOLUTION 3 %	3		CARNITOR ORAL SOLUTION 100 MG/ML	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML	3		CARNITOR ORAL TABLET 330 MG	3	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1		<i>cevimeline oral capsule 30 mg</i>	1	
MISCELLANEOUS AGENTS			<i>deferiprone oral tablet 500 mg</i>	4	PA
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1		<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>acetic acid irrigation solution 0.25 %</i>	1		<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	4	PA
AGRYLIN ORAL CAPSULE 0.5 MG	3		EVOXAC ORAL CAPSULE 30 MG	3	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1		FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1		FERRIPROX ORAL TABLET 1,000 MG	4	PA
<i>aqua care sterile water irrigation solution</i>	1		FERRIPROX ORAL TABLET 500 MG	5	PA
			<i>FERRLECIT INTRAVENOUS SOLUTION 62.5 MG/5 ML</i>	3	PA
			<i>GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML</i>	5	PA

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
GLEOLAN ORAL RECON SOLN 30 MG/ML	3		sodium chloride 0.9 % intravenous parenteral solution	1	
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML	3		sodium chloride 0.9 % intravenous piggyback	1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1		<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1		<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	1	PA
<i>levocarnitine oral tablet 330 mg</i>	1		SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML	3	
LITHOSTAT ORAL TABLET 250 MG	3		THIOLA EC ORAL TABLET,DELAYE D RELEASE (DR/EC) 100 MG, 300 MG	5	PA
METOPIRONE ORAL CAPSULE 250 MG	3		THIOLA ORAL TABLET 100 MG	5	PA
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1		TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	3	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1		<i>tiopronin oral tablet 100 mg</i>	4	PA
RILUTEK ORAL TABLET 50 MG	3	PA	<i>water for irrigation, sterile irrigation solution</i>	1	
<i>riluzole oral tablet 50 mg</i>	1	PA	ZOKINVY ORAL CAPSULE 50 MG, 75 MG	5	PA; ST; QL
<i>risedronate oral tablet 30 mg</i>	1	QL	SMOKING DETERRENTS		
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3		<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	0	\$0 for ages 18 and older for first 180 days
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1				
<i>sodium chloride 0.9 % injection solution</i>	1				

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	0	\$0 for ages 18 and older for first 180 days; OTC	NICOTROL INHALATION CARTRIDGE 10 MG	0	\$0 for ages 18 and older for first 180 days
NICORETTE BUCCAL GUM 2 MG	0	\$0 for ages 18 and older for first 180 days; OTC	NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	0	\$0 for ages 18 and older for first 180 days
<i>nicorette buccal gum 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC	<i>quit 2 buccal gum 2 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	0	\$0 for ages 18 and older for first 180 days; OTC	<i>quit 2 buccal lozenge 2 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	0	\$0 for ages 18 and older for first 180 days; OTC	<i>quit 4 buccal gum 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC	<i>quit 4 buccal lozenge 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC	<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	0	\$0 for ages 18 and older for first 180 days; OTC	<i>varenicline oral tablet 0.5 mg, 1 mg</i>	0	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	0	\$0 for ages 18 and older for first 180 days; OTC	EAR, NOSE & THROAT MEDICATIONS		
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	0	\$0 for ages 18 and older for first 180 days; OTC	MISCELLANEOUS AGENTS		
			<i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i>	1	QL
			<i>azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1		<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	QL
CLINPRO 5000 DENTAL PASTE 1.1 %	3		MUGARD MUCOUS MEMBRANE SOLUTION	3	
<i>denta 5000 plus dental cream 1.1 %</i>	1		<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL
<i>dentagel dental gel 1.1 %</i>	1		<i>oralone dental paste 0.1 %</i>	1	
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION	3		ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH	3	
<i>fluoride (sodium) dental cream 1.1 %</i>	1		<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1		PATANASE NASAL SPRAY,NON-AEROSOL 0.6 %	3	QL
<i>fluoride (sodium) dental paste 1.1 %</i>	1		PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 %	3	
<i>fluoride (sodium) dental solution 0.2 %</i>	1		<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	3		<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	3		PREVENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	3	
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET	3				
GELX MUCOUS MEMBRANE GEL	3				

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
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	3	
PREVIDENT SENSITIVE DENTAL PASTE 1.1-5 %	3	
PREVIDENT DENTAL GEL 1.1 %	3	
PREVIDENT DENTAL SOLUTION 0.2 %	3	
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML	5	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 dry mouth dental gel 1.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 %	3	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	3	
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 %	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	

ENDOCRINE/DIABETES

ADRENAL HORMONES

CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG	3	
<i>decadron oral tablet 0.5 mg</i>	1	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	ST
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<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>	1	ST
DXEVO ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS)	3	ST
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hidex oral tablets,dose pack 1.5 mg (21 tabs)</i>	1	ST
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	
<i>millipred oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ORAPRED ODT ORAL TABLET,DISINTE GRATING 10 MG, 15 MG, 30 MG	3	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	
RAYOS ORAL TABLET,DELAYE D RELEASE (DR/EC) 1 MG, 2 MG, 5 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS)	3	ST
TRIENSENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML	3	
ZCORT ORAL TABLETS,DOSE PACK 1.5 MG (25 TABS)	3	ST
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SSKI ORAL SOLUTION 1 GRAM/ML	3	
TAPAZOLE ORAL TABLET 10 MG, 5 MG	3	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
ONETOUCH ULTRA TEST STRIP	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC	GLUCAGON HCL INJECTION RECON SOLN 1 MG/ML	3	
PRECISION XTRA TEST STRIP	2	OTC	INSPIRACHAMBE R SPACER	2	
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT					
ACE AEROSOL CLOUD ENHANCER SPACER	2		INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	
AEROCHAMBER MINI SPACER	2		LITEAIRE MDI CHAMBER SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2		MICROCHAMBER SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2		MICROSPACER SPACER	2	
AEROTRACH PLUS SPACER	2		OPTICHAMBER DIAMOND VHC SPACER	2	
AEROVENT PLUS SPACER	2		POCKET CHAMBER SPACER	2	
BREATHERITE MDI SPACER SPACER	2		PRIMEAIRE SPACER	2	
COMPACT SPACE CHAMBER SPACER	2		PROCHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2		RITEFLO AEROCHAMBER SPACER	2	
FLEXICHAMBER SPACER	2		SPACE CHAMBER SPACER	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
TRIARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST	GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
VORTEX HOLDING CHAMBER SPACER	2		PROGLYCEM ORAL SUSPENSION 50 MG/ML	2	
GLUCOSE ELEVATING AGENTS					
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL	ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	2	QL
diazoxide oral suspension 50 mg/ml	1		ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	2	QL
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT		
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	QL	AT HOME A1C DEVICE	3	OTC
glucagon emergency kit (human) injection recon soln 1 mg	1	QL	AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL	AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
			BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
			BD MICROTAINER LANCET 30 GAUGE	2	OTC

