LifeWise
Health Plan of Washington

Essentials (E1/E4) Formulary Drug List Effective 01-01-2027

How to use this list:

On a high-deductible health savings account (HSA)? Refer to E1 drug list. For all covered drugs, once you have satisfied your medical deductible, you will pay your applicable coinsurance until you reach your out-of-pocket maximum for the plan year. The drug tiers do not apply.

On a 4 tier PPO plan? Refer to the E4 drug list.

Your drugs will fall into 4 tiers: Generic (1), Preferred Brand (2), Preferred Specialty (3), and non-Preferred (4).

Please see the chart on page 3 for information.

Have any questions? Please call customer service at 800-592-6804 (TTY:711), Monday through Friday, 5 a.m. to 8p.m. Pacific Time.

What is the list of covered drugs (Formulary Drug List)?

This document contains a list of generic, brand and specialty drugs covered under your plan.

How is the list of covered drugs developed?

The formulary drug list is developed with an independent committee of physicians, pharmacists, and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drugs safety, effectiveness, and cost.

The committee meets at least quarterly to review new drugs to market to determine placement on this list and reviews updated safety, effectiveness, and cost information for existing drugs to ensure the drug list remains up to date with current medical evidence.

How do I use the Formulary Drug List?

Drugs are listed by categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

If you are not sure what category to look under, you can also search for the drug in the index. The index provides an alphabetical list of all the drugs included in this document. Next to the name of the

drug in the index, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

How does the Formulary Drug List help me understand my drug coverage?

Drug coverage is based on your coverage contract. Coverage for a specific drug is subject to the rules outlined in your member booklet. This document will tell you if a drug is included on the drug list attached to your plan.

Will the Formulary Drug List change?

The formulary drug list is updated throughout the year. If you are taking a drug and it will be removed from the drug list or moved to a higher cost sharing tier, we will notify you of this change via letter. We also post information on upcoming drug list changes on our website on the "Drug List Changes" page.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These can be seen in the column next to the drug name on the list. These requirements and limits may include:

- **Age Limits:** Some drugs have age limits due to Food and Drug Administration (FDA) approved indications. For example, Drug A is limited to ages 2 through 5 years of age.
- **Prior Authorization:** Some drugs require prior approval before they are covered.
- **Quantity Limits:** For some drugs, we limit the amount of the drug that we will cover. For example, we will cover 18 per 30-day supply of zolmitriptan oral tablets.
- **Step Therapy:** For some drugs we require that you 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, then we will then cover Drug B.

Drugs subject to these restrictions will generally mean that your physician or healthcare provider may need to provide additional information on your medical condition before the drug will be covered at the pharmacy. Information on this process is on our website on the "Drugs Requiring Approval" page.

Essentials (E4) Formulary Drug List

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., JANUVIA) and generic drugs are listed in lower-case italics (e.g., metformin oral tablet).

The information in the Requirements/Limits column tells you if we have any special requirements for coverage of your drug.

The amount you pay for a covered drug will depend on if you have met any applicable deductible for the plan year, if you have met any applicable maximum out of pocket for the plan year and what tier the medication is on.

More information on applicable deductibles and maximum out of pockets can be found in your member booklet.

Essentials (E1) Formulary Drug List

Drug Tier	Includes
Formulary Drugs (1, 2, 3, 4)	Formulary Drugs include Preferred Generic (1), Preferred Brand (2), Preferred Specialty (3), and Non-Preferred (4). Medical plan cost shares apply to formulary drugs. Once you have satisfied your medical deductible, you will pay your applicable coinsurance until you reach your out-of-pocket maximum limit.

Essentials (E4) Drug list

Drug Tier	Includes
Preferred Generic (1)	Tier 1 is the lowest tier and includes preferred generic drugs.
Preferred Brand (2)	Tier 2 includes preferred brand drugs.
Preferred Specialty (3)	Tier 3 includes preferred specialty drugs. In general, specialty drugs are drugs typically used to treat chronic, complex, or rare conditions and may require enhanced clinical support. Specialty Drugs are generally limited to a month supply on dispense.Please check your member booklet for more details.
Non-Preferred Drugs (4)	Tier 4 includes generic, brand and specialty drugs. Non preferred drugs are lower value (more expensive and/or less safe and effective than their alternatives in Tier 1, Tier 2, or Tier 3.)

COVERAGE AND ABBREVIATIONS

UTILIZATION MANAGEMENT RESTRICTIONS		
ABBREVIATION	**DESCRIPTION**	**EXPLANATION**
AGE	Age Limit Restriction	We limit the use of a drug to certain ages. The prescription is covered if your age is within the specific age range.
PA	Prior Authorization Restriction	You (or your physician) are required to get prior authorization from us before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
QL	Quantity Limit Restriction	We limit the amount of this drug that is covered per prescription, or within a specific time frame.

ST	Step Therapy Restriction	Before we provide coverage for this drug you must first try another drug to treat your medical condition. This drug may only be covered if the other drug does not work for you.

OTHER SPECIAL REQUIREMENTS FOR COVERAGE

ACA PV	Affordable Care Act (ACA) Preventive Medication	The Affordable Care Act (ACA) makes certain preventive medications available to you at no cost when you meet the requirements of the U.S. Preventive Services Task Force (USPSTF) recommendation grade of "A" or "B." *The coverage in full for some drugs is limited to the following:* • *Bowel prep (example: peg 3350-electrolytes oral recon soln): Covered for persons between 45 and 75 years old. Limited to 2 prescriptions per year.* • *Breast cancer prevention (tamoxifen, raloxifene, anastrozole, exemestane, Soltamox liquid, letrozole): Covered in full for persons 35 years or older.* • *Fluoride oral: Covered in full for persons 6 months old through 16 years old* • *Smoking cessation aids (example: nicotine patches): Covered in full for persons 18 years or older. Limited to 180 days per year.* • *Statins (example: atorvastatin): Covered in full for persons 40 years old through 75 years old.* • *Vaccines: Services are considered preventive when recommended or required by: Centers for Disease Control and Prevention (immunizations).* *Coverage outside of the limits described above will be at the tier in the "Drug Tier" column.*
LA	Limited Access Drug	Limited Distribution drugs are drugs where the FDA has restricted distribution or are drugs that require special handling, provider coordination, or patient education that cannot be met by a network retail pharmacy. Your benefit may require that you fill these drugs at an in-network specialty pharmacy. Please see your benefit booklet with more details.

NF	Non-Formulary	A non-formulary drugs is a medication that is not included in the formulary drug list. You will be responsible for the full cost of the drug. For information about a formulary exception, contact customer service using the telephone number on the back of the member identification card.
OCh	Oral Chemo	Oral Chemotherapy Drug. Certain oral chemotherapy drugs may be covered under your medical plan. Please check your member booklet for more details.
OPT	Optional Benefits	Many benefit plans exclude drugs for erectile dysfunction (ED), fertility, and weight management. Please refer to the applicable benefit plan to determine benefit availability and the terms, conditions, and limitations of coverage. For questions about benefit information, contact customer service using the telephone number on the back of the member identification card.

If you are unsure what plan you are on, check the front of your member ID card or call customer service at 800-592-6804, Monday through Friday, 5 am to 8 pm Pacific time.

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	4	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	4	
itraconazole oral capsule 100 mg	1	
itraconazole oral solution 10 mg/ml	4	
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG	4	PA
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
posaconazole oral suspension 200 mg/5 ml (40 mg/ml)	4	
posaconazole oral tablet, delayed release (dr/ec) 100 mg	4	
terbinafine hcl oral tablet 250 mg	1	
VIVJOA ORAL CAPSULE 150 MG	4	PA
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	
voriconazole oral tablet 200 mg, 50 mg	1	
ANTIVIRALS		
abacavir oral solution 20 mg/ml	1	QL (60 MILLILITERS PER MONTH)
abacavir oral tablet 300 mg	1	QL (60 per 30 days)
abacavir-lamivudine oral tablet 600-300 mg	4	QL (30 per 30 days)
acyclovir oral capsule 200 mg	1	

Drug Name	Drug Tier	Requirements / Limits
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir oral tablet 10 mg	1	
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	4	ACA
APTIVUS ORAL CAPSULE 250 MG	2	QL (120 per 30 days)
atazanavir oral capsule 150 mg, 300 mg	1	QL (30 per 30 days)
atazanavir oral capsule 200 mg	1	QL (60 per 30 days)
BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML	2	ACA
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	2	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	3	
CIMDUO ORAL TABLET 300-300 MG	4	QL (30 per 30 days)
darunavir oral tablet 600 mg	1	QL (60 per 30 days)
darunavir oral tablet 800 mg	1	QL (30 per 30 days)
DESCOVY ORAL TABLET 120-15 MG	4	
DESCOVY ORAL TABLET 200-25 MG	4	ACA
DOVATO ORAL TABLET 50-300 MG	2	QL (30 per 30 days)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	2	QL (180 per 30 days)
efavirenz oral tablet 600 mg	1	QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	4	
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	QL (30 per 30 days)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	1	QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	2	QL (120 per 30 days)
ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML	4	ACA
entecavir oral tablet 0.5 mg, 1 mg	1	
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	3	PA; LA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	3	PA; LA
etravirine oral tablet 100 mg, 200 mg	1	QL (60 per 30 days)
EVOTAZ ORAL TABLET 300-150 MG	4	QL (30 per 30 days)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	
fosamprenavir oral tablet 700 mg	1	QL (60 per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG	2	QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	3	PA; LA
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	3	PA; LA
INTELENCE ORAL TABLET 25 MG	4	QL (60 per 30 days)
ISENTRESS HD ORAL TABLET 600 MG	2	QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET 100 MG	4	QL (60 per 30 days)
ISENTRESS ORAL TABLET 400 MG	2	QL (60 per 30 days)
ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG	2	QL (60 per 30 days)
JULUCA ORAL TABLET 50-25 MG	2	QL (30 per 30 days)
KALETRA ORAL SOLUTION 400-100 MG/5 ML	4	QL (320 per 30 days)
lamivudine oral solution 10 mg/ml	1	QL (900 MILLILITERS PER MONTH)
lamivudine oral tablet 100 mg	1	
lamivudine oral tablet 150 mg, 300 mg	1	QL (60 per 30 days)
lamivudine-zidovudine oral tablet 150-300 mg	1	QL (60 per 30 days)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; LA
LIVTENCITY ORAL TABLET 200 MG	4	PA

Drug Name	Drug Tier	Requirements / Limits
lopinavir-ritonavir oral tablet 100-25 mg	1	QL (60 per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	1	QL (120 per 30 days)
maraviroc oral tablet 150 mg, 300 mg	1	QL (60 per 30 days)
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	4	PA; LA
MAVYRET ORAL TABLET 100-40 MG	4	PA; LA
nevirapine oral suspension 50 mg/5 ml	1	QL (60 MILLILITERS PER MONTH)
nevirapine oral tablet 200 mg	1	QL (60 per 30 days)
nevirapine oral tablet extended release 24 hr 400 mg	1	QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET 100 MG	2	QL (360 per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG	2	QL (30 per 30 days)
oseltamivir oral capsule 30 mg	1	QL (40 per 365 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (20 per 365 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1	QL (360 MILLILITERS PER YEAR)
PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG	2	QL (40 per 90 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	4	
PREVYMIS ORAL TABLET 240 MG, 480 MG	4	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	4	QL (30 per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML	2	QL (30 BOTTLES PER MONTH)
PREZISTA ORAL TABLET 150 MG, 75 MG	2	QL (60 per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (2 per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	4	QL (150 per 30 days)
ribavirin oral capsule 200 mg	3	LA
ribavirin oral tablet 200 mg	3	LA
rilpivirine hcl oral tablet 25 mg	4	QL (30 per 30 days)
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	1	QL (360 per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	4	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL SOLUTION 20 MG/ML	2	QL (8 per 30 days)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; LA
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	3	PA; LA
SOVALDI ORAL TABLET 200 MG, 400 MG	3	PA; LA
STRIBILD ORAL TABLET 150-150-200-300 MG	4	QL (30 per 30 days)
SUNLENCA ORAL TABLET 300 MG	4	QL (2 per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	4	QL (6 per 365 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG	4	
TEMBEXA ORAL SUSPENSION 10 MG/ML	4	
TEMBEXA ORAL TABLET 100 MG	4	
tenofovir disoproxil fumarate oral tablet 300 mg	1	QL (30 per 30 days)
TIVICAY ORAL TABLET 50 MG	2	QL (60 per 30 days)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	QL (60 per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG	2	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	2	QL (30 per 30 days)
valacyclovir oral tablet 1 gram, 500 mg	1	
valganciclovir oral recon soln 50 mg/ml	4	
valganciclovir oral tablet 450 mg	1	
VIRACEPT ORAL TABLET 250 MG	2	QL (90 per 30 days)
VIRACEPT ORAL TABLET 625 MG	2	QL (60 per 30 days)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	4	QL (240 GRAMS PER MONTH)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	QL (30 per 30 days)
VOSEVI ORAL TABLET 400-100-100 MG	3	PA; LA
YEZTUGO ORAL TABLET 300 MG	3	ACA; QL (4 per 365 days)
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	3	ACA; QL (1 per 180 days)
zidovudine oral capsule 100 mg	1	QL (60 per 30 days)
zidovudine oral syrup 10 mg/ml	1	QL (960 MILLILITERS PER MONTH)

Drug Name	Drug Tier	Requirements / Limits
zidovudine oral tablet 300 mg	1	QL (60 per 30 days)
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	4	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefazolin injection recon soln 1 gram, 3 gram	4	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg	4	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	4	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg	1	
azithromycin oral tablet 500 mg, 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
clarithromycin oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet extended release 24 hr 500 mg	1	
e.e.s. oral tablet 400 mg	1	
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	1	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule, delayed release (dr/ec) 250 mg	1	
erythromycin oral tablet 250 mg, 500 mg	1	
erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	
fidaxomicin oral tablet 200 mg	4	PA; QL (20 per 365 days)
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	4	QL (112 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	4	PA
amikacin injection solution 500 mg/2 ml	4	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	4	PA
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	4	PA; QL (84 MILLILITERS PER MONTH); LA
chloroquine phosphate oral tablet 250 mg, 500 mg	1	
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
COARTEM ORAL TABLET 20-120 MG	4	
colistin (colistimethate na) injection recon soln 150 mg	4	
cycloserine oral capsule 250 mg	1	

