

Medica Drug List

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

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

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

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

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

What is a Drug List?

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

Are both brand name and generic drugs on the list?

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

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

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

Preferred generic drugs are your lowest copayment or coinsurance option. For your lowest share of the cost, consider a preferred generic covered drug if you and your provider decide it is appropriate for your treatment.

Non-preferred generic drugs have a higher copayment or coinsurance than preferred generic drugs. Non-preferred generic drugs are covered at two benefit levels. If you have questions about which benefit level a specific non-preferred generic drug is covered at, see the Drug List at [Medica.com/SignIn](https://www.medicamem.com/SignIn) or call Member Services at the number on the back of your Medica ID card.

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

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

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

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

Does the Drug List ever change?

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

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

How do I use the Drug List?

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

Drug Category

The Drug List begins on Page 7. The drugs in this Drug List are grouped into categories depending on their clinical classification. For example, drugs that are considered “anti-infectives” will be listed under the “anti-infectives” category. If you know how your drug is classified, look for the category name in the list. Then look under the category name for your drug.

Alphabetical Listing

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

Preventive Drug and Supply Medications (ACA)

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

Medication-Assisted Treatment (MAT)

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

Diabetic Supplies (DS)

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

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

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

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

Are there any restrictions on my coverage?

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

Prior authorization (PA)

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

Step therapy (ST)

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

Quantity limits (QL)

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

Medical Benefit Drugs

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

Pharmacy requirement

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

Can I request an exception to the coverage restrictions?

Yes. In certain cases, it is possible to get an exception. Please note that exceptions will only be allowed when specific clinical criteria are satisfied. Your doctor can find the information needed to make a request on your behalf on Medica's website. To facilitate a thorough review, Medica asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects, lack of efficacy).

Are new to market drugs covered?

New-to-market products that are recently approved by the FDA (including approval for a new indication) and introduced to the market will not be covered until they are reviewed and considered for placement on the Drug List by Medica.

Specialty Program (SP)

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

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

Limited Availability Drugs (LA)

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

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

Oral Oncology Medications

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

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

Coverage Limitations. Please note inclusion in the Medica Drug List does not imply coverage.

Proton Pump Inhibitors (PPI): Coverage limitations may apply to these medications. Limited coverage to member twelve (12) years of age and younger, or those members who have a feeding tube. You should refer to your benefit plan document for further information.

Human Growth Hormones (GH): Coverage limitations may apply to these medications. You should refer to your benefit plan document for further information.

Non-Sedating Antihistamines (NSA): Coverage limitations may apply to these medications. You should refer to your benefit plan document for further information.

Erectile Dysfunction Drugs (ED): Coverage limitations may apply to these medications. You should refer to your benefit plan document for further information.

Infertility Drugs (INF): Coverage limitations may apply to these medications. You should refer to your benefit plan document for further information.

Weight Loss (Wt Loss): Coverage exclusions may apply to these medications. You should refer to your benefit plan document for further information regarding weight loss and/or appetite suppressant coverage.

Abbreviations

Coverage Notes and Restrictions Abbreviations		
Abbreviation/Note	Description	Explanation
PA	Prior Authorization Restriction	Your healthcare provider is required to get prior authorization from Medica before you fill your prescription for this drug. Without prior approval, Medica may not cover this drug.
QL	Quantity Limit Restriction	Medica limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Medica will provide coverage for this drug, you must first try another drug(s) to treat your medical condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage*		
Tier 1 = ACA Preventive Drugs	This prescription is available at your Preventive Health Service benefit.	
Tier 2 = Preferred Generics	This prescription is available at your Preferred Generic benefit.	
Tier 3 = Preferred Brands, Non-Preferred Generics	This prescription is available at your Preferred Brand/Non-Preferred Generics Benefit	
Tier 4 = Non-Preferred Brands, Non-Preferred Generics	This prescription is available at your Non-Preferred Brand/Non-Preferred Generic benefit.	
Tier 5 = Specialty Prescription Drugs	This prescription is available at your Specialty benefit.	

*Subject to the terms of your benefit plan document.