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2		EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE	3	
BD ULTRA FINE LANCETS 33 GAUGE	2	OTC	FORA GTEL MULTI-FUNCTN MONITOR DEVICE	3	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC	FORA TN'G ADVANCE PRO MONITOR DEVICE	3	OTC
CEQUR SIMPLICITY DEVICE 2 UNIT	3		FREESTYLE FREEDOM KIT	2	OTC
DEXCOM G4 RECEIVER	2		FREESTYLE FREEDOM LITE KIT	2	OTC
DEXCOM G4 TRANSMITTER DEVICE	2	QL	FREESTYLE INSULINX	2	OTC
DEXCOM G5 RECEIVER	2		FREESTYLE LIBRE 14 DAY READER	2	
DEXCOM G5-G4 SENSOR DEVICE	2	QL	FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL
DEXCOM G6 RECEIVER	2		FREESTYLE LIBRE 2 READER	2	
DEXCOM G6 SENSOR DEVICE	2	QL	FREESTYLE LIBRE 2 SENSOR KIT	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL	FREESTYLE LITE METER KIT	2	OTC
DEXCOM RECEIVER	2		GENTEEL VACUUM LANCING DEVICE COMBO PACK	3	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3 SOLUTION	3	OTC	GOJJI MULTI-FUNCTIONAL METER KIT	3	OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2"	3				
ENLITE SYSTEM	3				

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
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR NOVOLOG OR FIASP) SUBCUTANEOUS INSULIN PEN	3	
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	3	
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH ULTRAMINI KIT	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO IQ METER	2	OTC
ONETOUCH VERIO METER	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC

Drug Name	Drug Tier	Requirements / Limits
PRECISION XTRA MONITOR	2	OTC
SAFE-CLIP BY MAIL DEVICE	2	OTC
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
INSULIN THERAPY		
BASAGLAR	3	
KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)		
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2		HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMALOG MIX 75-25(U- 100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2		HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2		HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2		LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2		LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2		LEVEMIR FLEXTOUCH U- 100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2		LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2				

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

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

Drug Name	Drug Tier	Requirements / Limits
TRESIBA FLEXTOUCH U- 200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL
MISCELLANEOUS HORMONES		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal spray, non- aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	

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	Drug Name	Drug Tier	Requirements / Limits
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT	3	PA	FORTESTA TRANSDERMAL GEL IN METERED-DOSE PUMP 10 MG/0.5 GRAM /ACTUATION	3	PA; QL
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	5	QL	MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA	METHITEST ORAL TABLET 10 MG	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1		<i>methyltestosterone oral capsule 10 mg</i>	1	
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	2		MIACALCIN INJECTION SOLUTION 200 UNIT/ML	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG	3		NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	2	PA; QL
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML	3	PA	NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG	3	PA; QL
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1		NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG	3	PA; QL
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1				
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	ST			

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	4	QL	<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
ORILISSA ORAL TABLET 150 MG, 200 MG	2	PA; QL	<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	4		<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1		<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>	1	PA; QL
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1		<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>	1	PA; QL
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG	3	ST	<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL
ROCALTROL ORAL SOLUTION 1 MCG/ML	3	ST	<i>VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)</i>	3	PA; QL
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA			
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	PA; ST			
TEPEZZA INTRAVENTOUS RECON SOLN 500 MG	5	PA			

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; QL	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	3	
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	3	PA; QL	CYCLOSET ORAL TABLET 0.8 MG	3	
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML	3	PA; QL	DUETACT ORAL TABLET 30-2 MG, 30-4 MG	3	ST; QL
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML	3		FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	ST	<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
NON-INSULIN HYPOGLYCEMIC AGENTS			<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1		<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
ACTOPLUS MET ORAL TABLET 15- 500 MG, 15-850 MG	3	ST; QL	<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5- 500 mg</i>	1	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG	3	ST; QL	GLUCOTROL ORAL TABLET 10 MG	3	
ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	1	ST; QL	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG	3	
			<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
			<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1		OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML)	2	PA; QL
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG	3		pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL	pioglitazone- glimepiride oral tablet 30-2 mg, 30-4 mg	1	QL
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	ST; QL	pioglitazone- metformin oral tablet 15-500 mg, 15-850 mg	1	QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	ST; QL	PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	ST; QL	repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL	repaglinide- metformin oral tablet 1-500 mg, 2-500 mg	1	QL
metformin oral solution 500 mg/5 ml	1	ST	RIOMET ER ORAL SUSPENSION,EXT ENDED REL RECON 500 MG/5 ML	3	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1		RIOMET ORAL SOLUTION 500 MG/5 ML	3	ST
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	QL	RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
miglitol oral tablet 100 mg, 25 mg, 50 mg	1				
nateglinide oral tablet 120 mg, 60 mg	1				

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Drug Name	Drug Tier	Requirements / Limits
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	2	ST; QL
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	PA; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	PA; QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL
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	2	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	2	ST; QL
THYROID HORMONES		

Drug Name	Drug Tier	Requirements / Limits
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	3	

<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	
<i>westhroid oral tablet</i> 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet,disintegrating 0.125 mg</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	1	
<i>chlordiazepoxide- clidinium oral capsule 5-2.5 mg</i>	1	
<i>dicyclomine oral capsule 10 mg</i>	1	
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	
<i>dicyclomine oral tablet 20 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>diphenoxylate- atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate- atropine oral tablet 2.5-0.025 mg</i>	1	
<i>ed-spaz oral tablet,disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
LEVIBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG	3	
LEVSIN ORAL TABLET 0.125 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG	3	
<i>loperamide oral capsule 2 mg</i>	1	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	1	
NULEV ORAL TABLET,DISINTE GRATING 0.125 MG	3	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>phenobarb-hyoscy- atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy- atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG)	3	