Drug Name	Drug Tier	Requirements / Limits
dapsone oral tablet 100 mg, 25 mg	1	
EMVERM ORAL TABLET, CHEWABLE 100 MG	4	PA
ethambutol oral tablet 100 mg, 400 mg	1	
gentamicin injection solution 40 mg/ml	4	
HUMATIN ORAL CAPSULE 250 MG	4	PA; LA
hydroxychloroquine oral tablet 100 mg, 200 mg	1	
hydroxychloroquine oral tablet 300 mg, 400 mg	4	
IMPAVIDO ORAL CAPSULE 50 MG	4	PA
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg, 6 mg	4	QL (20 per 30 days)
LAMPIT ORAL TABLET 120 MG, 30 MG	4	
LIKMEZ ORAL SUSPENSION 500 MG/5 ML	4	PA
linezolid oral suspension for reconstitution 100 mg/5 ml	1	
linezolid oral tablet 600 mg	1	
mefloquine oral tablet 250 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
neomycin oral tablet 500 mg	1	
nitazoxanide oral tablet 500 mg	4	
pentamidine inhalation recon soln 300 mg	4	
praziquantel oral tablet 600 mg	4	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG	4	
primaquine oral tablet 26.3 mg (15 mg base)	4	
pyrazinamide oral tablet 500 mg	1	
pyrimethamine oral tablet 25 mg	4	
quinine sulfate oral capsule 324 mg	1	
rifabutin oral capsule 150 mg	1	
rifampin oral capsule 150 mg, 300 mg	1	
rifapentine oral tablet 150 mg	4	
SIRTURO ORAL TABLET 100 MG, 20 MG	4	PA
SIVEXTRO ORAL TABLET 200 MG	4	

Drug Name	Drug Tier	Requirements / Limits
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	4	PA
tinidazole oral tablet 250 mg, 500 mg	1	
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	3	
tobramycin sulfate injection recon soln 1.2 gram	4	
XENLETA ORAL TABLET 600 MG	4	
XIFAXAN ORAL TABLET 200 MG, 550 MG	4	PA; QL (60 per 30 days)
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	
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	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg	1	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	
dicloxacillin oral capsule 250 mg, 500 mg	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT, 2.4 MILLION UNIT	4	
LENTOCILIN S (WITH LIDOCAINE) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 1.2 MILLION UNIT-1.5 %	4	
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
penicillin v potassium oral tablet 250 mg, 500 mg	1	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1	
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	1	
ofloxacin oral tablet 400 mg	1	
SULFA'S & RELATED AGENTS		
sulfadiazine oral tablet 500 mg	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim oral suspension 200-40 mg/5 ml	1	
TETRACYCLINES		
avidoxy oral tablet 100 mg	1	ST
demeclocycline oral tablet 150 mg, 300 mg	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 75 mg	4	
doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg	4	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	
mondoxyne nl oral capsule 100 mg	1	
NUZYRA ORAL TABLET 150 MG	4	
tetracycline oral capsule 250 mg, 500 mg	4	

Drug Name	Drug Tier	Requirements / Limits
URINARY TRACT AGENTS		
BLUJEPA ORAL TABLET 750 MG	4	PA; QL (20 TABLETS PER FILL)
methenamine hippurate oral tablet 1 gram	1	
methenamine mandelate oral tablet 0.5 gram, 1 gram	1	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
trimethoprim oral tablet 100 mg	1	
VANCOMYCIN		
vancomycin oral capsule 125 mg, 250 mg	1	
vancomycin oral recon soln 25 mg/ml, 50 mg/ml	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	4	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	3	PA; OCh; LA
abirtega oral tablet 250 mg	3	PA; OCh
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	4	PA; OCh
ALECENSA ORAL CAPSULE 150 MG	3	PA; OCh; LA; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; OCh; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; OCh; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23)	4	PA; OCh; QL (30 per 30 days)
anastrozole oral tablet 1 mg	1	OCh; ACA
AUGTYRO ORAL CAPSULE 160 MG	4	PA; OCh; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; OCh; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	4	PA; OCh; QL (1 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	4	PA; OCh; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
azathioprine oral tablet 50 mg	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	4	PA; OCh
bexarotene oral capsule 75 mg	3	PA; OCh; LA
bexarotene topical gel 1 %	3	PA; LA
bicalutamide oral tablet 50 mg	1	
BOSULIF ORAL CAPSULE 100 MG, 50 MG	4	PA; OCh; LA
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	4	PA; OCh; LA
bosutinib oral tablet 100 mg, 400 mg, 500 mg	4	PA; OCh; LA
BRAFTOVI ORAL CAPSULE 75 MG	3	PA; OCh; LA
BRUKINSA ORAL TABLET 160 MG	4	PA; OCh; QL (60 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	4	PA; OCh; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	3	PA; OCh
capecitabine oral tablet 150 mg, 500 mg	3	OCh; LA
CAPRELSA ORAL TABLET 100 MG	4	PA; OCh; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; OCh; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; OCh; LA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; OCh; LA; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; OCh; LA; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	4	PA; OCh
COTELLIC ORAL TABLET 20 MG	3	PA; OCh; LA
cyclophosphamide oral capsule 25 mg, 50 mg	4	OCh
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	OCh
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	
cyclosporine modified oral solution 100 mg/ml	1	
cyclosporine oral capsule 100 mg	4	
cyclosporine oral capsule 25 mg	1	
dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg	3	PA; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
DAURISMO ORAL TABLET 100 MG, 25 MG	4	PA; OCh; LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ENSACOVE ORAL CAPSULE 100 MG	4	PA; OCh; QL (60 per 30 days)
ENSACOVE ORAL CAPSULE 25 MG	4	PA; OCh; QL (30 per 30 days)
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; LA
ERIVEDGE ORAL CAPSULE 150 MG	4	PA; OCh; LA
ERLEADA ORAL TABLET 240 MG, 60 MG	4	PA; OCh; LA
erlotinib oral tablet 100 mg, 150 mg, 25 mg	3	PA; OCh; LA
etoposide oral capsule 50 mg	3	OCh
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA; OCh; LA; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	3	PA; OCh; LA; QL (30 per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	PA; QL (30 per 30 days)
exemestane oral tablet 25 mg	1	OCh; ACA
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	4	PA; OCh
GAVRETO ORAL CAPSULE 100 MG	4	PA; OCh; QL (120 per 30 days)
gefitinib oral tablet 250 mg	3	PA; OCh
gengraf oral capsule 100 mg, 25 mg	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	3	PA; OCh; LA
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	4	PA; OCh
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	4	PA; OCh
HERNEXEOS ORAL TABLET 60 MG	4	PA; OCh; QL (90 per 30 days)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	3	OCh; LA
hydroxyurea oral capsule 500 mg	1	OCh
IBRANCE ORAL CAPSULE 125 MG	4	PA; OCh; LA
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	4	PA; OCh; LA
IBTROZI ORAL CAPSULE 200 MG	4	PA; OCh; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	4	PA; OCh
IDHIFA ORAL TABLET 100 MG, 50 MG	4	PA; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
imatinib oral tablet 100 mg, 400 mg	3	PA; OCh; LA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	3	PA; OCh; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	3	PA; QL (180 ML PER 30 DAYS); OCh
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	3	PA; OCh; QL (30 per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	4	PA; OCh
INLURIYO ORAL TABLET 200 MG	4	PA; OCh; QL (60 per 30 days)
INLYTA ORAL TABLET 1 MG	4	PA; OCh; LA; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	4	PA; OCh; LA; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	4	PA; OCh; LA
ITOVEBI ORAL TABLET 3 MG, 9 MG	4	PA; OCh; LA
IWILFIN ORAL TABLET 192 MG	4	PA; OCh
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	4	PA; OCh; LA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG, 50 MG	4	PA; OCh
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	3	PA; OCh; LA
KOMZIFTI ORAL CAPSULE 200 MG	3	PA; OCh; QL (90 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	4	PA; OCh
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	4	PA; OCh
KRAZATI ORAL TABLET 200 MG	4	PA; OCh
lapatinib oral tablet 250 mg	4	PA; OCh; LA; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG, 80 MG	4	PA; OCh
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	3	PA; OCh; LA
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; OCh; LA; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; OCh; LA; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; OCh; LA; QL (60 per 30 days)
letrozole oral tablet 2.5 mg	1	OCh; ACA
LEUKERAN ORAL TABLET 2 MG	2	PA; OCh

Drug Name	Drug Tier	Requirements / Limits
leuprolide subcutaneous kit 1 mg/0.2 ml	3	PA; LA
lomustine oral capsule 10 mg, 100 mg, 40 mg	1	PA; OCh
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	4	PA; OCh; LA
LORBRENA ORAL TABLET 100 MG	4	PA; OCh; LA; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; OCh; LA; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; OCh; LA; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	4	PA; OCh; LA; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; OCh; LA; QL (90 per 30 days)
LUPKYNIS ORAL CAPSULE 7.9 MG	4	PA; QL (180 per 30 days)
LYNPARZA ORAL TABLET 100 MG, 150 MG	3	PA; OCh; LA; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	3	PA; OCh
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; OCh
MATULANE ORAL CAPSULE 50 MG	4	PA; OCh
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	
megestrol oral tablet 20 mg, 40 mg	1	OCh
MEKINIST ORAL RECON SOLN 0.05 MG/ML	3	PA; OCh; LA
MEKINIST ORAL TABLET 0.5 MG, 2 MG	3	PA; OCh; LA
MEKTOVI ORAL TABLET 15 MG	3	PA; OCh; LA
mercaptopurine oral suspension 20 mg/ml	4	OCh; LA
mercaptopurine oral tablet 50 mg	1	OCh
methotrexate sodium (pf) injection solution 25 mg/ml	1	
methotrexate sodium injection solution 25 mg/ml	1	
methotrexate sodium oral tablet 2.5 mg	1	OCh
MODEYSO ORAL CAPSULE 125 MG	4	PA; OCh; QL (20 per 28 days)
MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	4	PA; QL (120 per 30 days)
mycophenolate mofetil oral capsule 250 mg	1	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	
mycophenolate mofetil oral tablet 500 mg	1	
mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg	1	

Drug Name	Drug Tier	Requirements / Limits
MYHIBBIN ORAL SUSPENSION 200 MG/ML	4	PA
MYLERAN ORAL TABLET 2 MG	4	OCh
NERLYNX ORAL TABLET 40 MG	4	PA; OCh; LA; QL (180 per 30 days)
nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg	4	PA; OCh
nilutamide oral tablet 150 mg	4	OCh; QL (30 per 30 days)
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	4	PA; OCh; LA
NUBEQA ORAL TABLET 300 MG	4	PA; OCh; LA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	3	PA; LA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	3	PA; LA
ODOMZO ORAL CAPSULE 200 MG	4	PA; OCh; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; OCh
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	4	PA; OCh
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6)	4	PA; OCh
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	4	PA; OCh; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG	4	PA; OCh; LA; QL (21 per 30 days)
ONUREG ORAL TABLET 300 MG	4	PA; OCh; LA; QL (14 per 30 days)
ORGOVYX ORAL TABLET 120 MG	4	PA; OCh
ORSERDU ORAL TABLET 345 MG, 86 MG	4	PA; OCh
PALSONIFY ORAL TABLET 20 MG, 30 MG	4	PA; QL (60 per 30 days)
pazopanib oral tablet 200 mg	4	PA; OCh; LA; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	4	PA; OCh; QL (28 per 30 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	3	PA; OCh
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	4	PA; OCh; LA
QINLOCK ORAL TABLET 50 MG	3	PA; OCh; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	4	PA; OCh; LA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 110 MG	4	PA; OCh; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
REVUFORJ ORAL TABLET 160 MG	4	PA; OCh; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	3	PA; OCh; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	4	PA; OCh
REZUROCK ORAL TABLET 200 MG	4	PA; QL (30 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	4	PA; OCh; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; OCh; LA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; OCh; LA; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	4	PA; OCh; LA; QL (336 per 28 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	4	PA; OCh; LA
RYDAPT ORAL CAPSULE 25 MG	4	PA; OCh; LA; QL (224 per 28 days)
SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML	4	LA; QL (4 per 28 days)
SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML	4	LA; QL (4 per 28 days)
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	4	PA; OCh
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	4	PA
sirolimus oral solution 1 mg/ml	4	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	4	OCh; ACA
sorafenib oral tablet 200 mg	4	PA; OCh; LA; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	4	PA; OCh; LA; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	3	PA; OCh; LA; QL (28 per 28 days)
TABLOID ORAL TABLET 40 MG	2	PA; OCh
TABRECTA ORAL TABLET 150 MG, 200 MG	4	PA; OCh; LA; QL (168 per 30 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	3	PA; OCh; LA
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	3	PA; OCh; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG	3	PA; OCh; LA
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	4	PA; OCh; LA