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

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Drug Name	Drug Tier	Requirements / Limits
ANTI INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane troche 10 mg</i>	2	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	3	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	2	QL (2 per 34 days)
<i>flucytosine oral capsule 250 mg, 500 mg</i>	3	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	2	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	2	
<i>itraconazole oral capsule 100 mg</i>	2	QL (34 per 34 days)
<i>itraconazole oral solution 10 mg/ml</i>	2	QL (300 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	2	

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

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz oral tablet 600 mg</i>	5	
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	5	
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	2	
<i>emtricitabine oral capsule 200 mg</i>	5	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	ACA
EMTRIVA ORAL SOLUTION 10 MG/ML	5	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	2	
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	
EVOTAZ ORAL TABLET 300-150 MG	5	
<i>famciclovir oral tablet 125 mg, 500 mg</i>	2	QL (21 per 34 days)
<i>famciclovir oral tablet 250 mg</i>	2	QL (68 per 34 days)
<i>fosamprenavir oral tablet 700 mg</i>	5	

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Drug Name	Drug Tier	Requirements / Limits
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	QL (60 per 34 days)
INTELENCE ORAL TABLET 25 MG	5	
ISENTRESS HD ORAL TABLET 600 MG	5	MN: PEP ACA
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	MN: PEP ACA
ISENTRESS ORAL TABLET 400 MG	5	MN: PEP ACA
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	5	MN: PEP ACA
JULUCA ORAL TABLET 50-25 MG	5	
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	QL (40 per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	5	
<i>lamivudine oral tablet 100 mg</i>	2	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	5	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	5	
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	5	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	5	

Drug Name	Drug Tier	Requirements / Limits
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	
<i>nevirapine oral suspension 50 mg/5 ml</i>	5	
<i>nevirapine oral tablet 200 mg</i>	5	
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	5	
NORVIR ORAL POWDER IN PACKET 100 MG	5	
<i>oseltamivir oral capsule 30 mg</i>	2	QL (40 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	2	QL (20 per 365 days)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	2	QL (360 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	3	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 per 180 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	3	QL (34 per 34 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	

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Drug Name	Drug Tier	Requirements / Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	5	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	QL (40 per 365 days)
REYATAZ ORAL POWDER IN PACKET 50 MG	5	
<i>ribavirin inhalation recon soln 6 gram</i>	2	PA
<i>rimantadine oral tablet 100 mg</i>	2	
<i>ritonavir oral tablet 100 mg</i>	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	SP; QL (28 per 34 days)
<i>stavudine oral capsule 40 mg</i>	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	5	
TIVICAY ORAL TABLET 50 MG	5	MN: PEP ACA
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	MN: PEP ACA
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	2	QL (34 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
<i>valganciclovir oral recon soln 50 mg/ml</i>	2	
<i>valganciclovir oral tablet 450 mg</i>	2	
VEMLIDY ORAL TABLET 25 MG	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
ZEPATIER ORAL TABLET 50-100 MG	3	SP; QL (28 per 34 days)
<i>zidovudine oral capsule 100 mg</i>	5	
<i>zidovudine oral syrup 10 mg/ml</i>	5	
<i>zidovudine oral tablet 300 mg</i>	5	
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet 1 gram</i>	2	
<i>cefazolin injection recon soln 1 gram, 10 gram, 20 gram, 3 gram, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	2	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	3	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	3	
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral packet 1 gram</i>	2	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	2	
<i>e.e.s. 400 oral tablet 400 mg</i>	3	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	

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Drug Name	Drug Tier	Requirements / Limits
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	3	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	3	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	3	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	3	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	3	QL (120 per 23 days)
<i>atovaquone oral suspension 750 mg/5 ml</i>	3	
<i>atovaquone-proguanil oral tablet 250-100 mg</i>	2	QL (60 per 180 days)
<i>atovaquone-proguanil oral tablet 62.5-25 mg</i>	2	QL (180 per 180 days)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; SP; LA; QL (84 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	2	
COARTEM ORAL TABLET 20-120 MG	3	QL (24 per 23 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	
EMVERM ORAL TABLET,CHEWABLE 100 MG	3	QL (6 per 23 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	
<i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	2	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	
<i>ivermectin oral tablet 3 mg</i>	2	PA; QL (14 per 23 days)
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	4	PA
<i>linezolid oral tablet 600 mg</i>	2	PA
<i>mefloquine oral tablet 250 mg</i>	2	QL (13 per 180 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	
<i>neomycin oral tablet 500 mg</i>	2	
<i>nitazoxanide oral tablet 500 mg</i>	3	QL (12 per 23 days)
<i>paromomycin oral capsule 250 mg</i>	3	
<i>pentamidine inhalation recon soln 300 mg</i>	2	QL (1 per 21 days)
<i>praziquantel oral tablet 600 mg</i>	3	
PRETOMANID ORAL TABLET 200 MG	4	PA
PRIFTIN ORAL TABLET 150 MG	3	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	2	QL (120 per 180 days)
<i>pyrazinamide oral tablet 500 mg</i>	3	
<i>pyrimethamine oral tablet 25 mg</i>	2	PA
<i>quinine sulfate oral capsule 324 mg</i>	2	QL (42 per 23 days)
<i>rifabutin oral capsule 150 mg</i>	3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	3	PA; LA
<i>tinidazole oral tablet 250 mg</i>	2	QL (40 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
<i>tinidazole oral tablet 500 mg</i>	2	QL (20 per 23 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; SP; QL (280 per 34 days)
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA; SP; QL (224 per 34 days)
TRECTOR ORAL TABLET 250 MG	4	
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 34 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (68 per 34 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	2	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	2	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	2	