Drug Name	Drug Tier	Requirements / Limits
<i>symax fastabs oral tablet,disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	3	QL
<i>alophen (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
<i>alvimopan oral capsule 12 mg</i>	1	
ANA-LEX KIT RECTAL KIT 2-2 %	3	
ANALPRAM-HC RECTAL CREAM 1-1 %	3	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	ST
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	1	QL	<i>budesonide oral tablet,delayed and ext.release 9 mg</i>	1	
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM	3		<i>calcium acetate(phosphate bind) oral capsule 667 mg</i>	1	QL
AURYXIA ORAL TABLET 210 MG IRON	3		<i>calcium acetate(phosphate bind) oral tablet 667 mg</i>	1	QL
AVSOLA INTRAVENOUS RECON SOLN 100 MG	5	PA	CHENODAL ORAL TABLET 250 MG	4	PA
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3		<i>citrate of magnesia oral solution</i>	0	covered at \$0 for ages 50-75 years; OTC
AZULFIDINE ORAL TABLET 500 MG	3		<i>citroma oral solution</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>balsalazide oral capsule 750 mg</i>	1		<i>clearlax oral powder 17 gram/dose</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC	<i>clearlax oral powder in packet 17 gram</i>	1	covered at \$0 for ages 50-75 years; OTC
<i>bisa-lax (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC	CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	0	\$0 for ages 50-75 years
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	3	QL	COLAZAL ORAL CAPSULE 750 MG	3	
<i>budesonide oral capsule,delayed,extended.release 3 mg</i>	1		COMPATINE ORAL TABLET 10 MG, 5 MG	3	
			COMPATINE RECTAL SUPPOSITORY 25 MG	3	
			<i>compro rectal suppository 25 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>constulose oral solution 10 gram/15 ml</i>	1		ENTOCORT EC ORAL CAPSULE,DELAY ED,EXTEND.RELEASE 3 MG	3	
CORTENEMA RECTAL ENEMA 100 MG/60 ML	3		<i>enulose oral solution 10 gram/15 ml</i>	1	
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000- 114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2		GASTROCROM ORAL CONCENTRATE 100 MG/5 ML	3	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1		GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA
DIPENTUM ORAL CAPSULE 250 MG	3		<i>gavilax oral powder 17 gram/dose</i>	1	covered at \$0 for ages 50-75 years; OTC
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1	QL	<i>gavilax oral powder in packet 8.5 gram</i>	1	OTC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA	<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	0	OTC	<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC
ENTEREG ORAL CAPSULE 12 MG	3		<i>gentrelax oral powder 17 gram/dose</i>	1	covered at \$0 for ages 50-75 years; OTC
			<i>gransetron hcl oral tablet 1 mg</i>	1	QL
			<i>healthylax oral powder in packet 17 gram</i>	1	covered at \$0 for ages 50-75 years; OTC
			<i>hemmorex-hc rectal suppository 25 mg, 30 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1		LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM)	3	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1		<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1		<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	1		<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM	3		<i>magnesium citrate oral solution</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>lactulose oral packet 10 gram</i>	1		MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG	3	PA
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1		<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>laxaclear oral powder 17 gram/dose</i>	1	covered at \$0 for ages 50-75 years; OTC	<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>laxative (bisacodyl) oral tablet 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC	<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	covered at \$0 for ages 50-75 years; OTC	<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	
<i>laxative peg 3350 oral powder 17 gram/dose</i>	0	covered at \$0 for ages 50-75 years; OTC	<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1		<i>mesalamine rectal suppository 1,000 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>miralax oral powder in packet 17 gram</i>	1	covered at \$0 for ages 50-75 years; OTC
MOTEGRITY ORAL TABLET 1 MG, 2 MG	3	QL
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL
<i>natura-lax oral powder 17 gram/dose</i>	0	covered at \$0 for ages 50-75 years; OTC
<i>NULYTELY LEMON-LIME ORAL RECON SOLN 420 GRAM</i>	3	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	0	covered at \$0 for ages 50-75 years; OTC
ORTIKOS ORAL CAPSULE, EXTENDED RELEASE 6 MG, 9 MG	3	
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600- 8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	2	
<i>peg 3350- electrolytes oral recon soln 236- 22.74-6.74 -5.86 gram</i>	0	
<i>peg3350-sod sul- nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	0	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	0	\$0 for ages 50-75 years

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
peg-prep oral kit 5-210 mg-gram	0	\$0 for ages 50-75 years
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	QL
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	0	covered at \$0 for ages 50-75 years; OTC
polyethylene glycol 3350 oral powder 17 gram/dose	1	covered at \$0 for ages 50-75 years; OTC
polyethylene glycol 3350 oral powder in packet 17 gram	1	covered at \$0 for ages 50-75 years; OTC
powderlax oral powder 17 gram/dose	0	covered at \$0 for ages 50-75 years; OTC
powderlax oral powder in packet 17 gram	1	covered at \$0 for ages 50-75 years; OTC
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
PROCORT RECTAL CREAM 1.85-1.15 %	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG	3	ST

Drug Name	Drug Tier	Requirements / Limits
procto-med hc topical cream with perineal applicator 2.5 %	1	
procto-pak topical cream with perineal applicator 1 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	
proctozone-hc topical cream with perineal applicator 2.5 %	1	
purelax oral powder 17 gram/dose	1	covered at \$0 for ages 50-75 years; OTC
purelax oral powder in packet 17 gram	1	covered at \$0 for ages 50-75 years; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
REGLAN ORAL TABLET 10 MG, 5 MG	3	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	3	QL
RENVELA ORAL TABLET 800 MG	3	QL
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	3	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	3	QL

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
scopolamine base transdermal patch 3 day 1 mg over 3 days	1		SYNDROS ORAL SOLUTION 5 MG/ML	3	PA
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1	QL	trimethobenzamide oral capsule 300 mg	1	
sevelamer carbonate oral tablet 800 mg	1	QL	UCERIS ORAL TABLET,DELAYE D AND EXT.RELEASE 9 MG	3	
sevelamer hcl oral tablet 400 mg, 800 mg	1	QL	UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	3		URSO 250 ORAL TABLET 250 MG	3	
smoothlax oral powder 17 gram/dose	1	covered at \$0 for ages 50-75 years; OTC	URSO FORTE ORAL TABLET 500 MG	3	
smoothlax oral powder in packet 17 gram	1	covered at \$0 for ages 50-75 years; OTC	ursodiol oral capsule 200 mg, 300 mg, 400 mg	1	
sodium polystyrene sulfonate oral powder	1		ursodiol oral tablet 250 mg, 500 mg	1	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1		VARUBI ORAL TABLET 90 MG	2	QL
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1		VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA	women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg	0	covered at \$0 for ages 50-75 years; OTC
sulfasalazine oral tablet 500 mg	1		women's laxative (bisacodyl) oral tablet 5 mg	1	covered at \$0 for ages 50-75 years; OTC
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1		ZELNORM ORAL TABLET 6 MG	3	

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
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	
ZOFRAN ORAL TABLET 4 MG	3	QL
ZUPLENZ ORAL FILM 4 MG, 8 MG	3	QL
ULCER THERAPY		
amoxicil- clarithromy- lansopraz oral combo pack 500- 500-30 mg	1	QL
CARAFATE ORAL SUSPENSION 100 MG/ML	3	
CARAFATE ORAL TABLET 1 GRAM	3	
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG	3	

Drug Name	Drug Tier	Requirements / Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	3	ST; QL
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	3	ST
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	ST
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	3	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	ST
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	ST
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	
PEPCID ORAL TABLET 20 MG, 40 MG	3	
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	2	QL
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
<i>FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML</i>	4	PA; QL
<i>MACRILEN ORAL RECON SOLN 0.5 MG/ML</i>	5	QL
<i>MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)</i>	4	

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	Drug Name	Drug Tier	Requirements / Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	4	PA	GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA			
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA; QL			
REBLOZYL SUBCUTANEOUS RECON SOLN 25 MG, 75 MG	5	PA	GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	4	PA
RETACRIT 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	4	PA	NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	4	PA			
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	4	PA	SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	
GROWTH HORMONES					
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	4	PA	INTERFERONS		
			AUBAGIO ORAL TABLET 14 MG, 7 MG	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	4	PA; QL	MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	4	PA; QL	MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML	5	PA; QL	MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	4	PA; QL	MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	4	PA; QL	MAYZENT ORAL TABLET 0.25 MG, 2 MG	4	PA; QL
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL	MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	4	PA
<i>glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	4	PA; QL	PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	4	PA; QL
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL	PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	4	PA; QL
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL	PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	4	PA; QL
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	5	PA; QL			

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL	TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	4	PA; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; QL	VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	4	PA; QL
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	4	PA	ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; QL
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	4	PA; QL	ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46- 0.92 MG	4	PA; QL
PONVORY ORAL TABLET 20 MG	4	PA; QL	ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; QL
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; QL	INTERLEUKINS		
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	4	PA; QL	ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA
<i>ribavirin oral capsule 200 mg</i>	4	PA	ALDARA TOPICAL CREAM IN PACKET 5 %	3	
<i>ribavirin oral tablet 200 mg</i>	4	PA	ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>imiquimod topical cream in packet 3.75 %, 5 %</i>	1	

VACCINES & MISCELLANEOUS IMMUNOLOGICALS

ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	\$0 for ages 1 month and older
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	\$0 for ages 7 and older
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	0	\$0 for ages 7 and older
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
AFLURIA QD 2021-22(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	0	