Drug Name	Drug Tier	Requirements / Limits
tamoxifen oral tablet 10 mg, 20 mg	1	OCh; ACA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	3	PA; OCh; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	3	PA; OCh; LA
TIBSOVO ORAL TABLET 250 MG	4	PA; OCh
toremifene oral tablet 60 mg	1	OCh
torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA; OCh
tretinoin (antineoplastic) oral capsule 10 mg	4	OCh
TRUQAP ORAL TABLET 160 MG, 200 MG	4	PA; OCh
TUKYSA ORAL TABLET 150 MG, 50 MG	4	PA; OCh; QL (120 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; OCh; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	4	PA; OCh; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	4	PA; OCh
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	4	PA; OCh
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	3	PA; OCh; LA; QL (60 per 30 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	4	PA; QL (30 per 30 days)
VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (60 per 30 days)
VIJOICE ORAL TABLET 50 MG	4	PA; QL (30 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; OCh; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; OCh; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	4	PA; OCh; LA; QL (300 per 30 days)
VONJO ORAL CAPSULE 100 MG	4	PA; OCh
VORANIGO ORAL TABLET 10 MG, 40 MG	4	PA; OCh
WAYRILZ ORAL TABLET 400 MG	4	PA; QL (60 per 30 days)
WELIREG ORAL TABLET 40 MG	4	PA; OCh; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	3	PA; OCh; LA; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	3	PA; OCh; LA; QL (90 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	3	PA; OCh; LA; QL (60 per 30 days)
XERMELO ORAL TABLET 250 MG	4	PA
XOSPATA ORAL TABLET 40 MG	4	PA; OCh; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; OCh
XROMI ORAL SOLUTION 100 MG/ML	4	PA
XTANDI ORAL CAPSULE 40 MG	3	PA; OCh; LA
XTANDI ORAL TABLET 40 MG, 80 MG	3	PA; OCh; LA
YONSA ORAL TABLET 125 MG	4	PA; OCh; LA
yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	3	PA; OCh
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	4	PA; OCh; LA
ZELBORAF ORAL TABLET 240 MG	3	PA; OCh; LA
ZOLINZA ORAL CAPSULE 100 MG	4	PA; OCh; LA
ZYDELIG ORAL TABLET 100 MG, 150 MG	4	PA; OCh; LA; QL (30 per 30 days)
ZYKADIA ORAL TABLET 150 MG	4	PA; OCh; LA; QL (90 per 30 days)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
brivaracetam oral solution 10 mg/ml	4	ST; QL (2 BOTTLES PER 30 DAYS)
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	4	ST; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg	1	QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 300 mg	1	QL (120 per 30 days)
carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet, chewable 100 mg	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG	4	QL (60 per 30 days)
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	QL (120 per 30 days)
clobazam oral suspension 2.5 mg/ml	4	

Drug Name	Drug Tier	Requirements / Limits
clobazam oral tablet 10 mg	1	
clobazam oral tablet 20 mg	4	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	4	
DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	4	
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	4	PA
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
DILANTIN EXTENDED ORAL CAPSULE 100 MG	4	
DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG	4	
DILANTIN ORAL CAPSULE 30 MG	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	4	
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	4	PA; LA; QL (400 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG	4	ST; QL (60 per 30 days)
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 300 MG	4	ST; QL (120 per 30 days)
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG	4	

Drug Name	Drug Tier	Requirements / Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML	4	PA; QL (360 ML PER FILL)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg	4	PA
lacosamide oral solution 10 mg/ml	4	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	4	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
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)	1	ST
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	ST
lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
methsuximide oral capsule 300 mg	4	
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG	4	PA; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 200 MG	4	PA; QL (60 per 30 days)
MYSOLINE ORAL TABLET 250 MG, 50 MG	4	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	

Drug Name	Drug Tier	Requirements / Limits
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
oxcarbazepine oral tablet extended release 24 hr 150 mg	4	PA; QL (480 per 30 days)
oxcarbazepine oral tablet extended release 24 hr 300 mg	4	PA; QL (240 per 30 days)
oxcarbazepine oral tablet extended release 24 hr 600 mg	4	PA; QL (120 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PA; QL (480 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	4	PA; QL (240 per 30 days)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	4	PA; QL (120 per 30 days)
perampanel oral suspension 0.5 mg/ml	4	PA; QL (480ML IN 30 DAYS)
perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	4	PA; QL (30 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	4	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet, chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	4	
pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg	4	
primidone oral tablet 250 mg, 50 mg	1	
relgaabi oral capsule 300 mg, 400 mg	1	
roweepra oral tablet 500 mg	1	
rufinamide oral suspension 40 mg/ml	4	
rufinamide oral tablet 200 mg, 400 mg	4	
SUBVENITE ORAL SUSPENSION 10 MG/ML	4	ST; QL (9 BOTTLES PER 30 DAYS)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	

Drug Name	Drug Tier	Requirements / Limits
subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)	1	
subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)	1	
subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)	1	
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	4	
TEGRETOL ORAL TABLET 200 MG	4	
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	4	
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	ST
topiramate oral capsule, extended release 24hr 100 mg, 25 mg, 50 mg	4	ST; QL (30 per 30 days)
topiramate oral capsule, extended release 24hr 200 mg	4	ST; QL (60 per 30 days)
topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 25 mg, 50 mg	4	ST; QL (30 per 30 days)
topiramate oral capsule, sprinkle, er 24hr 200 mg	4	ST; QL (60 per 30 days)
topiramate oral solution 25 mg/ml	4	ST
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
valproic acid oral capsule 250 mg	1	
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)	2	
vigabatrin oral powder in packet 500 mg	3	PA; LA
vigabatrin oral tablet 500 mg	3	PA; LA
vigadrone oral powder in packet 500 mg	3	PA
vigadrone oral tablet 500 mg	3	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML	4	PA
VIMPAT ORAL SOLUTION 10 MG/ML	4	PA; QL (6 BOTTLES PER MONTH)
VIMPAT ORAL TABLET 100 MG	4	PA; QL (120 per 30 days)
VIMPAT ORAL TABLET 150 MG	4	PA; QL (80 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VIMPAT ORAL TABLET 200 MG	4	PA; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	4	PA; QL (240 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	4	PA
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14) - 25 MG (14), 150 MG (14) - 200 MG (14), 50 MG (14) - 100 MG (14)	4	PA
ZARONTIN ORAL CAPSULE 250 MG	4	
ZARONTIN ORAL SOLUTION 250 MG/5 ML	4	
ZONISADE ORAL SUSPENSION 100 MG/5 ML	4	PA
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ZTALMY ORAL SUSPENSION 50 MG/ML	4	PA
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	4	PA; LA
apomorphine subcutaneous cartridge 10 mg/ml	4	PA
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	
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	1	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG	4	PA
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	4	PA
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	4	PA
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
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	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
tolcapone oral tablet 100 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL (1.5 per 30 days)
almotriptan malate oral tablet 12.5 mg, 6.25 mg	4	QL (18 per 30 days)
dihydroergotamine injection solution 1 mg/ml	1	
dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)	4	QL (8 per 30 days)
eletriptan oral tablet 20 mg, 40 mg	1	QL (18 per 30 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
ergotamine-caffeine oral tablet 1-100 mg	4	QL (12 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
frovatriptan oral tablet 2.5 mg	4	QL (18 per 30 days)
migergot rectal suppository 2-100 mg	4	QL (12 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	QL (18 per 30 days)
NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG	4	PA; QL (8 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	4	PA; QL (30 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (18 per 30 days)
rizatriptan oral tablet, disintegrating 10 mg, 5 mg	1	QL (18 per 30 days)
sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation	1	QL (18 per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (8 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL (8 per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	4	PA; QL (10 per 30 days)
ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION	4	PA; QL (8 per 30 days)
zolmitriptan nasal spray, non-aerosol 5 mg	4	QL (18 per 30 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (18 per 30 days)
zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg	1	QL (18 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
dalfampridine oral tablet extended release 12 hr 10 mg	3	LA; QL (60 per 30 days)
DAYBUE ORAL SOLUTION 200 MG/ML	4	PA; QL (120 ML PER DAY)
dichlorphenamide oral tablet 50 mg	4	PA; LA; QL (120 per 30 days)
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	
donepezil oral tablet, disintegrating 10 mg, 5 mg	1	
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	4	PA; QL (240 MILLILITERS PER MONTH); LA
EVRYSDI ORAL TABLET 5 MG	4	PA; LA; QL (30 per 30 days)
FIRDAPSE ORAL TABLET 10 MG	4	PA
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	

Drug Name	Drug Tier	Requirements / Limits
galantamine oral solution 4 mg/ml	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	4	PA; QL (4 per 30 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML (250MG/1.25MLX2)	4	PA; QL (10 ML PER 28 DAYS)
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg	4	QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	
memantine oral tablet 10 mg, 5 mg	1	
memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg	4	
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	4	PA
ormalvi oral tablet 50 mg	4	PA; QL (121 per 30 days)
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	4	PA; LA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	
SKYCLARYS ORAL CAPSULE 50 MG	4	PA
tetrabenazine oral tablet 12.5 mg, 25 mg	3	LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML	4	PA; QL (30 per 30 days)
WAINUA SUBCUTANEOUS SYRINGE 45 MG/0.8 ML	4	PA; QL (1 per 28 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	4	PA; LA; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	4	PA; LA; QL (1 per 365 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3)	4	PA; LA; QL (1 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
baclofen oral suspension 25 mg/5 ml (5 mg/ml)	4	
baclofen oral tablet 10 mg, 20 mg	1	
baclofen oral tablet 5 mg	4	

Drug Name	Drug Tier	Requirements / Limits
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	1	PA
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
cyclobenzaprine oral tablet 7.5 mg	1	
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	4	
metaxalone oral tablet 800 mg	4	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate oral tablet extended release 100 mg	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	4	
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
tizanidine oral capsule 2 mg, 4 mg, 6 mg	4	
tizanidine oral tablet 2 mg, 4 mg	1	
vanadom oral tablet 350 mg	1	
ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML	3	PA
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	PA
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	PA
ascomp with codeine oral capsule 30-50-325-40 mg	1	PA
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	4	PA
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	4	

Drug Name	Drug Tier	Requirements / Limits
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	4	PA
butalbital-acetaminophen oral tablet 50-325 mg	4	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	PA
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	PA
diskets oral tablet, soluble 40 mg	1	PA
endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	4	PA
hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg	4	PA; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml	1	PA
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	4	PA
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	PA
hydromorphone oral liquid 1 mg/ml	1	PA
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	PA
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	PA; QL (60 per 30 days)
hydromorphone rectal suppository 3 mg	4	PA
meperidine oral solution 50 mg/5 ml	1	PA
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

Drug Name	Drug Tier	Requirements / Limits
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	PA
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	4	PA; QL (60 per 30 days)
morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)	1	PA
morphine oral tablet 15 mg, 30 mg	1	PA
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	PA; QL (120 per 30 days)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	PA
oxycodone oral capsule 5 mg	1	PA
oxycodone oral concentrate 20 mg/ml	1	PA
oxycodone oral solution 5 mg/5 ml	1	PA
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	PA
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	4	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA
oxymorphone oral tablet 10 mg, 5 mg	1	PA
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	PA; QL (90 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	4	
tencon oral tablet 50-325 mg	4	
NON-NARCOTIC ANALGESICS		
adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg	1	ACA
aspirin childrens oral tablet, chewable 81 mg	1	ACA
aspirin oral tablet, chewable 81 mg	1	ACA
aspirin oral tablet, delayed release (dr/ec) 81 mg	1	ACA
BAYER CHEWABLE ASPIRIN ORAL TABLET 81 MG	2	

Drug Name	Drug Tier	Requirements / Limits
bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg	1	ACA
buprenorphine-naloxone sublingual film 12-3 mg	1	QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg	1	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg	1	QL (90 per 30 days)
butorphanol nasal spray, non-aerosol 10 mg/ml	1	PA; QL (2 per 30 days)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	
celecoxib oral capsule 400 mg	1	
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 sodium topical drops 1.5 %	1	
diclofenac sodium topical gel 1 %	1	
diflunisal oral tablet 500 mg	1	
ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg	1	ACA
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
flurbiprofen oral tablet 100 mg	1	
ibu oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
JOURNAVX ORAL TABLET 50 MG	4	QL (1 FILL PER 42 DAYS)
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg	1	
ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)	1	
ketorolac injection syringe 15 mg/ml, 30 mg/ml	1	
ketorolac intramuscular solution 60 mg/2 ml	1	

Drug Name	Drug Tier	Requirements / Limits
ketorolac intramuscular syringe 60 mg/2 ml	1	
ketorolac oral tablet 10 mg	1	QL (20 per 5 days)
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	4	
lurbiro oral tablet 100 mg	1	
meloxicam oral tablet 15 mg, 7.5 mg	1	
nabumetone oral tablet 500 mg, 750 mg	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
naproxen oral suspension 125 mg/5 ml	4	
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 550 mg	1	
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	4	PA
oxaprozin oral tablet 600 mg	1	
pentazocine-naloxone oral tablet 50-0.5 mg	1	PA
piroxicam oral capsule 10 mg, 20 mg	1	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	4	
salsalate oral tablet 500 mg, 750 mg	1	
st joseph aspirin oral tablet, chewable 81 mg	1	ACA
st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg	1	ACA
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin oral capsule 400 mg	1	
tolmetin oral tablet 600 mg	1	
tramadol oral tablet 100 mg	4	PA
TRAMADOL ORAL TABLET 25 MG, 75 MG	4	PA
tramadol oral tablet 50 mg	1	PA
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	PA
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	PA
tramadol-acetaminophen oral tablet 37.5-325 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED 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	4	QL (90 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	4	QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	4	QL (60 per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	4	
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	2	
ADDYI ORAL TABLET 100 MG	2	PA
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	4	
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	4	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	
aripiprazole oral tablet, disintegrating 10 mg, 15 mg	1	

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	4	
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	PA; QL (750 per 30 days)
ATOMOXETINE ORAL SOLUTION 4 MG/ML	4	PA; QL (750 ML PER 30 DAYS)
ATONCY ORAL SOLUTION 4 MG/ML	4	PA; QL (25 ML/DAY)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	4	ST
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	4	PA
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	
buspirone oral tablet 10 mg, 15 mg, 5 mg	1	
buspirone oral tablet 30 mg, 7.5 mg	1	
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	4	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	4	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	