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	2	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	3	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	2	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	2	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	2	
QUINOLONES		
BAXDELA ORAL TABLET 450 MG	4	QL (28 per 34 days)
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>levofloxacin oral solution 250 mg/10 ml</i>	2	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	
<i>moxifloxacin oral tablet 400 mg</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	2	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	2	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	2	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	3	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	2	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	ST
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	2	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	2	ST
<i>mondoxyne nl oral capsule 100 mg, 75 mg</i>	2	
<i>morgidox oral capsule 100 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>tetracycline oral capsule 250 mg, 500 mg</i>	2	
<i>tetracycline oral tablet 250 mg, 500 mg</i>	2	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	4	
<i>methenamine hippurate oral tablet 1 gram</i>	2	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	4	
<i>trimethoprim oral tablet 100 mg</i>	2	
VANCOMYCIN		
<i>vancomycin oral capsule 125 mg</i>	3	QL (40 per 34 days)
<i>vancomycin oral capsule 250 mg</i>	3	QL (80 per 34 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	3	QL (300 per 30 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	3	QL (450 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	PA; SP
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; SP; QL (136 per 34 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; SP; QL (68 per 34 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA; SP; QL (272 per 34 days)
<i>anastrozole oral tablet 1 mg</i>	1	ACA
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	5	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	5	PA; SP; LA
<i>bexarotene oral capsule 75 mg</i>	5	PA; SP
<i>bexarotene topical gel 1 %</i>	5	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
BOSULIF ORAL CAPSULE 100 MG	5	PA; SP; QL (102 per 34 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; SP; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; SP; QL (102 per 34 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; SP; QL (34 per 34 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA; SP; LA
CABOMETYX ORAL TABLET 20 MG	5	PA; SP; LA; QL (34 per 34 days)
CABOMETYX ORAL TABLET 40 MG, 60 MG	5	PA; SP; LA
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; SP; LA
<i>capecitabine oral tablet 150 mg</i>	5	PA; SP; QL (68 per 34 days)
<i>capecitabine oral tablet 500 mg</i>	5	PA; SP; QL (170 per 34 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; SP; LA; QL (68 per 34 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; SP; LA; QL (34 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	5	PA; SP; QL (1 per 34 days)
COTELLIC ORAL TABLET 20 MG	5	PA; SP; LA; QL (63 per 34 days)
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	2	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	5	
<i>cyclosporine modified oral solution 100 mg/ml</i>	5	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	5	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	5	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	5	PA; SP
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	5	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	5	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; SP; QL (34 per 34 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; SP; QL (68 per 34 days)
<i>etoposide oral capsule 50 mg</i>	2	
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; SP; QL (34 per 34 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	5	PA; SP; QL (34 per 34 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	
<i>exemestane oral tablet 25 mg</i>	1	ACA
GAVRETO ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (136 per 34 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA; SP; QL (34 per 34 days)
<i>gengraf oral capsule 100 mg, 25 mg</i>	5	