Drug Name	Drug Tier	Requirements / Limits
AFLURIA QUAD 2021-2022(6MO UP)	0	
INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML		
ASCENIV INTRAVENOUS SOLUTION 10 %	5	PA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	0	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	0	\$0 for ages 10 years and older
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	0	
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	0	\$0 for ages 7 and older
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	0	\$0 for ages 7 and older
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	0	\$0 for ages 1-12 months old

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	Drug Name	Drug Tier	Requirements / Limits
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	0		FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	0		FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	0		FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	0	
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0		FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0		FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	0		FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	0	
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	0		GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	0	\$0 for ages 9-26 years old

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
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	\$0 for ages 9-26 years old
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	0	\$0 for ages 1 year and older
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	0	\$0 for ages 18 and older
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	0	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	0	\$0 for ages 1-12 months old
IPOV INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	0	
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	0	
JANSSEN COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 0.5 ML	0	

Drug Name	Drug Tier	Requirements / Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	0	\$0 for ages 4-6 years old
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	0	\$0 for ages 9 months and older
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	0	
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	0	\$0 for ages 2 months and older
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	0	\$0 for ages 6 months and older
MODERNA COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION 100 MCG/0.5 ML	0	
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	0	\$0 for ages 1-12 months old
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	0	\$0 for ages 1 month and older

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Drug Name	Drug Tier	Requirements / Limits
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML	0	\$0 for ages 1-6 years
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	0	
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	0	\$0 for ages 1-6 years
PFIZER COVID-19 VACCINE (EUA) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 30 MCG/0.3 ML	0	
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	0	\$0 for ages 2 years and older
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	0	\$0 for ages 2 years and older
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	0	\$0 for ages 1 month and older
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	0	\$0 for ages 1 year and older

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	0	\$0 for ages 4-6 years old
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	0	
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	0	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML	0	\$0 for ages 1-9 months
ROTATEQ VACCINE ORAL SOLUTION 2 ML	0	\$0 for ages 1-9 months
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	0	\$0 for ages 50 years and older

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Drug Name	Drug Tier	Requirements / Limits
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	0	
TDVAX INTRAMUSCULAR SUSPENSION 2- 2 LF UNIT/0.5 ML	0	\$0 for ages 7 and older
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	0	\$0 for ages 7 and older
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	0	\$0 for ages 7 and older
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5- 25 LF UNIT/0.5 ML	0	\$0 for ages 1- 12 months old
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	0	\$0 for ages 10 years and older
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	0	\$0 for ages 18 years and older
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	0	
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	0	

Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	0	\$0 for ages 1 year and older
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	0	\$0 for ages 1 year and older
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	0	\$0 for ages 1 year and older
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	0	
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	0	
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	0	
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA

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Drug Name	Drug Tier	Requirements / Limits
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	0	
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML	0	\$0 for ages 60 years and older
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet 0.6 mg	1	
febuxostat oral tablet 40 mg, 80 mg	1	ST
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	3	
MITIGARE ORAL CAPSULE 0.6 MG	2	
probencid oral tablet 500 mg	1	
probencid- colchicine oral tablet 500-0.5 mg	1	
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG, 35 MG	3	ST; QL

Drug Name	Drug Tier	Requirements / Limits
alendronate oral solution 70 mg/75 ml	1	QL
alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg	1	QL
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG	3	ST; QL
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	3	ST; QL
BONIVA ORAL TABLET 150 MG	3	ST; QL
EVISTA ORAL TABLET 60 MG	3	
FOSAMAX ORAL TABLET 70 MG	3	ST; QL
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	3	ST; QL
ibandronate oral tablet 150 mg	1	QL
raloxifene oral tablet 60 mg	0	\$0 for ages 35 and older
risedronate oral tablet 150 mg, 35 mg, 5 mg	1	QL
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	QL
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
OTHER RHEUMATOLOGICALS					
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	4	PA; QL	ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	4	PA; QL
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	4	PA	ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	4	PA; QL
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	4	PA; QL	ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	4	PA; QL
ARAVA ORAL TABLET 10 MG, 20 MG	3	QL	HUMIRA PEN CROHNS-UC-HS START	4	PA; QL
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	4	PA	SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	4	PA; QL	HUMIRA PEN PSOR-UVEITS- ADOL HS	4	PA; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	4	PA; QL	SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML		
DEPEN TITRATABS ORAL TABLET 250 MG	2	PA	HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	4	PA; QL
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	4	PA; QL	HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL	OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; QL	<i>penicillamine oral capsule 250 mg</i>	1	ST
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA	<i>penicillamine oral tablet 250 mg</i>	1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL	RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL	RIDAURA ORAL CAPSULE 3 MG	2	
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL	RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	4	PA; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL	SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
OTEZLA ORAL TABLET 30 MG	4	PA; QL	SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	2	ST; QL
			SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL
XELJANZ ORAL SOLUTION 1 MG/ML	4	PA; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	4	PA; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	4	PA; QL
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	0	
FC2 FEMALE CONDOM	0	OTC
FEMCAP VAGINAL DEVICE 22 MM	0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM	0	
ESTROGENS & PROGESTINS		

Drug Name	Drug Tier	Requirements / Limits
ACTIVELLA ORAL TABLET 1-0.5 MG	3	
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	QL
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG	3	
AYGESTIN ORAL TABLET 5 MG	3	
<i>camila oral tablet 0.35 mg</i>	0	
CLIMARA 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	3	QL
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>deblitane oral tablet 0.35 mg</i>	0	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	2	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	0	QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML	0	QL
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	QL
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
ENDOMETRIN VAGINAL INSERT 100 MG	4	

Drug Name	Drug Tier	Requirements / Limits
<i>errin oral tablet 0.35 mg</i>	0	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG	3	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	0	
<i>incassia oral tablet 0.35 mg</i>	0	
<i>jencycla oral tablet 0.35 mg</i>	0	
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyleq oral tablet 0.35 mg</i>	0	
<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>	1	QL
<i>lyza oral tablet 0.35 mg</i>	0	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	0	QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	0	QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	0	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	0	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	0	
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15)	3	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG	3	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	
<i>sharobel oral tablet 0.35 mg</i>	0	
<i>tulana oral tablet 0.35 mg</i>	0	
<i>yuvafem vaginal tablet 10 mcg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL CREAM 2 %	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG	3	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	3	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	0	
<i>etonogestrel-ethynodiol vaginal ring 0.12-0.015 mg/24 hr</i>	0	
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	3	
<i>gynol ii vaginal gel 3 %</i>	0	OTC
INTRAROSA VAGINAL INSERT 6.5 MG	3	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
LYSTEDA ORAL TABLET 650 MG	3	
METROGEL VAGINAL VAGINAL GEL 0.75 %	3	

Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	0	
NUVESSA VAGINAL GEL 1.3 %	3	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300- 1-0.5MG(AM) /300 MG(PM)	2	PA
RELAGARD VAGINAL GEL 0.9-0.025 %	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	0	OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	
<i>vandazole vaginal gel 0.75 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	OTC
xulane transdermal patch weekly 150-35 mcg/24 hr	0	
zafemy transdermal patch weekly 150-35 mcg/24 hr	0	
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	0	
after pill oral tablet 1.5 mg	0	OTC; QL
AFTERA ORAL TABLET 1.5 MG	0	OTC; QL
altavera (28) oral tablet 0.15-0.03 mg	0	
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	0	
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	0	
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	
amethyst (28) oral tablet 90-20 mcg (28)	0	
apri oral tablet 0.15-0.03 mg	0	