Drug Name	Drug Tier	Requirements / Limits
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	4	PA
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	4	PA
COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	4	PA
desipramine oral tablet 10 mg, 25 mg, 50 mg	1	
desipramine oral tablet 100 mg, 150 mg, 75 mg	1	
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	4	
dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg	1	
dextroamphetamine sulfate oral solution 5 mg/5 ml	1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	
dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	4	
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg	4	
dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements / Limits
doxepin oral concentrate 10 mg/ml	1	
duloxetine oral capsule, delayed release (dr/ec) 20 mg, 30 mg, 60 mg	1	
duloxetine oral capsule, delayed release (dr/ec) 40 mg	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	4	
ergoloid oral tablet 1 mg	1	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	
estazolam oral tablet 1 mg, 2 mg	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	ST
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	ST
fluoxetine oral capsule 10 mg, 20 mg, 40 mg	1	
fluoxetine oral capsule, delayed release (dr/ec) 90 mg	4	
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg, 20 mg, 60 mg	4	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
flurazepam oral capsule 15 mg, 30 mg	1	
fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg	1	
fluvoxamine oral tablet 100 mg, 25 mg, 50 mg	1	
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	
haloperidol lactate injection solution 5 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	4	PA; QL (150ML PER 30 DAYS); LA
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	4	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML	2	
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML	2	
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML	2	
JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	4	PA
lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	1	QL (30 per 30 days)
lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL (30 per 30 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM	4	PA; LA; QL (30 per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM	4	PA; LA; QL (1 per 365 days)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg	4	

Drug Name	Drug Tier	Requirements / Limits
MARPLAN ORAL TABLET 10 MG	4	
methamphetamine oral tablet 5 mg	1	
methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	4	
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG	4	PA
methylphenidate hcl oral tablet extended release 24hr 72 mg	4	
methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg	1	
METHYLPHENIDATE ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG	4	PA
methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr	4	
midazolam oral syrup 2 mg/ml	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
mirtazapine oral tablet 7.5 mg	1	
mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg	1	
modafinil oral tablet 100 mg, 200 mg	1	
molindone oral tablet 10 mg, 25 mg, 5 mg	4	
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	4	
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	

Drug Name	Drug Tier	Requirements / Limits
nortriptyline oral solution 10 mg/5 ml	1	
NUPLAZID ORAL CAPSULE 34 MG	4	PA; LA
NUPLAZID ORAL TABLET 10 MG	4	PA; LA
olanzapine intramuscular recon soln 10 mg	1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	
olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	
ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML	4	PA
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg	1	
paroxetine hcl oral suspension 10 mg/5 ml	4	
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	1	
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	
paroxetine mesylate (menop.sym) oral capsule 7.5 mg	4	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG	2	
phenelzine oral tablet 15 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
procentra oral solution 5 mg/5 ml	1	
protriptyline oral tablet 10 mg, 5 mg	1	
QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	4	PA
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	1	
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	4	PA
QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML)	4	PA

Drug Name	Drug Tier	Requirements / Limits
ramelteon oral tablet 8 mg	4	
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	4	PA
risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml	1	
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	
RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 25 mg, 50 mg	1	
sodium oxybate oral solution 500 mg/ml	4	PA; QL (3 BOTTLES PER 30 DAYS); LA
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA
SUNOSI ORAL TABLET 150 MG	4	PA; QL (30 per 30 days)
SUNOSI ORAL TABLET 75 MG	4	PA; QL (60 per 30 days)
tasimelteon oral capsule 20 mg	4	PA; LA; QL (30 per 30 days)
temazepam oral capsule 15 mg, 30 mg	1	
temazepam oral capsule 22.5 mg, 7.5 mg	1	
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	
trazodone oral tablet 300 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST

Drug Name	Drug Tier	Requirements / Limits
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML	2	
venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg	1	
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	4	
vilazodone oral tablet 10 mg, 20 mg, 40 mg	4	
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML	4	PA
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	4	PA
XYWAV ORAL SOLUTION 0.5 GRAM/ML	4	PA; QL (3 BOTTLES PER MONTH); LA
zaleplon oral capsule 10 mg, 5 mg	1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	
ZOLOFT ORAL TABLET 50 MG	4	ST
zolpidem oral tablet 10 mg, 5 mg	1	
zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg	1	
zolpidem sublingual tablet 1.75 mg, 3.5 mg	4	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	4	PA
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG	2	
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	3	PA; LA; QL (1 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	3	PA; LA; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG	4	PA; LA; QL (120 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	3	PA; LA; QL (14 per 30 days)
cladribine(multiple sclerosis) oral tablet 10 mg	4	PA; QL (36 per 720 days)
dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg	3	QL (14 per 365 days)
dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)	3	LA; QL (1 per 365 days)
dimethyl fumarate oral capsule, delayed release (dr/ec) 240 mg	3	QL (60 per 30 days)
fingolimod oral capsule 0.5 mg	3	LA; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	3	LA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	3	LA; QL (12 per 30 days)
glatopa subcutaneous syringe 20 mg/ml	3	LA; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	3	LA; QL (12 per 30 days)
KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	3	PA; LA; QL (1 per 30 days)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	4	PA; LA; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS)	4	PA; LA; QL (1 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS)	4	PA; LA; QL (1 per 365 days)
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	3	PA; LA; QL (2 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	3	PA; LA; QL (2 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; LA; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	3	PA; LA; QL (2 per 30 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	3	PA; LA; QL (1 per 365 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; LA; QL (12 per 30 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; LA; QL (12 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; LA; QL (4.2 per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; LA; QL (4.2 per 30 days)
teriflunomide oral tablet 14 mg, 7 mg	4	LA; QL (30 per 30 days)
VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG	4	PA; LA; QL (120 per 30 days)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	1	
amiodarone oral tablet 200 mg	1	
disopyramide phosphate oral capsule 100 mg, 150 mg	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG	4	
pacerone oral tablet 100 mg	1	
pacerone oral tablet 200 mg	1	
propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	4	ST
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	
aliskiren oral tablet 150 mg, 300 mg	4	
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	

Drug Name	Drug Tier	Requirements / Limits
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	4	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	4	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide oral tablet 0.5 mg, 1 mg	1	
bumetanide oral tablet 2 mg	1	
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	4	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
CARDAMYST NASAL SPRAY, NON-AEROSOL 70 MG/2 SPRAY	4	PA; QL (2 CARTONS (4 SPRAY DEVICES) PER FILL)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	4	
cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	4	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	4	
diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	4	
diltiazem hcl oral capsule, extended release 12 hr 120 mg	4	

Drug Name	Drug Tier	Requirements / Limits
diltiazem hcl oral capsule, extended release 12 hr 60 mg, 90 mg	1	
diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	4	
diltiazem hcl oral tablet 120 mg	4	
diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg	1	
enalapril maleate oral solution 1 mg/ml	4	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
eplerenone oral tablet 25 mg, 50 mg	1	
ethacrynic acid oral tablet 25 mg	4	
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
furosemide oral solution 10 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	
indapamide oral tablet 1.25 mg, 2.5 mg	1	
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isosorbide-hydralazine oral tablet 20-37.5 mg	4	

Drug Name	Drug Tier	Requirements / Limits
isradipine oral capsule 2.5 mg, 5 mg	1	
JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML)	4	ST
KERENDIA ORAL TABLET 10 MG	4	PA; QL (60 per 30 days)
KERENDIA ORAL TABLET 20 MG	4	PA; QL (30 per 30 days)
KERENDIA ORAL TABLET 40 MG	4	PA; QL (15 per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	4	
methyldopa oral tablet 250 mg, 500 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	
metoprolol succinate oral tablet extended release 24 hr 200 mg	1	
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
metoprolol tartrate oral tablet 37.5 mg, 75 mg	4	
metyrosine oral capsule 250 mg	4	
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	

Drug Name	Drug Tier	Requirements / Limits
nimodipine oral capsule 30 mg	1	
nimodipine oral solution 60 mg/20 ml	4	
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	4	
NORLIQVA ORAL SOLUTION 1 MG/ML	4	ST
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
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	4	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	4	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral suspension 25 mg/5 ml	4	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg	1	
tiadylt er oral capsule, extended release 24 hr 360 mg, 420 mg	1	

Drug Name	Drug Tier	Requirements / Limits
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
triamterene oral capsule 100 mg, 50 mg	4	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 100 MCG, 150 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; LA
UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60)	4	PA; LA
valsartan oral solution 4 mg/ml	4	
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	4	
verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
CARDIAC GLYCOSIDES		
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	4	
COAGULATION THERAPY		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	4	PA; LA
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	4	PA; LA; QL (60 per 30 days)
aminocaproic acid oral solution 250 mg/ml (25 %)	4	

Drug Name	Drug Tier	Requirements / Limits
aminocaproic acid oral tablet 1,000 mg, 500 mg	4	
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
CABLIVI INJECTION KIT 11 MG	3	PA
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 75 mg	1	
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DOPTELET ORAL TABLET 20 MG	3	PA; LA
DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG	3	PA; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg, 25 mg	4	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	4	PA; QL (30 per 30 days)
eltrombopag olamine oral tablet 50 mg, 75 mg	4	PA; QL (60 per 30 days)
enoxaparin subcutaneous solution 300 mg/3 ml	3	
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	3	
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	4	
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML	4	PA
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	PA
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	3	PA; LA
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	4	

Drug Name	Drug Tier	Requirements / Limits
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml	4	
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	4	PA; LA; QL (4 per 28 days)
pentoxifylline oral tablet extended release 400 mg	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	
prasugrel hcl oral tablet 10 mg, 5 mg	1	
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (1 per 30 days)
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	4	PA; QL (1 per 30 days)
rivaroxaban oral suspension for reconstitution 1 mg/ml	1	
rivaroxaban oral tablet 2.5 mg	4	QL (60 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	1	
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9)	2	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	
ZONTIVITY ORAL TABLET 2.08 MG	4	
LIPID/CHOLESTEROL LOWERING AGENTS		
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA
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	4	
colesevelam oral tablet 625 mg	4	

Drug Name	Drug Tier	Requirements / Limits
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	4	
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg	1	
fenofibrate nanocrystallized oral tablet 48 mg	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg	1	
fenofibric acid (choline) oral capsule, delayed release (dr/ec) 45 mg	1	
fluvastatin oral capsule 20 mg, 40 mg	4	ACA
fluvastatin oral tablet extended release 24 hr 80 mg	1	ACA
gemfibrozil oral tablet 600 mg	1	
icosapent ethyl oral capsule 0.5 gram	4	QL (120 per 30 days)
icosapent ethyl oral capsule 1 gram	1	QL (120 per 30 days)
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	PA; LA; QL (30 per 30 days)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	ACA
niacin oral tablet 500 mg	4	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
omega-3 acid ethyl esters oral capsule 1 gram	1	
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	4	ACA
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA
prevalite oral powder 4 gram	1	
prevalite oral powder in packet 4 gram	1	
REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML	4	PA; QL (1 per 90 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA

Drug Name	Drug Tier	Requirements / Limits
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	ACA
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML	4	PA; LA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	4	PA
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	4	PA; LA; QL (30 per 30 days)
ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG	2	
ivabradine oral tablet 5 mg, 7.5 mg	4	PA
MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	4	PA; QL (30 per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	
TRYVIO ORAL TABLET 12.5 MG	4	ST; QL (30 per 30 days)
VANRAFIA ORAL TABLET 0.75 MG	4	PA; QL (30 per 30 days)
VECAMYL ORAL TABLET 2.5 MG	4	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA
VYNDAMAX ORAL CAPSULE 61 MG	4	PA; LA
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	4	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	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	4	

Drug Name	Drug Tier	Requirements / Limits
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal ointment 2 %	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray, non-aerosol 400 mcg/spray	4	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	4	
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	4	ST
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	4	PA; LA; QL (2 per 56 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	4	PA; LA; QL (2 per 56 days)
calcipotriene scalp solution 0.005 %	1	
calcipotriene topical cream 0.005 %	1	
calcipotriene topical ointment 0.005 %	1	
calcipotriene-betamethasone topical suspension 0.005-0.064 %	4	
calcitriol topical ointment 3 mcg/gram	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; LA; QL (2 per 28 days)
COSENTYX INTRAVENOUS SOLUTION 25 MG/ML	3	PA; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS NJECTOR 150 MG/ML	3	PA; LA; QL (2 per 28 days)
COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML	3	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; LA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; LA; QL (1 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	3	PA; LA; QL (1 per 28 days)
EPIFOAM TOPICAL FOAM 1-1 %	4	

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone-pramoxine topical cream 2.5-1 %	4	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; LA; QL (1 per 84 days)
pellix scalp solution 0.005 %	1	
PLEXION NS TOPICAL SHAMPOO 9.8 %	4	PA
PRAMOSONE TOPICAL LOTION 2.5-1 %	4	ST
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %	1	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	3	PA; LA; QL (1 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML	3	PA; LA; QL (1 per 84 days)
SOTYKTU ORAL TABLET 6 MG	3	PA; LA; QL (30 per 30 days)
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; QL (300MG PER 28 DAYS); LA
STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; LA; QL (1 per 84 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; LA; QL (1 per 84 days)
sulfacetamide sodium topical cleanser 10 %	1	
sulfacetamide sodium topical cleanser, gel 10 %	1	
sulfacetamide sodium topical shampoo 10 %	1	
sulfacetamide sodium topical shampoo 9.8 %	4	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; LA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; LA; QL (1 per 28 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	3	PA; LA; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	3	PA; LA; QL (1 per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; LA; QL (1 per 56 days)
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	PA; LA; QL (6 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; LA; QL (1 per 56 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	3	PA; LA; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; LA; QL (1 per 56 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	3	PA; LA; QL (1 per 28 days)
VTAMA TOPICAL CREAM 1 %	4	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	3	PA; LA; QL (1 per 84 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	3	PA; LA; QL (1 per 84 days)
BURN THERAPY		
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	3	PA; LA; QL (2 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; LA; QL (4 per 28 days)
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
diclofenac sodium topical gel 3 %	1	
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 %	2	
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	3	PA; LA; QL (2 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	3	PA; LA; QL (2 per 28 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	3	PA; LA; QL (4 per 28 days)
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	3	PA; LA; QL (4 per 28 days)
EUCRISA TOPICAL OINTMENT 2 %	4	PA
FILSUVEZ TOPICAL GEL 10 %	4	PA; QL (60 per 30 days)
fluorouracil topical cream 5 %	1	
fluorouracil topical solution 2 %, 5 %	1	