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Drug Name	Drug Tier	Requirements / Limits
<i>gengraf oral solution 100 mg/ml</i>	5	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; SP; QL (34 per 34 days)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	3	
<i>hydroxyurea oral capsule 500 mg</i>	2	
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; SP; QL (34 per 34 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; SP; LA; QL (34 per 34 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; SP; QL (204 per 34 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; SP; QL (68 per 34 days)
INLYTA ORAL TABLET 1 MG	5	PA; SP; QL (204 per 34 days)
INLYTA ORAL TABLET 5 MG	5	PA; SP; QL (136 per 34 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; QL (68 per 34 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; SP; QL (21 per 34 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; SP; QL (42 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; SP; QL (63 per 34 days)
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; SP; QL (1 per 21 days)
<i>lapatinib oral tablet 250 mg</i>	5	PA; SP; QL (204 per 34 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA; SP; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; SP; 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)	5	PA; SP; 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)	5	PA; SP; QL (60 per 34 days)
<i>letrozole oral tablet 2.5 mg</i>	2	
LEUKERAN ORAL TABLET 2 MG	3	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
LORBRENA ORAL TABLET 100 MG	5	PA; SP; QL (34 per 34 days)
LORBRENA ORAL TABLET 25 MG	5	PA; SP; QL (102 per 34 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	5	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL (136 per 34 days)
LYSODREN ORAL TABLET 500 MG	5	SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
<i>megestrol oral tablet 20 mg, 40 mg</i>	2	
MEKINIST ORAL RECON SOLN 0.05 MG/ML	5	PA; SP; QL (1080 per 34 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; SP; QL (102 per 34 days)
MEKINIST ORAL TABLET 2 MG	5	PA; SP; QL (34 per 34 days)
<i>mercaptopurine oral tablet 50 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	2	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium injection solution 25 mg/ml</i>	2	
<i>methotrexate sodium oral tablet 2.5 mg</i>	2	
<i>mycophenolate mofetil oral capsule 250 mg</i>	5	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	
<i>mycophenolate mofetil oral tablet 500 mg</i>	5	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	5	
MYLERAN ORAL TABLET 2 MG	3	
NERLYNX ORAL TABLET 40 MG	5	PA; SP; LA
<i>nilutamide oral tablet 150 mg</i>	2	PA
NUBEQA ORAL TABLET 300 MG	5	PA; SP; LA; QL (136 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	5	PA; SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	5	PA; SP
ODOMZO ORAL CAPSULE 200 MG	5	PA; SP; LA; QL (34 per 34 days)
<i>pazopanib oral tablet 200 mg</i>	5	PA; SP; QL (136 per 34 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)	5	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; SP; LA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	5	
PURIXAN ORAL SUSPENSION 20 MG/ML	5	SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	5	PA; SP; LA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; SP; LA; QL (34 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; SP; LA; QL (102 per 34 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA; SP; LA; QL (42 per 34 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; SP; LA; QL (136 per 34 days)
RYDAPT ORAL CAPSULE 25 MG	5	PA; SP; QL (272 per 34 days)
SCSEMBLIX ORAL TABLET 100 MG	5	PA; SP
SCSEMBLIX ORAL TABLET 20 MG	5	PA; SP; QL (680 per 34 days)
SCSEMBLIX ORAL TABLET 40 MG	5	PA; SP; QL (340 per 34 days)
<i>sirolimus oral solution 1 mg/ml</i>	5	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	5	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; SP; QL (1 per 21 days)
<i>sorafenib oral tablet 200 mg</i>	5	PA; SP; QL (136 per 34 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; SP; QL (34 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
SPRYCEL ORAL TABLET 20 MG	5	PA; SP; QL (102 per 34 days)
SPRYCEL ORAL TABLET 70 MG	5	PA; SP; QL (68 per 34 days)
STIVARGA ORAL TABLET 40 MG	5	PA; SP; QL (84 per 34 days)
<i>sunitinib malate oral capsule 12.5 mg</i>	5	PA; SP; QL (102 per 34 days)
<i>sunitinib malate oral capsule 25 mg, 37.5 mg, 50 mg</i>	5	PA; SP; QL (34 per 34 days)
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; SP
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	5	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; SP; QL (136 per 34 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA; SP; QL (840 per 34 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	PA; SP; LA; QL (34 per 34 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG	5	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; SP; QL (34 per 34 days)
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; SP; QL (112 per 34 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; SP; QL (136 per 34 days)
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	5	PA; SP
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; SP; QL (30 per 30 days)
TIBSOVO ORAL TABLET 250 MG	5	PA; SP
<i>toremifene oral tablet 60 mg</i>	2	
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	2	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	5	PA; SP
VENCLEXTA ORAL TABLET 10 MG	5	PA; SP; LA; QL (56 per 34 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; SP; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; SP; LA; QL (28 per 34 days)
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	5	PA; SP; QL (1 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; SP; LA; QL (68 per 34 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	5	PA; SP; QL (28 per 21 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; SP; QL (28 per 21 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; SP; QL (56 per 21 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; SP; QL (34 per 34 days)
VONJO ORAL CAPSULE 100 MG	5	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; SP; QL (68 per 34 days)
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	5	PA; SP; QL (120 per 34 days)
XOSPATA ORAL TABLET 40 MG	5	PA; SP; LA; QL (102 per 34 days)
XTANDI ORAL CAPSULE 40 MG	5	PA; SP; QL (136 per 34 days)
XTANDI ORAL TABLET 40 MG	5	PA; SP; QL (136 per 34 days)
XTANDI ORAL TABLET 80 MG	5	PA; SP; QL (68 per 34 days)
ZEJULA ORAL TABLET 100 MG	5	PA; SP; LA; QL (102 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; SP; LA
ZELBORAF ORAL TABLET 240 MG	5	PA; SP; QL (272 per 34 days)
ZOLINZA ORAL CAPSULE 100 MG	5	PA; SP; QL (136 per 34 days)
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; SP; QL (68 per 34 days)
ZYKADIA ORAL TABLET 150 MG	5	PA; SP; QL (102 per 34 days)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	3	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet 200 mg</i>	2	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	3	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	3	
DILANTIN ORAL CAPSULE 30 MG	3	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; SP; LA
<i>epitol oral tablet 200 mg</i>	2	
<i>ethosuximide oral capsule 250 mg</i>	2	
<i>ethosuximide oral solution 250 mg/5 ml</i>	2	
<i>felbamate oral suspension 600 mg/5 ml</i>	2	
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	2	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	2	
<i>lacosamide oral solution 10 mg/ml</i>	3	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	4	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	4	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>methsuximide oral capsule 300 mg</i>	2	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	3	PA; QL (2 per 34 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	2	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	2	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	
<i>phenytoin oral tablet, chewable 50 mg</i>	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	2	
<i>pregabalin oral solution 20 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	4	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	2	
<i>roweepra oral tablet 500 mg</i>	2	
<i>rufinamide oral suspension 40 mg/ml</i>	3	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	3	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	2	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	3	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	4	ST
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA; SP; LA; QL (150 per 30 days)