Drug Name	Drug Tier	Requirements / Limits
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	0	
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	
aubra eq oral tablet 0.1-20 mg-mcg	0	
aubra oral tablet 0.1-20 mg-mcg	0	
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	0	
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
aviane oral tablet 0.1-20 mg-mcg	0	
ayuna oral tablet 0.15-0.03 mg	0	
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	0	
balziva (28) oral tablet 0.4-35 mg-mcg	0	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4)	0	ST	<i>cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0		<i>cyred eq oral tablet 0.15-0.03 mg</i>	0	
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0		<i>cyred oral tablet 0.15-0.03 mg</i>	0	
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0		<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	0		<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0		<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0		<i>desog-e.estradiol/e.estradio l oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	0		<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	0	
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0		<i>dolishale oral tablet 90-20 mcg (28)</i>	0	
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	0		<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>	0	
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	0		<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	0	
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	0		<i>econtra ez oral tablet 1.5 mg</i>	0	OTC; QL
<i>cyclafem 1/35 (28) oral tablet 1-35 mg-mcg</i>	0				

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Drug Name	Drug Tier	Requirements / Limits
econtra one-step oral tablet 1.5 mg	0	OTC; QL
elinest oral tablet 0.3-30 mg-mcg	0	
ELLA ORAL TABLET 30 MG	0	QL
emoquette oral tablet 0.15-0.03 mg	0	
empresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	0	
enskyce oral tablet 0.15-0.03 mg	0	
estarrylla oral tablet 0.25-35 mg-mcg	0	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	0	
falmina (28) oral tablet 0.1-20 mg-mcg	0	
femynor oral tablet 0.25-35 mg-mcg	0	
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	0	
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
hailey oral tablet 1.5-30 mg-mcg	0	

Drug Name	Drug Tier	Requirements / Limits
iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	
isibloom oral tablet 0.15-0.03 mg	0	
jaimies oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	0	
jasmiel (28) oral tablet 3-0.02 mg	0	
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	0	
juleber oral tablet 0.15-0.03 mg	0	
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	0	
junel 1/20 (21) oral tablet 1-20 mg-mcg	0	
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	0	
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	0	
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	0	
kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	0	
kalliga oral tablet 0.15-0.03 mg	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i>	0	
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	0	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>larissia oral tablet 0.1-20 mg-mcg</i>	0	
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	0	
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>lessina oral tablet 0.1-20 mg-mcg</i>	0	
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levonorgestrel oral tablet 1.5 mg</i>	0	OTC; QL
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	0	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	0	
<i>levora-28 oral tablet 0.15-0.03 mg</i>	0	
<i>lillow (28) oral tablet 0.15-0.03 mg</i>	0	
<i>lojaimiess oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)</i>	0	
<i>loryna (28) oral tablet 3-0.02 mg</i>	0	
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	0	
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	0	
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	0	
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	0	
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	0	
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	0	ST
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>mihi oral tablet 0.25-35 mg-mcg</i>	0	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	0	
<i>my choice oral tablet 1.5 mg</i>	0	OTC; QL
<i>my way oral tablet 1.5 mg</i>	0	OTC; QL
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>new day oral tablet 1.5 mg</i>	0	OTC; QL
<i>nikki (28) oral tablet 3-0.02 mg</i>	0	
<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>	0	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	0	
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>norethindrone-e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	0	
<i>norethindrone-e.estriadiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	0	
<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>	0	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	0	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	0	
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	0	
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	0	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	0	
<i>ocella oral tablet 3-0.03 mg</i>	0	
<i>opcicon one-step oral tablet 1.5 mg</i>	0	OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	0	OTC; QL
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	0	
<i>philith oral tablet 0.4-35 mg-mcg</i>	0	
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	0	
PLAN B ONE-STEP ORAL TABLET 1.5 MG	0	OTC; QL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	0	
<i>previfem oral tablet 0.25-35 mg-mcg</i>	0	
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	0	

Drug Name	Drug Tier	Requirements / Limits
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	0	
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	0	
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	0	
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	0	
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	0	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	0	
<i>syeda oral tablet 3-0.03 mg</i>	0	
TAKE ACTION ORAL TABLET 1.5 MG	0	OTC; QL
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	0	
<i>taysofy oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	0	
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	0	

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Drug Name	Drug Tier	Requirements / Limits
<i>tri-femynor oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-estarrylla oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-legest fe oral tablet</i> 1-20(5)/1-30(7) /1mg-35mcg (9)	0	
<i>tri-linyah oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-lo-estarrylla oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-lo-marzia oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-lo-mili oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-lo-sprintec oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-mili oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-nymyo oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tri-previfem (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-sprintec (28) oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>trivora (28) oral tablet</i> 50-30 (6)/75-40 (5)/125-30(10)	0	
<i>tri-vylibra lo oral tablet</i> 0.18/0.215/0.25 mg-25 mcg	0	
<i>tri-vylibra oral tablet</i> 0.18/0.215/0.25 mg-35 mcg (28)	0	
<i>tydemy oral tablet</i> 3-0.03-0.451 mg (21) (7)	0	
<i>velivet triphasic regimen (28) oral tablet</i> 0.1/.125/.15-25 mg-mcg	0	
<i>vestura (28) oral tablet</i> 3-0.02 mg	0	
<i>vienna oral tablet</i> 0.1-20 mg-mcg	0	
<i>viorele (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	0	
<i>volnea (28) oral tablet</i> 0.15-0.02 mgx21 /0.01 mg x 5	0	
<i>vyfemla (28) oral tablet</i> 0.4-35 mg-mcg	0	
<i>vylibra oral tablet</i> 0.25-35 mg-mcg	0	
<i>wera (28) oral tablet</i> 0.5-35 mg-mcg	0	

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Drug Name	Drug Tier	Requirements / Limits
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	0	
YAZ (28) ORAL TABLET 3-0.02 MG	0	ST
zarah oral tablet 3-0.03 mg	0	
zovia 1/35e (28) oral tablet 1-35 mg-mcg	0	
zumandimine (28) oral tablet 3-0.03 mg	0	

OXYTOCICS

methergine oral tablet 0.2 mg	1	ST; QL
methylergonovine oral tablet 0.2 mg	1	ST; QL

OPHTHALMOLOGY

ANTIBIOTICS		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	

Drug Name	Drug Tier	Requirements / Limits
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 %	3	
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 %	3	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 %	3	
MOXIFLOXACIN (PF)-BSS INTRAVITREAL SOLUTION 1 MG/ML	3	ST
moxifloxacin ophthalmic (eye) drops 0.5 %	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1		<i>OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %</i>	3	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 5 MG/ML	3	ST	<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML, 1.6 MG/ML	3	ST	<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2		<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1		POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML	3	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1		<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1		TOBREX OPHTHALMIC (EYE) DROPS 0.3 %	3	
			TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	3	
			VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	3	
			ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 %	3	
ANTIVIRALS					

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Drug Name	Drug Tier	Requirements / Limits
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	3	