Drug Name	Drug Tier	Requirements / Limits
HYFTOR TOPICAL GEL 0.2 %	4	PA
imiquimod topical cream in packet 5 %	1	
IODOFLEX TOPICAL PADS, MEDICATED 0.9 %	4	
methoxsalen oral capsule, liqd-filled, rapid rel 10 mg	1	
OPZELURA TOPICAL CREAM 1.5 %	4	PA
PANRETIN TOPICAL GEL 0.1 %	4	
pimecrolimus topical cream 1 %	1	
podofilox topical gel 0.5 %	4	
podofilox topical solution 0.5 %	1	
SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION)	4	PA; QL (1 per 30 days)
tacrolimus topical ointment 0.03 %, 0.1 %	1	
VALCHLOR TOPICAL GEL 0.016 %	4	PA; LA
ZELSUVMI TOPICAL GEL 10.3 %	4	PA; QL (1 TUBE PER FILL)
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
adapalene topical gel 0.3 %	4	ST
adapalene topical gel with pump 0.3 %	4	ST
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	1	QL (45 per 30 days)
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
avar topical cleanser 10-5 % (w/w)	1	
azelaic acid topical gel 15 %	1	
benzoyl peroxide topical cleanser 7 %	1	
bp topical cleanser 10-1 %	4	
brimonidine topical gel with pump 0.33 %	1	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindacin etz topical swab 1 %	1	
clindacin p topical swab 1 %	1	
clindamycin phosphate topical gel 1 %	1	
clindamycin phosphate topical lotion 1 %	1	
clindamycin phosphate topical solution 1 %	1	
clindamycin phosphate topical swab 1 %	1	

Drug Name	Drug Tier	Requirements / Limits
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	4	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %	4	
dapsone topical gel 5 %	4	
DAPSONE TOPICAL GEL 7.5 %	4	
dapsone topical gel with pump 7.5 %	4	
ery pads topical swab 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
ivermectin topical cream 1 %	4	
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical lotion 0.75 %	1	
neuac topical gel 1.2 %(1 % base) -5 %	4	
rosadan topical cream 0.75 %	1	
rosadan topical gel 0.75 %	1	
sss 10-5 topical cream 10-5 % (w/w)	4	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4.5 %, 9.8-4.8 %	4	
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	4	
tazarotene topical cream 0.05 %, 0.1 %	4	
tretinoin microspheres topical gel 0.04 %, 0.1 %	1	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	2	PA
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
TOPICAL ANESTHETICS		
dermacinrx lidocan topical adhesive patch, medicated 5 %	1	

Drug Name	Drug Tier	Requirements / Limits
lidocaine hcl laryngotracheal solution 4 %	4	
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	4	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch, medicated 5 %	1	
lidocaine topical ointment 5 %	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	
lidocan iii topical adhesive patch, medicated 5 %	1	
lidocan iv topical adhesive patch, medicated 5 %	1	
lidocan v topical adhesive patch, medicated 5 %	1	
lidocort topical cream 3-0.5 %	1	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	
lugols topical solution 5-10 %	4	
mupirocin calcium topical cream 2 %	4	
mupirocin topical ointment 2 %	1	
strong iodine topical solution 5-10 %	4	
sulfacetamide sodium (acne) topical suspension 10 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	4	
TOPICAL ANTIFUNGALS		
ciclodan topical cream 0.77 %	1	
ciclodan topical solution 8 %	1	
ciclopirox topical cream 0.77 %	1	
ciclopirox topical gel 0.77 %	1	
ciclopirox topical shampoo 1 %	1	
ciclopirox topical solution 8 %	1	
ciclopirox topical suspension 0.77 %	1	
clotrimazole topical cream 1 %	1	
clotrimazole topical solution 1 %	1	
clotrimazole-betamethasone topical cream 1-0.05 %	1	

Drug Name	Drug Tier	Requirements / Limits
clotrimazole-betamethasone topical lotion 1-0.05 %	1	
econazole nitrate topical cream 1 %	1	
ketoconazole topical cream 2 %	1	
ketoconazole topical shampoo 2 %	1	
klayesta topical powder 100,000 unit/gram	1	
naftifine topical cream 1 %	4	
naftifine topical cream 2 %	1	
naftifine topical gel 2 %	4	
nystatin topical cream 100,000 unit/gram	1	
nystatin topical ointment 100,000 unit/gram	1	
nystatin topical powder 100,000 unit/gram	1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	
nystop topical powder 100,000 unit/gram	1	
tavaborole topical solution with applicator 5 %	4	PA
TOPICAL ANTIVIRALS		
acyclovir topical cream 5 %	4	
acyclovir topical ointment 5 %	1	
TOPICAL CORTICOSTEROIDS		
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
amcinonide topical cream 0.1 %	4	
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical foam 0.12 %	4	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	

Drug Name	Drug Tier	Requirements / Limits
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	1	
clobetasol scalp solution 0.05 %	1	
clobetasol topical cream 0.05 %	1	
clobetasol topical foam 0.05 %	4	
clobetasol topical gel 0.05 %	4	
clobetasol topical lotion 0.05 %	4	
clobetasol topical ointment 0.05 %	1	
clobetasol topical shampoo 0.05 %	4	
clobetasol topical spray, non-aerosol 0.05 %	4	
clobetasol-emollient topical cream 0.05 %	4	
desonide topical cream 0.05 %	4	
desonide topical ointment 0.05 %	4	
desoximetasone topical cream 0.25 %	4	
desoximetasone topical ointment 0.25 %	4	
fluocinolone and shower cap scalp oil 0.01 %	1	
fluocinolone topical cream 0.01 %, 0.025 %	1	
fluocinolone topical oil 0.01 %	1	
fluocinolone topical ointment 0.025 %	1	
fluocinolone topical solution 0.01 %	1	
fluocinonide topical cream 0.05 %	4	
fluocinonide topical cream 0.1 %	1	
fluocinonide topical gel 0.05 %	1	
fluocinonide topical ointment 0.05 %	1	
fluocinonide topical solution 0.05 %	1	
fluocinonide-e topical cream 0.05 %	4	
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical ointment 0.005 %	1	
halobetasol propionate topical cream 0.05 %	1	
halobetasol propionate topical ointment 0.05 %	1	
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	1	

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone valerate topical ointment 0.2 %	4	
mometasone topical cream 0.1 %	1	
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
NUCORT TOPICAL LOTION 2 %	4	ST
prednicarbate topical cream 0.1 %	4	
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %	1	
TOPICAL ENZYMES		
NEXOBRID TOPICAL GEL 8.8 %	4	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL (6 GRAMS PER MONTH)
TOPICAL SCABICIDES / PEDICULICIDES		
EURAX TOPICAL CREAM 10 %	4	
EURAX TOPICAL LOTION 10 %	4	
malathion topical lotion 0.5 %	4	
permethrin topical cream 5 %	1	
spinosad topical suspension 0.9 %	1	
ULESFIA TOPICAL LOTION 5 %	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
benzphetamine oral tablet 50 mg	4	OPT
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG	4	PA; OPT; QL (120 per 30 days)
diethylpropion oral tablet 25 mg	4	OPT
diethylpropion oral tablet extended release 75 mg	4	OPT
FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG	4	PA; OPT; QL (30 per 30 days)
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA; QL (9 VIALS PER MONTH)
liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)	4	PA; OPT; QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
LOMAIRA ORAL TABLET 8 MG	4	OPT
ORLISTAT ORAL CAPSULE 120 MG	4	PA; OPT; QL (90 per 30 days)
phendimetrazine tartrate oral capsule, extended release 105 mg	4	OPT
phendimetrazine tartrate oral tablet 35 mg	4	OPT
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1	OPT
phentermine oral tablet 37.5 mg	1	OPT
phentermine oral tablet 8 mg	4	OPT
phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	4	PA; OPT; QL (30 per 30 days)
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	4	PA; OPT; QL (30 per 30 days)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	4	PA; OPT; QL (5 per 30 days)
WEGOVY HD SUBCUTANEOUS PEN INJECTOR 7.2 MG/0.75 ML	4	PA; QL (4 PENS PER 28 DAYS); OPT
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG	4	PA; OPT; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	4	PA; QL (4 PENS PER 28 DAYS); OPT
XENICAL ORAL CAPSULE 120 MG	4	PA; OPT; QL (90 per 30 days)
ZEPBOUND KWIKPEN SUBCUTANEOUS PEN INJECTOR 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML)	4	PA; QL (1 PEN PER 28 DAYS); OPT
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	4	PA; QL (4 PENS PER 28 DAYS); OPT
IRRIGATING SOLUTIONS		
lactated ringers irrigation solution	1	
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	4	
ringer's irrigation solution	4	
MISCELLANEOUS AGENTS		

Drug Name	Drug Tier	Requirements / Limits
acamprosate oral tablet, delayed release (dr/ec) 333 mg	1	
acetic acid irrigation solution 0.25 %	4	
anagrelide oral capsule 0.5 mg, 1 mg	1	
AQVESME ORAL TABLET 100 MG	4	PA; QL (60 per 30 days)
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	
carglumic acid oral tablet, dispersible 200 mg	4	PA
cevimeline oral capsule 30 mg	1	
CHEMET ORAL CAPSULE 100 MG	4	PA
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	3	PA; LA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	3	PA; LA
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	3	PA; LA
deferiprone oral tablet 1,000 mg, 500 mg	4	PA; LA
disulfiram oral tablet 250 mg, 500 mg	1	
DUVYZAT ORAL SUSPENSION 8.86 MG/ML	4	PA
EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML	3	PA
FABHALTA ORAL CAPSULE 200 MG	4	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	4	PA
FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML	3	PA; QL (1 per 30 days)
glutamine (sickle cell) oral powder in packet 5 gram	4	PA; LA; QL (180 per 30 days)
glycerol phenylbutyrate oral liquid 1.1 gram/ml	4	PA; LA
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	4	PA
JOENJA ORAL TABLET 70 MG	4	PA; QL (60 per 30 days)
KYGEVVI ORAL POWDER IN PACKET 4 GRAM	4	QL (480 per 30 days)
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	1	
LITFULO ORAL CAPSULE 50 MG	4	PA; LA; QL (30 per 30 days)
LITHOSTAT ORAL TABLET 250 MG	4	PA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	3	PA; LA
ORFADIN ORAL SUSPENSION 4 MG/ML	4	PA
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG	4	PA; QL (60 per 30 days)
PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7)	4	PA; QL (60 per 30 days)
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	4	PA; LA; QL (30 per 30 days)
RHAPSIDO ORAL TABLET 25 MG	4	PA; QL (60 per 30 days)
riluzole oral tablet 50 mg	1	
risedronate oral tablet 30 mg	1	
sodium chlor 0.9% bacteriostat injection solution 0.9 %	1	
sodium chloride 0.9 % injection solution	4	
sodium chloride injection syringe 0.9 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium phenylbutyrate oral powder 0.94 gram/gram	4	PA
sodium phenylbutyrate oral tablet 500 mg	4	PA
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	4	PA; QL (120 per 30 days)
SOHONOS ORAL CAPSULE 10 MG	4	PA; QL (60 per 30 days)
SOHONOS ORAL CAPSULE 2.5 MG	4	PA; QL (150 per 30 days)
SOHONOS ORAL CAPSULE 5 MG	4	PA; QL (90 per 30 days)
TAVNEOS ORAL CAPSULE 10 MG	4	PA
TEGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML	4	PA
tiopronin oral tablet 100 mg	4	PA; LA
tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg	4	PA
trientine oral capsule 250 mg	4	PA; QL (240 per 30 days)
VAFSEO ORAL TABLET 150 MG, 300 MG	4	PA; QL (30 per 30 days)
VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1)	4	PA; QL (120 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	PA; QL (60 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; QL (30 per 30 days)
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	4	PA; QL (120 per 30 days)
ZOKINVY ORAL CAPSULE 50 MG, 75 MG	4	PA; QL (120 CAPSULES PER FILL)
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	ACA
NICORETTE BUCCAL GUM 2 MG	2	
nicorette buccal gum 4 mg	1	ACA
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	
NICORETTE BUCCAL MINI LOZENGE 2 MG	2	
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	ACA
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1	ACA
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	ACA
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	ACA
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	4	ACA
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	ACA
quit 2 buccal gum 2 mg	1	ACA
quit 2 buccal lozenge 2 mg	1	ACA
quit 4 buccal gum 4 mg	1	ACA
quit 4 buccal lozenge 4 mg	1	ACA
stop smoking aid buccal lozenge 2 mg, 4 mg	1	ACA
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	ACA
varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)	1	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray, non-aerosol 137 mcg (0.1 %)	1	

Drug Name	Drug Tier	Requirements / Limits
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 %	2	
denta 5000 plus dental cream 1.1 %	1	
denta 5000 plus sensitive dental paste 1.1-5 %	4	
dentagel dental gel 1.1 %	1	
fluoride (sodium) dental cream 1.1 %	1	
fluoride (sodium) dental gel 1.1 %	1	
fluoride (sodium) dental paste 1.1 %	1	
fluoride (sodium) dental solution 0.2 %	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 %	2	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	4	
FLUORIMAX 5000 DENTAL PASTE 1.1 %	2	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	4	
ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	
JUST RIGHT 5000 DENTAL PASTE 1.1 %	2	
kourzeq dental paste 0.1 %	1	
olopatadine nasal spray, non-aerosol 0.6 %	4	
paroex oral rinse mucous membrane mouthwash 0.12 %	1	
periogard mucous membrane mouthwash 0.12 %	1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	4	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 %	4	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	4	
PREVIDENT KIDS DENTAL PASTE 1.1 %	4	
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	

Drug Name	Drug Tier	Requirements / Limits
sodium fluoride 5000 plus dental cream 1.1 %	1	
sodium fluoride-pot nitrate dental paste 1.1-5 %	4	
triamcinolone acetonide dental paste 0.1 %	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	4	
flac oil otic (ear) drops 0.01 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %	4	
CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML	4	
neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML	4	PA; LA
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; LA
AGAMREE ORAL SUSPENSION 40 MG/ML	4	PA; QL (225 ML PER 30 DAYS)
cortisone oral tablet 25 mg	4	
CORTROPHIN GEL INJECTION 80 UNIT/ML	4	PA; LA
CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML	4	PA; LA
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg	1	
dexamethasone oral tablet 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	
fludrocortisone oral tablet 0.1 mg	1	

Drug Name	Drug Tier	Requirements / Limits
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
methylprednisolone oral tablet 16 mg, 32 mg, 8 mg	1	
methylprednisolone oral tablet 4 mg	1	
methylprednisolone oral tablets, dose pack 4 mg	1	
millipred oral tablet 5 mg	4	
prednisolone oral solution 15 mg/5 ml	1	
prednisolone oral tablet 5 mg	4	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg	1	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets, dose pack 10 mg, 5 mg	1	
TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG	4	PA; QL (120 per 30 days)
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
potassium iodide oral solution 1 gram/ml	4	
propylthiouracil oral tablet 50 mg	1	
SSKI ORAL SOLUTION 1 GRAM/ML	2	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ASSURE TITANIUM TEST STRIP	4	ST
BIGFOOT UNITY KIT	4	
CONTOUR NEXT TEST STRIP	4	
CONTOUR PLUS TEST STRIP	4	
CONTOUR TEST STRIP	4	
DEXCOM G6 RECEIVER	4	PA
DEXCOM G6 SENSOR DEVICE	4	PA
DEXCOM G6 TRANSMITTER DEVICE	4	PA
DEXCOM G7 15 DAY SENSOR DEVICE	4	PA; QL (2 per 30 days)
DEXCOM G7 RECEIVER	4	PA
DEXCOM G7 SENSOR DEVICE	4	PA
FREESTYLE LIBRE 14 DAY READER	4	PA

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY SENSOR KIT	4	PA
FREESTYLE LIBRE 2 PLUS SENSOR DEVICE	4	PA
FREESTYLE LIBRE 2 READER	4	PA
FREESTYLE LIBRE 2 SENSOR KIT	4	PA
FREESTYLE LIBRE 3 PLUS SENSOR DEVICE	4	PA
FREESTYLE LIBRE 3 READER	4	PA
FREESTYLE LIBRE 3 SENSOR DEVICE	4	PA
GUARDIAN 4 GLUCOSE SENSOR DEVICE	4	PA
GUARDIAN 4 TRANSMITTER DEVICE	4	PA
GUARDIAN SENSOR 3 DEVICE	4	PA
MINIMED INSTINCT SENSOR DEVICE	4	PA
ONETOUCH ULTRA TEST STRIP	4	
ONETOUCH VERIO TEST STRIP	4	
SIMPLERA SENSOR DEVICE	4	PA
SIMPLERA SYNC SENSOR DEVICE	4	PA
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	4	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE	4	
OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE	4	
GLUCOSE ELEVATING AGENTS		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	
diazoxide oral suspension 50 mg/ml	1	PA
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	
glucagon emergency kit (human) injection recon soln 1 mg	1	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	4	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	4	

Drug Name	Drug Tier	Requirements / Limits
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	4	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	4	
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	4	
BD MICROTAINER LANCET 30 GAUGE	2	
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	2	
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	4	
ILET STARTER KIT-INSET KIT	4	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	4	QL (1 per 274 days)
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	4	QL (1 per 274 days)
LANCETS 33 GAUGE	2	
LANCING DEVICE	4	
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN	4	
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	4	
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	4	
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	4	
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	4	
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	
PIVOT INSULIN PUMP STARTER KIT KIT	4	
TWIIST REFILL KT(CSST-NDL-SYR) KIT	4	
TWIIST RFL(INFUS-CSST-NDL-SYR) KIT	4	
TWIIST STARTER KIT KIT	4	
V-GO 20 DEVICE	4	
V-GO 30 DEVICE	4	
V-GO 40 DEVICE	4	
INSULIN THERAPY		

Drug Name	Drug Tier	Requirements / Limits
BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA
FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	2	
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML)	4	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	4	PA
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	4	PA
LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	4	PA
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	PA
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	PA
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	

Drug Name	Drug Tier	Requirements / Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	2	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	2	
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	PA
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	PA
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	PA

Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	1	QL (8 per 30 days)
calcitonin (salmon) injection solution 200 unit/ml	4	PA
calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation	1	PA; QL (1 per 30 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
CERDELGA ORAL CAPSULE 84 MG	3	PA; LA; QL (60 per 30 days)
cetrorelix subcutaneous kit 0.25 mg	3	OPT; LA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	4	OPT; LA
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	PA
clomid oral tablet 50 mg	1	OPT
clomiphene citrate oral tablet 50 mg	1	OPT
CRENESSITY ORAL CAPSULE 100 MG	4	PA; QL (120 per 30 days)
CRENESSITY ORAL CAPSULE 25 MG, 50 MG	4	PA; QL (60 per 30 days)
CRENESSITY ORAL SOLUTION 50 MG/ML	4	PA; QL (240 per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	4	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	4	
desmopressin injection solution 4 mcg/ml	4	LA
desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	4	
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	4	PA; OPT; LA
fyremadel subcutaneous syringe 250 mcg/0.5 ml	4	PA; OPT; LA
GALAFOLD ORAL CAPSULE 123 MG	3	PA; LA; QL (15 per 30 days)
ganirelix subcutaneous syringe 250 mcg/0.5 ml	4	PA; OPT; LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	3	OPT; LA

Drug Name	Drug Tier	Requirements / Limits
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	3	OPT; LA
javygtor oral powder in packet 100 mg, 500 mg	4	PA; LA
javygtor oral tablet, soluble 100 mg	4	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	4	OPT; LA
methyltestosterone oral capsule 10 mg	1	
mifepristone oral tablet 300 mg	4	PA; LA
miglustat oral capsule 100 mg	3	PA; QL (90 CAPSULES PER FILL); LA
milophene oral tablet 50 mg	4	OPT
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	4	PA; QL (27 UNITS PER MONTH); LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	OPT; LA
OPFOLDA ORAL CAPSULE 65 MG	4	PA; QL (8 CAPSULES PER FILL); LA
ORILISSA ORAL TABLET 150 MG	4	PA; QL (30 per 30 days)
ORILISSA ORAL TABLET 200 MG	4	PA; QL (360 per 365 days)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	3	OPT; LA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	4	PA; LA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; OPT; LA
sapropterin oral powder in packet 100 mg, 500 mg	4	PA; LA
sapropterin oral tablet, soluble 100 mg	4	PA; LA
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG	4	PA
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	3	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	4	PA
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	

Drug Name	Drug Tier	Requirements / Limits
testosterone enanthate intramuscular oil 200 mg/ml	1	
testosterone transdermal gel 50 mg/5 gram (1 %)	1	QL (60 UNITS PER FILL)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	4	QL (2 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	QL (300 GRAMS PER FILL)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	QL (150 GRAMS PER FILL)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (20.25 mg/1.25 gram)	1	QL (30 per 30 days)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	QL (30 PACKETS PER FILL)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	QL (60 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	QL (2 per 30 days)
tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg	4	PA; LA; QL (60 per 30 days)
tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)	4	PA; LA; QL (60 per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	4	PA; LA; QL (60 per 30 days)
VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG	4	PA; LA
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML	3	PA
zelvysia oral powder in packet 100 mg, 500 mg	4	PA
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
CYCLOSET ORAL TABLET 0.8 MG	4	
dapagliflozin oral tablet 10 mg, 5 mg	1	
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg	1	
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	PA
liraglutide 2-pak 18 mg/3 ml outer, suv 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; QL (2 PENS PER 30 DAYS)
liraglutide 2-pak 18 mg/3 ml suv, outer 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; QL (2 PENS PER 30 DAYS)
liraglutide 3-pak 18 mg/3 ml outer, suv 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; QL (2 PENS PER 30 DAYS)
liraglutide 3-pak 18 mg/3 ml suv, outer 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; QL (2 PENS PER 30 DAYS)
liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)	1	PA; QL (3 PENS PER 30 DAYS)
metformin oral solution 500 mg/5 ml	4	ST
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	2	PA; QL (4 PENS PER 30 DAYS)
nateglinide oral tablet 120 mg, 60 mg	1	
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	2	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (1 PEN PER 30 DAYS)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL (30 per 30 days)
saxagliptin oral tablet 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg	1	
sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg	1	
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg	1	
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	1	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	4	PA
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	PA
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 (4 PENS PER 30 DAYS)
THYROID HORMONES		
adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	
amerithroid oral tablet 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg	4	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
evexithroid oral tablet 120 mg, 15 mg, 180 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	4	
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	1	
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	1	
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	1	
liomny oral tablet 25 mcg, 5 mcg, 50 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	

Drug Name	Drug Tier	Requirements / Limits
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	
renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	
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	2	
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	4	
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	PA
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	4	
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
ed-spaz oral tablet, disintegrating 0.125 mg	1	
glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)	4	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet, disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
loperamide oral capsule 2 mg	1	

Drug Name	Drug Tier	Requirements / Limits
methscopolamine oral tablet 2.5 mg, 5 mg	4	
MOTOFEN ORAL TABLET 1-0.025 MG	4	
opium oral tincture 10 mg/ml (morphine)	4	
oscimin oral tablet 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	4	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	4	
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	4	
phenohytro oral tablet 16.2-0.1037 -0.0194 mg	4	
symax fastabs oral tablet, disintegrating 0.125 mg	1	
symax-sl sublingual tablet 0.125 mg	1	
symax-sr oral tablet extended release 12 hr 0.375 mg	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg, 1 mg	4	
alvimopan oral capsule 12 mg	4	
ANALPRAM-HC RECTAL CREAM 1-1 %	4	
anucort-hc rectal suppository 25 mg	1	
aprepitant oral capsule 125 mg, 40 mg	1	QL (1 per 30 days)
aprepitant oral capsule 80 mg	1	QL (2 per 30 days)
aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)	1	QL (1 per 30 days)
balsalazide oral capsule 750 mg	1	
betaine oral powder 1 gram/scoop	4	PA; LA
bisacodyl oral tablet, delayed release (dr/ec) 5 mg	4	ACA
budesonide oral capsule, delayed, extend.release 3 mg	1	
budesonide oral tablet, delayed and ext.release 9 mg	4	
budesonide rectal foam 2 mg/actuation	4	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; LA; QL (60 per 30 days)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; LA; QL (150 per 30 days)
BYLVAY ORAL PELLET 200 MCG	4	PA; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
BYLVAY ORAL PELLET 600 MCG	4	PA; LA; QL (30 per 30 days)
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	4	PA; LA; QL (1 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	4	PA; LA; QL (1 per 28 days)
citroma oral solution	4	ACA
clearlax oral powder 17 gram/dose	4	ACA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	4	ACA
compro rectal suppository 25 mg	1	
constulose oral solution 10 gram/15 ml	1	
CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
cromolyn oral concentrate 100 mg/5 ml	1	
CTEXLI ORAL TABLET 250 MG	4	PA; QL (120 per 30 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	4	
DRONABINOL ORAL SOLUTION 5 MG/ML	4	PA
dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml	4	ACA
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	4	PA; LA; QL (2 per 28 days)
enulose oral solution 10 gram/15 ml	1	
EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML	4	PA; QL (60 PACKETS PER 30 DAYS)
gavilax oral powder 17 gram/dose	4	ACA
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	ACA
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
gavilyte-n oral recon soln 420 gram	1	ACA
generlac oral solution 10 gram/15 ml	1	
gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg	4	ACA

Drug Name	Drug Tier	Requirements / Limits
gentle laxative (mag hydrox) oral suspension 400 mg/5 ml	4	ACA
gentlelax oral powder 17 gram/dose	4	ACA
granisetron hcl oral tablet 1 mg	1	QL (6 per 30 days)
hemmorex-hc rectal suppository 25 mg	1	
hemmorex-hc rectal suppository 30 mg	4	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 30 mg	4	
hydrocortisone rectal enema 100 mg/60 ml	1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	1	
IBSRELA ORAL TABLET 50 MG	4	PA
IQIRVO ORAL TABLET 80 MG	4	PA; LA; QL (30 per 30 days)
lactulose oral solution 10 gram/15 ml	1	
laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg	4	ACA
laxative peg 3350 oral powder 17 gram/dose	4	ACA
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	PA; QL (30 per 30 days)
LIVDELZI ORAL CAPSULE 10 MG	4	PA; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; QL (60 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; QL (90 per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 30 MG	4	PA; QL (30 per 30 days)
LIVMARLI ORAL TABLET 20 MG	4	PA; QL (60 per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	1	
magnesium citrate oral solution	4	ACA
meclizine oral tablet 12.5 mg, 25 mg	1	
mesalamine oral capsule (with del rel tablets) 400 mg	1	

Drug Name	Drug Tier	Requirements / Limits
mesalamine oral capsule, extended release 250 mg, 500 mg	4	
mesalamine oral capsule, extended release 24hr 0.375 gram	1	
mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg	1	
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	4	ST
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
milk of magnesia concentrated oral suspension 2,400 mg/10 ml	4	ACA
milk of magnesia oral suspension 400 mg/5 ml	4	ACA
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	4	PA
nitroglycerin rectal ointment 0.4 % (w/w)	4	
ondansetron hcl oral solution 4 mg/5 ml	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron oral tablet, disintegrating 4 mg, 8 mg	1	
onelax magnesium citrate oral solution	4	ACA
oral saline laxative oral liquid 7.2-2.7 gram/15 ml	4	ACA
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	ACA
peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram	4	ACA
peg-electrolyte oral recon soln 420 gram	1	ACA
phosphate laxative oral liquid 7.2-2.7 gram/15 ml	4	ACA
polyethylene glycol 3350 oral powder 17 gram/dose	4	ACA
powderlax oral powder 17 gram/dose	4	ACA
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
procto-med hc topical cream with perineal applicator 2.5 %	1	
proctosol hc topical cream with perineal applicator 2.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
proctozone-hc topical cream with perineal applicator 2.5 %	1	
prucalopride oral tablet 1 mg, 2 mg	4	PA
purelax oral powder 17 gram/dose	4	ACA
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	3	PA; LA; QL (1 per 56 days)
smoothlax oral powder 17 gram/dose	4	ACA
sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram	4	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	4	PA; QL (236 MILLILITERS PER MONTH)
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet, delayed release (dr/ec) 500 mg	1	
SYMPROIC ORAL TABLET 0.2 MG	4	PA
SYNDROS ORAL SOLUTION 5 MG/ML	4	PA
trimethobenzamide oral capsule 300 mg	1	
ursodiol oral capsule 200 mg, 400 mg	4	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VARUBI ORAL TABLET 90 MG	4	PA; QL (2 TABLETS PER FILL)
VELSIPITY ORAL TABLET 2 MG	3	PA; LA; QL (30 per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	4	PA
VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL	4	PA; QL (1 TREATMENT PER 365 DAYS)
women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg	4	ACA
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ULCER THERAPY		