Drug Name	Drug Tier	Requirements / Limits
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 %	3	
CYCLOPLEGIC MYDRIATICS		
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 %	3	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 %	3	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS 1-1-2.5 %	3	
CYCLOPENT-TROPIC-PHEN-KETR-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-10 %- 0.5 %, 1 %-1 %-2.5 %- 0.5 %	3	
CYCLOP-TROP-PROPA-PHEN-KET-WAT OPHTHALMIC (EYE) DROPS 1 %-1 %-0.1 %- 2.5 %- 0.4 %	3	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1		ALOCRIL OPHTHALMIC (EYE) DROPS 2 %	3	ST
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 %	3		ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 %	3	ST
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 %	3		<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	
PHENYLEPH-TROPICAMIDE IN WATER OPHTHALMIC (EYE) DROPS 2.5-1 %	3		ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	3	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1		<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
DIRECT ACTING MIOTICS			BEOVU INTRAVITREAL SOLUTION 6 MG/0.05 ML	5	PA
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 %	3		<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML)	3		BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	3	ST
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1		CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	3	PA
MISCELLANEOUS OPHTHALMOLOGICS			<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	3		CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 %	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	3				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML	3		<i>lidocaine-phenylephrin in water intraocular solution 1-1.5 %</i>	1	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1		MYDRIATIC4(TRO P-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 %	3	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	3		<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 %	3		PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 %	3		PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 %	3		PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 %	3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG	3	ST	PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 %	3	
LIDOCAINE-PHENYLEPHRIN-BSS(PF) INTRAOCULAR SYRINGE 1-1.5 %	3				

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 %	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 %	3	
RACEPINEPH-LIDOCAINE-BSS 7(PF) INTRAOCULAR SOLUTION 0.025-0.75 %	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>tetracaine hcl opthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	2	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	3	
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	3	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1		DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 %	3	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1		<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
OTHER GLAUCOMA DRUGS					
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3		LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 %	3	
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	PA	<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	PA
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 %	3		LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	1		<i>miostat intraocular solution 0.01 %</i>	1	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2		SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	3	
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 %	3		TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.005 %	3	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1		TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 %	3	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.005 %	3		<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TIMOLOL-LATANOPROST(P F) OPHTHALMIC (EYE) DROPS 0.5-0.005 %	3		<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	PA	<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
TRUSOPT OPHTHALMIC (EYE) DROPS 2 %	3		<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	2	ST	<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
STEROID-ANTIBIOTIC COMBINATIONS			PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 %	3	
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML	3		PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 %	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 %	3				
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 %	3				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3		ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	3	ST
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 %	3		<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 %	3		DEXTENZA INTRACANALICULAR INSERT 0.4 MG	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 %	3		DEXYCU (PF) INTRAOCULAR SUSPENSION 9 %	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	2		<i>disfluprednate ophthalmic (eye) drops 0.05 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1		DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	3	
TRIAMCINOLON-MOXIFLOX-WATR(PF) INTRAOCULAR SUSPENSION 9 MG-0.6 MG /0.6 ML	3		EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	3	PA; ST; QL
STEROIDS			<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
			FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	3	
			INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	

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Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	2	
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSI ON 0.5 %	3	
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSI ON 1 %	3	
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSI ON 1 %	3	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSI ON 10-0.2 %	3	
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	3	
<i>sulfacetamide- prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 %	3	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
<i>IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %</i>	3	
VASOCONSTRICTOR DECONGESTANTS		
<i>CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %</i>	3	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>CLARINEX ORAL TABLET 5 MG</i>	3	QL
<i>clemastine oral syrup 0.5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	QL
<i>desloratadine oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	
<i>DIPHEN ORAL ELIXIR 12.5 MG/5 ML</i>	3	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML</i>	2	ST; QL
<i>EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML</i>	2	ST; QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<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	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
KARBINAL ER ORAL SUSPENSION,EXT ENDED REL 12 HR 4 MG/5 ML	3	ST	<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	1	
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1		CAPCOF ORAL LIQUID 2-5-10 MG/5 ML	3	
<i>levocetirizine oral tablet 5 mg</i>	1	QL	CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	3	QL
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1		<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1		CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	3	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1		CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	3	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1		<i>gussin ac oral liquid 10-100 mg/5 ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5 ML	3		<i>guaiatussin ac oral liquid 10-100 mg/5 ml</i>	1	
RYVENT ORAL TABLET 6 MG	3	ST	HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	3	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL	HYCODAN (WITH HOMATROPINE) ORAL SYRUP 5-1.5 MG/5 ML	3	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	3		<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
COUGH & COLD THERAPY			<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1				
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	3				

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
hydromet oral syrup 5-1.5 mg/5 ml	1		RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	3	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	3		TUSSICAPS ORAL CAPSULE,EXTENDED RELEASE 12 HR 10-8 MG	3	ST
maxi-tuss ac oral liquid 10-100 mg/5 ml	1		TUZISTRA XR ORAL SUSPENSION,EXTENDED REL 12 HR 14.7-2.8 MG/5 ML	3	ST
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	3		virtussin ac oral liquid 10-100 mg/5 ml	1	
m-clear wc oral liquid 6.3-100 mg/5 ml	1		virtussin dac oral syrup 30-10-100 mg/5 ml	1	
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML	3		PULMONARY AGENTS		
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	3		ACCOLATE ORAL TABLET 10 MG, 20 MG	3	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	3		acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1		ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA
promethazine-dm oral syrup 6.25-15 mg/5 ml	1		ADRENALIN NASAL SOLUTION 1 MG/ML	3	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	1				
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1				

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

Drug Name	Drug Tier	Requirements / Limits
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	3	PA; QL
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION	2	PA; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION , 80 MCG/ACTUATION	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>alyq oral tablet 20 mg</i>	4	PA; QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	4	PA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL

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	Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL	BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	3	QL
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	3	QL	COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	2	QL
<i>azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i>	1	ST; QL	CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML	3	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	4	PA	DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	2	PA; QL
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	PA; QL	DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	2	ST; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9- 4.8 MCG/ACTUATION	2	QL	ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML	3	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1		INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 250 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL	<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	2	QL	<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	QL
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	1	QL	KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG	4	PA; QL
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	PA; QL	KALYDECO ORAL TABLET 150 MG	4	PA; QL
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	QL	<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3		LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL
			LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML	3	QL
			<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	ST; QL	ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA
<i>montelukast oral granules in packet 4 mg</i>	1		PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	QL
<i>montelukast oral tablet 10 mg</i>	1		<i>pulmosal inhalation solution for nebulization 7 %</i>	1	
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1		PULMOZYME INHALATION SOLUTION 1 MG/ML	4	PA
<i>nebusal inhalation solution for nebulization 3 %</i>	1		QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3		REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	5	PA; QL
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	4	PA; QL	REVATIO ORAL TABLET 20 MG	5	PA; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL	<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	4	PA; QL	<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	4	PA; QL
OPSUMIT ORAL TABLET 10 MG	4	PA	SINUVA SINUS IMPLANT 1,350 MCG	5	
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	4	PA; QL			
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; QL			

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1		THEO-24 ORAL CAPSULE,EXTEN DED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	3	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	QL	<i>theophylline oral</i> <i>elixir 80 mg/15 ml</i>	1	
			<i>theophylline oral</i> <i>solution 80 mg/15 ml</i>	1	
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL	<i>theophylline oral</i> <i>tablet extended</i> <i>release 12 hr 300</i> <i>mg, 450 mg</i>	1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL	<i>theophylline oral</i> <i>tablet extended</i> <i>release 24 hr 400</i> <i>mg, 600 mg</i>	1	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	2	PA; QL	TRACLEER ORAL TABLET 125 MG, 62.5 MG	5	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100- 150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	4	PA; QL	TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	4	PA
<i>tadalafil (pulm. hypertension) oral</i> <i>tablet 20 mg</i>	4	PA; QL	TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5- 25 MCG, 200-62.5- 25 MCG	2	QL
<i>terbutaline oral</i> <i>tablet 2.5 mg, 5 mg</i>	1		TRIKAFTA ORAL TABLETS, SEQUENTIAL 100- 50-75 MG(D)/150 MG (N)	4	PA; QL
			TRIKAFTA ORAL TABLETS, SEQUENTIAL 50- 25-37.5 MG (D)/75 MG (N)	4	PA