Drug Name	Drug Tier	Requirements / Limits
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	
bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg	4	PA
cimetidine hcl oral solution 300 mg/5 ml	4	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	4	
esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg	4	
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	
famotidine oral tablet 20 mg, 40 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40)	4	
omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg	1	
pantoprazole oral granules dr for susp in packet 40 mg	4	
pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg	1	
rabeprazole oral tablet, delayed release (dr/ec) 20 mg	4	
sucralfate oral suspension 100 mg/ml	4	
sucralfate oral tablet 1 gram	1	
VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84)	4	PA; QL (1 PAK PER FILL)
VOQUEZNA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG	4	PA; QL (1 PAK PER FILL)
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA; LA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	4	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; LA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	3	
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG	4	PA; LA
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	4	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	3	
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	3	
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	3	PA; LA
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	3	PA; LA
ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML	4	PA
RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML	3	PA
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	3	PA

Drug Name	Drug Tier	Requirements / Limits
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	3	PA
XOLREMDI ORAL CAPSULE 100 MG	4	PA
GROWTH HORMONES		
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	3	PA; LA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	3	PA; LA
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	4	PA; LA
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	3	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	3	PA; LA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	4	PA; LA
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; LA
INTERFERONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	4	PA; LA
BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML	3	PA; QL (2 PENS EVERY 28 DAYS)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	3	PA; QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	3	PA; LA
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	3	PA; LA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	ACA
ADACEL (TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	2	ACA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	ACA
CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	2	ACA
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	2	ACA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	ACA
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	ACA
FLUAD 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	2	ACA
FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	ACA
FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	2	ACA
FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	4	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1, 440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	2	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	2	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	2	ACA
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	2	ACA
MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML	2	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	4	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	4	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	2	ACA
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	4	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	2	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	2	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	4	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	2	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	2	ACA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML	4	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	2	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	2	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	2	ACA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT	2	ACA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	ACA
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	
GLOPERBA ORAL SOLUTION 0.6 MG/5 ML	4	PA
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1	
alendronate oral tablet 10 mg, 35 mg, 70 mg	1	
alendronate oral tablet 5 mg	1	
BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; LA
ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA
ibandronate oral tablet 150 mg	1	
raloxifene oral tablet 60 mg	1	OCh; ACA
risedronate oral tablet 150 mg, 35 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
risedronate oral tablet, delayed release (dr/ec) 35 mg	1	
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; LA; QL (1 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	3	PA; LA
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; LA; QL (4 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; LA; QL (4 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	3	PA; QL (4 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; LA; QL (1 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	3	PA; LA; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	3	PA; LA; QL (4 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	3	PA; QL (1 per 365 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	3	PA; QL (4 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	3	PA; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	3	PA; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	PA; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; LA; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	3	PA; LA; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	3	PA; LA; QL (4 per 28 days)
AURANOFIN ORAL CAPSULE 3 MG	4	
AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	LA; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements / Limits
AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	LA; QL (4 per 28 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	3	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	3	PA; LA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	3	PA; LA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	3	PA; LA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5)	3	PA; LA; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 50 MG/ML (1 ML)	3	PA; LA; QL (4 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	3	PA; LA; QL (4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	4	PA; LA; QL (2 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; LA; QL (2 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1	
LEQSELVI ORAL TABLET 8 MG	4	PA; LA; QL (60 per 30 days)
milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	4	PA
milnacipran oral tablets, dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)	4	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	4	PA; LA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	4	PA; LA; QL (4 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	3	PA; LA; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	3	PA; LA; QL (1 per 365 days)
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	3	PA; LA; QL (1 per 365 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	3	PA; LA; QL (30 per 30 days)
penicillamine oral capsule 250 mg	1	PA

Drug Name	Drug Tier	Requirements / Limits
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	4	PA; QL (4 per 30 days)
RIDAURA ORAL CAPSULE 3 MG	4	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	3	PA; LA; QL (2 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	3	PA; LA; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	3	PA; LA; QL (112 per 365 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	4	PA; LA; QL (1 per 28 days)
tofacitinib oral solution 1 mg/ml	3	PA; QL (DAILY DOSE OF 17.15ML PER DAY); LA
tofacitinib oral tablet 10 mg, 5 mg	3	PA; LA; QL (60 per 30 days)
tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg	3	PA; LA; QL (30 per 30 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	3	PA; LA; QL (4 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	3	PA; LA; QL (4 per 28 days)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	4	ACA
DUREX AVANTI BARE REAL FEEL	4	ACA
DUREX TROPICAL CONDOM DEVICE	4	ACA
FC2 FEMALE CONDOM	4	ACA
FEMCAP VAGINAL DEVICE 22 MM	4	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	4	ACA
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	4	ACA
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	4	ACA

Drug Name	Drug Tier	Requirements / Limits
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	4	ACA
PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM	4	ACA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	4	ACA
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	4	ACA
ESTROGENS & PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1	
abigale oral tablet 1-0.5 mg	1	
camila oral tablet 0.35 mg	1	ACA
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg	4	
covaryx h.s. oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	
CRINONE VAGINAL GEL 4 %	4	
CRINONE VAGINAL GEL 8 %	3	OPT; LA
deblitane oral tablet 0.35 mg	1	ACA
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML	4	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	4	ACA
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	1	QL (8 per 30 days)
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
emzahh oral tablet 0.35 mg	1	ACA
ENDOMETRIN VAGINAL INSERT 100 MG	4	OPT; LA
errin oral tablet 0.35 mg	1	ACA
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)	1	QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
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	1	QL (8 per 30 days)
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	1	QL (4 per 30 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	4	
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%)	4	QL (2 per 30 days)
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
gallifrey oral tablet 5 mg	1	
heather oral tablet 0.35 mg	1	ACA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG	4	QL (8 per 30 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG	4	QL (18 per 365 days)
incassia oral tablet 0.35 mg	1	ACA
jencycla oral tablet 0.35 mg	1	ACA
jinteli oral tablet 1-5 mg-mcg	1	
lyleq oral tablet 0.35 mg	1	ACA
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	1	QL (8 per 30 days)
lyza oral tablet 0.35 mg	1	ACA
medroxyprogesterone intramuscular suspension 150 mg/ml	1	ACA
medroxyprogesterone intramuscular syringe 150 mg/ml	1	ACA
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	

Drug Name	Drug Tier	Requirements / Limits
meleya oral tablet 0.35 mg	1	ACA
mimvey oral tablet 1-0.5 mg	1	
nora-be oral tablet 0.35 mg	1	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	1	ACA
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
OPILL ORAL TABLET 0.075 MG	2	ACA; QL (28 per 28 days)
orquidea oral tablet 0.35 mg	1	ACA
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	4	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	4	
progesterone intramuscular oil 50 mg/ml	3	LA
progesterone micronized oral capsule 100 mg, 200 mg	1	
progesterone micronized vaginal insert 100 mg	4	OPT; LA
sharobel oral tablet 0.35 mg	1	ACA
tulana oral tablet 0.35 mg	1	ACA
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	2	ACA
CLEOCIN VAGINAL SUPPOSITORY 100 MG	4	
clindamycin phosphate vaginal cream 2 %	1	
CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 %	4	PA
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	ACA
enilloring vaginal ring 0.12-0.015 mg/24 hr	1	ACA
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	ACA
fem ph vaginal gel 0.9-0.025 %	1	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
LYNKUET ORAL CAPSULE 60 MG	4	QL (60 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository 200 mg	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	4	PA; QL (30 per 30 days)
NEXPLANON SUBDERMAL IMPLANT 68 MG	4	ACA
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	1	ACA
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR	2	ACA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM)	4	PA; QL (56 per 30 days)
PHEXX VAGINAL GEL 1.8-1-0.4 %	2	ACA
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
tranexamic acid oral tablet 650 mg	1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	4	ACA
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
VCF CONTRACEPTIVE VAGINAL FILM 28 %	4	ACA
VCF CONTRACEPTIVE VAGINAL GEL 4 %	4	ACA
VEOZAH ORAL TABLET 45 MG	4	QL (30 per 30 days)
xulane transdermal patch weekly 150-35 mcg/24 hr	1	ACA
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	1	ACA
after pill oral tablet 1.5 mg	1	ACA
altavera (28) oral tablet 0.15-0.03 mg	1	ACA
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
amethia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
amethyst oral tablet 90-20 mcg (28)	1	ACA
apri oral tablet 0.15-0.03 mg	1	ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
ashlyna oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
aubra eq oral tablet 0.1-20 mg-mcg	1	ACA
aubra oral tablet 0.1-20 mg-mcg	1	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
aviane oral tablet 0.1-20 mg-mcg	1	ACA
ayuna oral tablet 0.15-0.03 mg	1	ACA
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
balziva (28) oral tablet 0.4-35 mg-mcg	1	ACA
blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
briellyn oral tablet 0.4-35 mg-mcg	1	ACA
camrese lo oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)	1	ACA
chateal eq (28) oral tablet 0.15-0.03 mg	1	ACA
cryselle (28) oral tablet 0.3-30 mg-mcg	1	ACA
cyred eq oral tablet 0.15-0.03 mg	1	ACA
cyred oral tablet 0.15-0.03 mg	1	ACA
dasetta 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
dolishale oral tablet 90-20 mcg (28)	1	ACA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	4	ACA
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	ACA
econtra ez oral tablet 1.5 mg	1	ACA
econtra one-step oral tablet 1.5 mg	1	ACA
elinest oral tablet 0.3-30 mg-mcg	1	ACA
ELLA ORAL TABLET 30 MG	2	ACA
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
enskyce oral tablet 0.15-0.03 mg	1	ACA
estarylla oral tablet 0.25-0.035 mg	1	ACA
falmina (28) oral tablet 0.1-20 mg-mcg	1	ACA
feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
FEMLYV ORAL TABLET, DISINTEGRATING 1 MG- 20 MCG	4	ACA
finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
galbriela oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
hailey oral tablet 1.5-30 mg-mcg	1	ACA
iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA
introvale oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
isibloom oral tablet 0.15-0.03 mg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
jasmiel (28) oral tablet 3-0.02 mg	1	ACA
jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA
joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
juleber oral tablet 0.15-0.03 mg	1	ACA
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
junel 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
kalliga oral tablet 0.15-0.03 mg	1	ACA
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
kurvelo (28) oral tablet 0.15-0.03 mg	1	ACA
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
lessina oral tablet 0.1-20 mg-mcg	1	ACA
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
levonorgestrel oral tablet 1.5 mg	1	ACA
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	ACA
levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)	1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	4	ACA
lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	ACA
loryna (28) oral tablet 3-0.02 mg	1	ACA
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	ACA
lo-zumandimine (28) oral tablet 3-0.02 mg	1	ACA
luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA
lutera (28) oral tablet 0.1-20 mg-mcg	1	ACA
marlissa (28) oral tablet 0.15-0.03 mg	1	ACA
mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
mili oral tablet 0.25-0.035 mg	1	ACA
minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)	1	ACA
mono-linyah oral tablet 0.25-0.035 mg	1	ACA
my choice oral tablet 1.5 mg	1	ACA
my way oral tablet 1.5 mg	1	ACA
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	4	ACA
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
new day oral tablet 1.5 mg	1	ACA
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	2	ACA
nikki (28) oral tablet 3-0.02 mg	1	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	ACA
norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)	1	ACA
norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
nortrel 1/35 oral tablet 1-35 mg-mcg (21)	1	ACA
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
nylia 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
ocella oral tablet 3-0.03 mg	1	ACA
opcicon one-step oral tablet 1.5 mg	1	ACA
option-2 oral tablet 1.5 mg	1	ACA
philith oral tablet 0.4-35 mg-mcg	1	ACA
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
portia 28 oral tablet 0.15-0.03 mg	1	ACA
reclipsen (28) oral tablet 0.15-0.03 mg	1	ACA
rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA
rosyrah oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA
setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)	1	ACA
shewise oral tablet 1.5 mg	1	ACA
simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
SLYND ORAL TABLET 4 MG (28)	2	ACA
sprintec (28) oral tablet 0.25-0.035 mg	1	ACA
syeda oral tablet 3-0.03 mg	1	ACA
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)	1	ACA
tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	ACA
tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	ACA
turqoz (28) oral tablet 0.3-30 mg-mcg	1	ACA
TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG	2	ACA
tydemy oral tablet 3-0.03-0.451 mg (21) (7)	4	ACA
valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
vestura (28) oral tablet 3-0.02 mg	1	ACA
vienva oral tablet 0.1-20 mg-mcg	1	ACA
viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	ACA
vylibra oral tablet 0.25-0.035 mg	1	ACA
wera (28) oral tablet 0.5-35 mg-mcg	1	ACA
wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
xelria fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
zarah oral tablet 3-0.03 mg	1	ACA
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	ACA
zumandimine (28) oral tablet 3-0.03 mg	1	ACA
OXYTOCICS		
methylergonovine oral tablet 0.2 mg	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 %	4	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 %	4	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
povidone-iodine ophthalmic (eye) solution 5 %	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	4	