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Drug Name	Drug Tier	Requirements / Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	PA; QL
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	3	ST; QL
XOPENEX CONCENTRATE INHALATION SOLUTION FOR NEBULIZATION 1.25 MG/0.5 ML	3	
XOPENEX INHALATION SOLUTION FOR NEBULIZATION 0.31 MG/3 ML, 0.63 MG/3 ML, 1.25 MG/3 ML	3	

Drug Name	Drug Tier	Requirements / Limits
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	ST
ZYFLO ORAL TABLET 600 MG	3	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	ST
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	ST; QL
GEMTESA ORAL TABLET 75 MG	3	ST
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	3	ST; QL
<i>solifenacain oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	ST
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	ST
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>finasteride oral tablet 5 mg</i>	1	
FLOMAX ORAL CAPSULE 0.4 MG	3	ST
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	3	ST
PROSCAR ORAL TABLET 5 MG	3	ST
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL
<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>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA
ELMIRON ORAL CAPSULE 100 MG	2	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS NO 2 ORAL TABLET 305-700 MG	3	
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ORACIT ORAL SOLUTION 490- 640 MG/5 ML	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5 ML	5	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	
URELLE ORAL TABLET 81-10.8- 40.8 MG	3	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
URIBEL ORAL CAPSULE 118-10- 40.8-36 MG	3	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	3	
<i>uryl oral tablet 81.6- 40.8-0.12 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	3	
<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	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lugols oral solution 5 %</i>	1	
POTABA ORAL CAPSULE 500 MG	3	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI ORAL LIQUID 8.3 KCAL/ML	5	
VITAMINS & HEMATINICS		

Drug Name	Drug Tier	Requirements / Limits
<i>b complex I (with folic acid) oral tablet 0.4 mg</i>	0	Covered for \$0 for ages 50 and younger; OTC
<i>b complex-vitamin b12 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>balanced b-50 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG - 374 MG	3	
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	1	
<i>b-complex with vitamin c oral tablet , 400-500 mcg-mg</i>	0	covered at \$0 for ages 50 years and younger; OTC

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

Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG - 25 MG/25 MG	3		DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG - 267 MG-233 MG	3	
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC	DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG - 400 MG	3	
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1		<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
<i>complete natal dha oral combo pack 29-1-250-200 mg</i>	1		ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	3	
<i>complex b-100 oral tablet extended release</i>	0	covered at \$0 for ages 50 years and younger; OTC	<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
CONCEPT DHA ORAL CAPSULE 35-1-200 MG	3		FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	2	PA
CONCEPT OB ORAL CAPSULE 85-1 MG	3		<i>ferumoxytol intravenous solution 510 mg/17 ml (30 mg/ml)</i>	1	PA
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1		FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML	3	OTC
<i>dalyvite 800 oral tablet 0.8 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC	<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	0	covered at \$0 for ages 1-16 years; OTC
DRISDOL ORAL CAPSULE 1,250 MCG (50,000 UNIT)	3				

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Drug Name	Drug Tier	Requirements / Limits
<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>	0	covered at \$0 for ages 1-16 years; OTC
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
<i>INFED INJECTION SOLUTION 50 MG/ML</i>	2	PA
<i>INJECTAFER INTRAVENOUS SOLUTION 50 IRON MG/ML</i>	3	PA
<i>kobee oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG</i>	3	
<i>kpn oral tablet</i>	0	covered at \$0 for ages 50 years and younger; 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>	0	covered at \$0 for ages 1-16 years; OTC
<i>MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG</i>	3	
<i>MECOBALAMIN (VITAMIN B12) INJECTION RECON SOLN 10,000 MCG</i>	3	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>multivitamins with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	covered at \$0 for ages 1-16 years; OTC
<i>mvf-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i>	0	covered at \$0 for ages 1-16 years; OTC

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Drug Name	Drug Tier	Requirements / Limits	Drug Name	Drug Tier	Requirements / Limits
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1		NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	3	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1		NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG- 230MG	3	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1		NESTABS ONE ORAL CAPSULE 38-1-225 MG	3	
NASCOBAL NASAL SPRAY, NON- AEROSOL 500 MCG/SPRAY	2	QL	NESTABS ORAL TABLET 32-1,000 MG-MCG	3	
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWAB LE 28 MG IRON -1 MG	3		<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	
<i>natural b-100 complex oral tablet 100 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC	OB COMPLETE ONE ORAL CAPSULE 40-10-1- 300 MG	3	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG- 581.92 MG	3		OB COMPLETE ORAL TABLET 50 MG IRON- 1.25 MG	3	
NEONATAL COMPLETE ORAL TABLET 29-1 MG	3		OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON- 1 MG	3	
NEONATAL FE ORAL TABLET 90 MG-120 MG-12 MCG-1,000 MCG	3		OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	3	
NEONATAL-DHA ORAL COMBO PACK 29-1-200-500 MG	3		OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG	3	

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Drug Name	Drug Tier	Requirements / Limits
one daily prenatal oral combo pack 28-800-440 mg-mcg-mg	0	covered at \$0 for ages 50 years and younger; OTC
perry prenatal oral capsule 13.5-0.4 mg	0	covered at \$0 for ages 50 years and younger; OTC
pnv 29-1 oral tablet 29 mg iron- 1 mg	1	
pnv-dha oral capsule 27 mg iron-1 mg - 300 mg	1	
pnv-omega oral capsule 28-1-300 mg	1	
pnv-select oral tablet 27-1 mg	1	
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	1	
pr natal 400 oral combo pack 29-1-400 mg	1	
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	1	
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	1	
prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg	1	
prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg	1	

Drug Name	Drug Tier	Requirements / Limits
prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	3	
prenatabs fa oral tablet 29-1 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	
prenatal complete oral tablet 14 mg iron- 400 mcg	0	covered at \$0 for ages 50 years and younger; OTC
prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg	0	covered at \$0 for ages 50 years and younger; OTC
prenatal multivitamins oral tablet 28 mg iron- 800 mcg	0	covered at \$0 for ages 50 years and younger; OTC
prenatal one daily oral tablet 27 mg iron- 800 mcg	0	covered at \$0 for ages 50 years and younger; OTC
prenatal oral tablet 28 mg iron- 800 mcg	0	covered at \$0 for ages 50 years and younger; OTC
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG - 312 MG-250 MG	3	

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>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	0	OTC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
PRENATE AM ORAL TABLET 1-500 MG	3	
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG	3	
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	3	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	3	

Drug Name	Drug Tier	Requirements / Limits
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	3	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	3	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	3	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	3	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	3	
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG	3	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1	
<i>pretab oral tablet 29-1 mg</i>	1	
PRIMACARE ORAL CAPSULE 30-1-300 MG	3	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	3	