Drug Name	Drug Tier	Requirements / Limits
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %	4	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
timolol ophthalmic (eye) drops 0.5 %	4	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	3	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1	
cyclopentolate ophthalmic (eye) drops 1 %	1	
homatropaire ophthalmic (eye) drops 5 %	1	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
pilocarpine hcl ophthalmic (eye) drops 1.25 %	4	PA
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	4	PA; QL (1 BOX PER 25 DAYS)
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 %	4	
altacaine ophthalmic (eye) drops 0.5 %	1	
azelastine ophthalmic (eye) drops 0.05 %	1	
bepotastine besilate ophthalmic (eye) drops 1.5 %	4	
cromolyn ophthalmic (eye) drops 4 %	1	

Drug Name	Drug Tier	Requirements / Limits
cyclosporine ophthalmic (eye) dropperette 0.05 %	1	QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	4	PA
epinastine ophthalmic (eye) drops 0.05 %	1	
FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 %	4	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1	
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	4	PA; LA
proparacaine ophthalmic (eye) drops 0.5 %	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	4	PA; QL (5.5 per 30 days)
tetracaine hcl ophthalmic (eye) drops 0.5 %	1	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	4	PA; QL (1 BOTTLE (10 ML) PER 365 DAYS)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	4	PA; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %	4	
bromfenac ophthalmic (eye) drops 0.09 %	1	
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 %	4	
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	4	
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops 0.01 %	4	
bimatoprost ophthalmic (eye) drops 0.03 %	1	
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	4	

Drug Name	Drug Tier	Requirements / Limits
brinzolamide ophthalmic (eye) drops, suspension 1 %	4	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
latanoprost ophthalmic (eye) drops 0.005 %	1	
travoprost ophthalmic (eye) drops 0.004 %	4	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	4	
tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
difluprednate ophthalmic (eye) drops 0.05 %	4	
fluorometholone ophthalmic (eye) drops, suspension 0.1 %	1	
loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %	4	
loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %	4	
prednisolone acetate ophthalmic (eye) drops, suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	

Drug Name	Drug Tier	Requirements / Limits
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
SYMPATHOMIMETICS		
apraclonidine ophthalmic (eye) drops 0.5 %	1	
brimonidine ophthalmic (eye) drops 0.1 %	4	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 %	4	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
carbinoxamine maleate oral liquid 4 mg/5 ml	4	
CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML	4	
carbinoxamine maleate oral tablet 4 mg	4	
carbzah oral liquid 4 mg/5 ml	4	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	
desloratadine oral tablet, disintegrating 2.5 mg, 5 mg	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	QL (4 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	QL (4 per 30 days)
EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML	2	QL (4 PER FILL)
hydroxyzine 10 mg/5 ml syrup	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg	1	
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	

Drug Name	Drug Tier	Requirements / Limits
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	4	QL (4 per 30 days)
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg	1	
promethegan rectal suppository 12.5 mg, 25 mg	1	
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 200 mg	1	
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	4	
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	4	
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML	4	
g tussin ac oral liquid 10-100 mg/5 ml	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML	2	
hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml	1	
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	4	
maxi-tuss ac oral liquid 10-100 mg/5 ml	1	
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML	4	
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	4	
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML	2	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	
promethazine-dm oral solution 6.25-15 mg/5 ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1	
PULMONARY AGENTS		
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	4	

Drug Name	Drug Tier	Requirements / Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	4	PA; LA
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	4	QL (1 per 30 days)
ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	QL (1 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	4	ST; QL (2 per 30 days)
albuterol hfa 90 mcg inhaler 90 mcg/actuation (generic)	1	QL
ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION (BRAND)	NF	PA; QL
albuterol sulfate inhalation 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	1	
albuterol sulfate inhalation oral syrup 2 mg/5 ml	1	
albuterol sulfate inhalation oral tablet 2 mg, 4 mg	1	
ALYFTREK ORAL TABLET 10-50-125 MG	3	PA; LA; QL (56 per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	3	PA; LA; QL (84 per 28 days)
alyq oral tablet 20 mg	3	PA
ambrisentan oral tablet 10 mg, 5 mg	3	PA; LA
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	4	PA; LA; QL (1 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (1 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	4	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL (1 per 30 days)
ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	4	PA; QL (1 per 30 days)

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)	4	PA; QL (1 per 30 days)
azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray	4	
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	4	
bosentan oral tablet 125 mg, 62.5 mg	3	PA; LA
bosentan oral tablet for suspension 32 mg	3	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE	2	QL (1 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE, 50-25 MCG/DOSE	2	
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (1 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION	4	
BRINSUPRI ORAL TABLET 10 MG, 25 MG	3	PA; QL (30 per 30 days)
BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG	4	ST; LA; QL (400 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	QL (30 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (1 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL (2 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	4	
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	4	PA; QL (1 per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	4	

Drug Name	Drug Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	2	QL (1 per 30 days)
EKTERLY ORAL TABLET 300 MG	3	PA; QL (4 TABLETS PER FILL); LA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	3	PA; LA
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML	3	PA; LA
flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)	4	
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION	2	QL (1 per 30 days)
FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	2	QL (30 VIALS PER FILL)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	4	QL (1 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	4	QL (4 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	2	QL (1 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	2	QL (2 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1	QL (1 INHALER PER 30 DAYS)
fluticasone propionate nasal spray, suspension 50 mcg/actuation	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	4	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (1 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	4	QL (1 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	4	PA; LA
icatibant subcutaneous syringe 30 mg/3 ml	3	PA
ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation	1	QL (26 per 30 days)
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	QL (180 per 30 days)
JASCAYD ORAL TABLET 18 MG, 9 MG	4	PA; LA; QL (60 per 30 days)
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	3	PA; LA
KALYDECO ORAL TABLET 150 MG	3	PA; LA
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml	4	
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	
montelukast oral tablet, chewable 4 mg, 5 mg	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	4	
nintedanib oral capsule 100 mg, 150 mg	4	PA; LA; QL (60 per 30 days)
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	3	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	3	PA; LA
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	4	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	4	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	4	PA; QL (30 per 30 days)
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG	4	PA; QL (30 per 30 days)
pirfenidone oral capsule 267 mg	3	PA; LA; QL (270 per 30 days)
pirfenidone oral tablet 267 mg, 801 mg	3	PA; LA; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	4	PA; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	4	PA; QL (1 per 30 days)
pulmosal inhalation solution for nebulization 7 %	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	3	PA; LA
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION	2	
roflumilast oral tablet 250 mcg	4	
roflumilast oral tablet 500 mcg	1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	
sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	4	PA
sildenafil (pulm.hypertension) oral tablet 20 mg	3	PA
sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	2	QL (1 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL (30 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	4	QL (1 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	3	PA; LA
tadalafil (pulm. hypertension) oral tablet 20 mg	3	PA

Drug Name	Drug Tier	Requirements / Limits
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	4	PA; LA
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL (2 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	3	PA; LA; QL (1.91 per 28 days)
TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML)	3	PA; LA; QL (1.91 per 28 days)
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	4	
theophylline oral elixir 80 mg/15 ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
tiotropium bromide inhalation capsule, w/inhalation device 18 mcg	1	QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	2	
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	3	PA; LA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	3	PA; LA
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	4	QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	4	PA; LA; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	4	PA; LA; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG, 48-80 MCG	4	PA; LA

Drug Name	Drug Tier	Requirements / Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; QL (2.9 ML PER DAY); LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	4	PA; LA; QL (81.2 per 30 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	4	PA; LA; QL (1 per 274 days)
UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL (1 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	4	PA; LA
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; LA; QL (4 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	4	PA; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (2 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; LA; QL (1 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (4 per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	4	QL (30 VIALS PER FILL)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	4	PA; LA; QL (140 per 21 days)
zafirlukast oral tablet 10 mg, 20 mg	4	
zileuton oral tablet, er multiphase 12 hr 600 mg	4	ST; QL (120 per 30 days)
PULMONARY DEVICES		
ACE AEROSOL CLOUD ENHANCER SPACER	2	
AEROCHAMBER MECHANICAL VENT SPACER	4	

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS Z STAT SPACER	2	
AEROCHAMBER2GO SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
BREATHERITE MDI SPACER	2	
COMPACT SPACE CHAMBER SPACER	2	
EASIVENT HOLDING CHAMBER SPACER	2	
FLEXICHAMBER SPACER	2	
LITEAIRE MDI CHAMBER SPACER	2	
MICROCHAMBER SPACER	2	
MICROSPACER SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
POCKET CHAMBER SPACER	2	
PRIMEAIRE SPACER	2	
PROCHAMBER SPACER	2	
RITEFLO AEROCHAMBER SPACER	2	
SPACE CHAMBER SPACER	2	
VORTEX HOLDING CHAMBER SPACER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	
fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg	4	
GEMTESA ORAL TABLET 75 MG	4	ST
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 2.5 mg	4	QL (90 per 30 days)
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule, extended release 24hr 2 mg, 4 mg	1	

Drug Name	Drug Tier	Requirements / Limits
tolterodine oral tablet 1 mg, 2 mg	1	
trospium oral capsule, extended release 24hr 60 mg	1	
trospium oral tablet 20 mg	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
CIALIS ORAL TABLET 10 MG, 20 MG	4	OPT
CIALIS ORAL TABLET 5 MG	4	PA; OPT
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
silodosin oral capsule 4 mg, 8 mg	1	
tadalafil oral tablet 10 mg, 20 mg	1	OPT
tamsulosin oral capsule 0.4 mg	1	
CHOLINERGIC STIMULANTS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
MISCELLANEOUS UROLOGICALS		
avanafil oral tablet 100 mg, 200 mg, 50 mg	4	OPT
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	4	OPT
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	4	OPT
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	4	OPT
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	3	PA
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG	4	OPT
ELMIRON ORAL CAPSULE 100 MG	2	PA
K-PHOS NO 2 ORAL TABLET 305-700 MG	2	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
ORACIT ORAL SOLUTION 490-640 MG/5 ML	4	
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	

Drug Name	Drug Tier	Requirements / Limits
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	4	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML)	4	PA
RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML	4	PA
sildenafil oral tablet 100 mg, 25 mg, 50 mg	1	OPT
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG	4	OPT
UROQID-ACID NO.2 ORAL TABLET 500-500 MG	4	
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	4	OPT
vardenafil oral tablet, disintegrating 10 mg	4	OPT
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	4	OPT
VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG	4	OPT
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA ORAL TABLET 210 MG IRON	4	PA
calcium acetate(phosphat bind) oral capsule 667 mg	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	2	
effer-k oral tablet, effervescent 25 meq	1	
ferric citrate oral tablet 210 mg iron	4	PA
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC)	4	
kionex oral suspension 15 gram/60 ml	1	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
klor-con m10 oral tablet, er particles/crystals 10 meq	1	
klor-con m15 oral tablet, er particles/crystals 15 meq	1	

Drug Name	Drug Tier	Requirements / Limits
klor-con m20 oral tablet, er particles/crystals 20 meq	1	
klor-con oral packet 20 meq	1	
lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	4	PA
lugols oral solution 5 %	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	2	
potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq	1	
potassium chloride oral tablet, er particles/crystals 15 meq	1	
sevelamer carbonate oral tablet 800 mg	1	
sodium polystyrene sulfonate oral powder 15 gram	1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	4	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	4	
strong iodine oral solution 5 %	1	
VELPHORO ORAL TABLET, CHEWABLE 500 MG	4	PA
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	4	PA
VITAMINS & HEMATINICS		
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG	4	

Drug Name	Drug Tier	Requirements / Limits
bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg	1	
complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg	1	
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	
cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray	4	
elite-ob oral tablet 50 mg iron- 1.25 mg	4	
ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG	4	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
flotrex oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	4	ACA
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA
fluoride (sodium) oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA
folic acid injection solution 5 mg/ml	1	
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA
folivane-ob oral capsule 85-1 mg	1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	1	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	4	
ludent fluoride oral tablet, chewable 0.25 mg (0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	4	
m-natal plus oral tablet 27 mg iron- 1 mg	1	
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	4	ACA
multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	4	ACA
mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg	4	ACA

Drug Name	Drug Tier	Requirements / Limits
mynatal oral capsule 65 mg iron- 1 mg	1	
mynatal plus oral tablet 65 mg iron- 1 mg	1	
mynatal-z oral tablet 65 mg iron- 1 mg	1	
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG	4	
neo-vital rx oral tablet 27 mg iron- 1 mg	4	
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG	4	
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG	4	
NESTABS ONE ORAL CAPSULE 38-1-225 MG	4	
NESTABS ORAL TABLET 32-1,000 MG-MCG	4	
newgen oral tablet 32-1,000 mg-mcg	4	
one natal rx oral tablet 27 mg iron- 1 mg	4	
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	
PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	4	
prenatabs fa oral tablet 29-1 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	
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	4	
prenatal plus oral tablet 29 mg iron- 1 mg	1	
prenatal-u oral capsule 106.5-1 mg	1	
PRENATE AM ORAL TABLET 1-500 MG	4	
PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG	4	

Drug Name	Drug Tier	Requirements / Limits
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG	4	
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG	4	
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG	4	
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG	4	
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG	4	
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG	4	
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG	4	
PRENATE STAR ORAL TABLET 20 MG IRON-1 MG	4	
PROVIDA OB ORAL CAPSULE 40 MG IRON-1.25 MG	4	
R-NATAL OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG	4	
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG	4	
SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG	4	
soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml	4	ACA
taron-c dha oral capsule 35-1-200 mg	4	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	4	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	4	
trinatal rx 1 oral tablet 60 mg iron-1 mg	1	
trinate oral tablet 28 mg iron- 1 mg	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG	4	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	4	ACA
VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG	4	
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG	4	

Drug Name	Drug Tier	Requirements / Limits
VITAFOL-OB ORAL TABLET 65-1 MG	4	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	4	
VITAFOL-ONE ORAL CAPSULE 29 MG IRON-1 MG-200 MG	4	
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