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
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG	3	
<i>rena-vite oral tablet 0.8 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	3	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWAB LE 29 MG IRON- 1 MG	3	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG - 250 MG	3	
SELECT-OB ORAL TABLET,CHEWAB LE 29 MG IRON- 1 MG	3	
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>stress formula oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	0	covered at \$0 for ages 50 years and younger; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super b complex- vitamin c oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super quint b-50 oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>super quint oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	3	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	3	
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML	3	
<i>trinal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	3	

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	Drug Name	Drug Tier	Requirements / Limits
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	0	covered at \$0 for ages 1-16 years; OTC	VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	3	
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	PA	VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3	
<i>virt-c dha oral capsule 35-1-200 mg</i>	1		VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG	3	
<i>virt-nate dha oral capsule 28 mg iron- 1 mg -200 mg</i>	1		VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG	3	
<i>virt-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	1		<i>vitamin b complex oral tablet</i>	0	covered at \$0 for ages 50 years and younger; OTC
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1		<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	0	covered at \$0 for ages 50 years and younger; OTC
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	3		<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>	0	covered at \$0 for ages 1-16 years; OTC
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	3		VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG	3	
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG	3		VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG	3	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	3				
VITAFOL-OB ORAL TABLET 65-1 MG	3				

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
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG	3	
<i>westab plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>westgel dha oral capsule 31 mg iron- 1 mg-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>zatean-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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If you, or someone you're helping, have questions about CareSource, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-806-9284 TTY:711.

ARABIC

إذا كان لديك، أو لدى أي شخص تساعد، أية استفسارات بخصوص CareSource، فيحق لك الحصول على مساعدة معلومات مجاناً وباللغة التي تحدث بها. للتحدث إلى أحد المترجمين الفوريين، اتصل على 1-877-806-9284 TTY:711.

AMHARIC

አርድዋ፡ ወደም አርድዋ የሚያገኘት ጉለሰብ፡ ስለ CareSource ብቻ ካላቸው፡ ይለ ምንም ክፍያ በቁጥራዊ አርማታና መረጃ የሚያገኘት መብት አገኙሁ፡ ከስነተኞች ይርጋግል፡ ስር ለመካገለ፡ 1-877-806-9284 TTY:711 ደንዥለ፡

BURMESE

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သင်အကြော်ပေးနေသူ တစ်စုတစ်ယောက်က
မေးမြန်လာပဲက သင်ပြောဆိုသော ဘာသာစကားမြင်
အကြော်နှင့် အချက်အလက်များအား အောင့် ရယူနိုင်ရန်
အခွင့်အရေးရှိပါသည်။ ဘာသာပြန်တစ်ဦးအား စကားပြောဆိုရန်
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၏ဆိုပါ။

CHINESE

如果您或者您在帮助的人对 CareSource 存有疑问，您有权免费获得以您的语言提供的帮助和信息。如果您需要与一位翻译交谈，请致电 1-877-806-9284 TTY:711。

CUSHITE – OROMO

Isin yookan namni bira isin deeggartan CareSource irratti gaaffii yo qabaattan, kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeaffannoo argachuu fi deeggarsa argachuuf mirga ni qabdu. Nama isiniif ibsu argachuuf, lakkoofsa bilbilaa
1-877-806-9284 TTY:711 tiin bilbilaa.

DUTCH

Als u, of iemand die u helpt, vragen heeft over CareSource, hebt u het recht om kosteloos hulp en informatie te ontvangen in uw taal. Als u wilt spreken met een tolk, bel dan naar 1-877-806-9284 TTY:711.

FRENCH (CANADA)

Des questions au sujet de CareSource? Vous ou la personne que vous aidez avez le droit d'obtenir gratuitement du soutien et de l'information dans votre langue. Pour parler à un interprète, veuillez téléphoner au 1-877-806-9284 TTY:711.

GERMAN

Wenn Sie, oder jemand dem Sie helfen, eine Frage zu CareSource haben, haben Sie das Recht, kostenfrei in Ihrer eigenen Sprache Hilfe und Information zu bekommen. Um mit einem Dolmetscher zu sprechen, rufen Sie die Nummer 1-877-806-9284 TTY:711 an.

GUJARATI જો તમે અથવા તમે કોઈને મદદ કરી રહ્યા તેમ થી કોઈને CareSource વિશે પ્રશ્નાં હોય તો તમને મદદ અને મેં હુક્તી મેળજનો આવેક ર છું. તે ખર્ચે વિન તમ રો ભે પ મ ા ગ ને કરી શકું ર છું. દ ભ વધ્યાં ત કરી મ ટ, આ 1-877-806-9284 TTY:711 પર કાંઈ કરો.

HINDI

यदि आपके, या आप जिसकी मदद कर रहे हैं उसके CareSource के बारे में कोई सवाल हैं तो आपके पास बंगेर किसी लागत के अपनी भाषा में सहायता और जानकारी प्राप्त करने का अधिकार है। एक दुभाषिण से बात करने के लिए कॉल करें, 1-877-806-9284 TTY:711.

ITALIAN

Se Lei, o qualcuno che Lei sta aiutando, ha domande su CareSource, ha il diritto di avere supporto e informazioni nella propria lingua senza alcun costo. Per parlare con un interprete, chiama il 1-877-806-9284 TTY:711.

JAPANESE

ご本人様、または身の回りの方で、CareSourceに関するご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます（無償）。通訳をご利用の場合は、1-877-806-9284 TTY:711にご連絡ください。

KOREAN

귀하 본인이나 귀하께서 듣고 계신 분이 CareSource에 대해 궁금한 점이 있으시면, 원하는 언어로 별도 비용 없이 도움을 받으실 수 있습니다. 통역사가 필요하시면 다음 번호로 전화해 주십시오: 1-877-806-9284 TTY:711.

PENNSYLVANIA DUTCH

Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut CareSource, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griegie, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-877-806-9284 TTY:711 uffrufe.

RUSSIAN

Если у Вас или у кого-то, кому Вы помогаете, есть вопросы относительно CareSource, Вы имеете право бесплатно получить помощь и информацию на Вашем языке. Для разговора с переводчиком, позвоните по номеру 1-877-806-9284 TTY:711.

SPANISH

Si usted o alguien a quien ayuda tienen preguntas sobre CareSource, tiene derecho a recibir esta información y ayuda en su propio idioma sin costo. Para hablar con un intérprete, llame al 1-877-806-9284 TTY:711.

UKRAINIAN

Якщо у вас, чи в особи, котрій ви допомагаєте, виникнуть запитання щодо CareSource, ви маєте право безкоштовно отримати допомогу та інформацію вашою мовою. Щоб замовити перекладача, зателефонуйте за номером 1-877-806-9284 TTY:711.

VIETNAMESE

Nếu bạn hoặc ai đó bạn đang giúp đỡ, có thắc mắc về CareSource, bạn có quyền được nhân trợ giúp và thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, vui lòng gọi số 1-877-806-9284 TTY:711.

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CareSource provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified sign language interpreters, and (2) written information in other formats (large print, audio, accessible electronic formats, other formats). In addition, CareSource provides free language services to people whose primary language is not English, such as: (1) qualified interpreters, and (2) information written in other languages. If you need these services, please contact CareSource at 1-877-806-9284 TTY:711.

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Attn: Civil Rights Coordinator
P.O. Box 1947, Dayton, Ohio 45401
1-844-539-1732, TTY: 711
Fax: 1-844-417-6254

CivilRightsCoordinator@CareSource.com

You can file a grievance by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

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

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



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