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>vigabatrin oral tablet 500 mg</i>	5	PA; SP; LA; QL (204 per 34 days)
<i>vigadrone oral powder in packet 500 mg</i>	5	PA; SP; QL (150 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	5	PA; SP; QL (204 per 34 days)
<i>vigpoder oral powder in packet 500 mg</i>	5	PA; SP; QL (150 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL (56 per 34 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	4	QL (34 per 34 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	QL (56 per 34 days)
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; SP; LA

ANTIPARKINSONISM AGENTS

Drug Name	Drug Tier	Requirements / Limits
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	5	PA; SP; QL (30 per 30 days)
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>bromocriptine oral capsule 5 mg</i>	2	
<i>bromocriptine oral tablet 2.5 mg</i>	2	
<i>carbidopa oral tablet 25 mg</i>	2	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	2	
<i>entacapone oral tablet 200 mg</i>	2	

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

**MIGRAINE & CLUSTER
HEADACHE THERAPY**

Drug Name	Drug Tier	Requirements / Limits
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	3	PA; QL (1.5 per 23 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	3	PA; QL (1 per 23 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	2	QL (24 per 21 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	2	QL (18 per 21 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	3	
<i>dihydroergotamine nasal spray, non- aerosol 0.5 mg/pump act. (4 mg/ml)</i>	3	ST; QL (8 per 21 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	2	QL (18 per 21 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; QL (1 per 23 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; QL (1 per 23 days)
ERGOMAR SUBLINGUAL TABLET 2 MG	4	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	3	
<i>frovatriptan oral tablet 2.5 mg</i>	2	QL (27 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>migergot rectal suppository 2-100 mg</i>	3	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	2	QL (18 per 21 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	QL (36 per 21 days)
<i>rizatriptan oral tablet, disintegrating 10 mg, 5 mg</i>	2	QL (36 per 21 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	2	QL (18 per 21 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	2	QL (36 per 21 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	QL (18 per 21 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	3	QL (8 per 21 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	3	QL (8 per 21 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	2	QL (8 per 21 days)
<i>zolmitriptan nasal spray, non-aerosol 5 mg</i>	2	ST; QL (18 per 21 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	2	QL (18 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
<i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i>	2	QL (18 per 21 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	5	PA; SP; QL (68 per 34 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet 23 mg</i>	3	ST
<i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i>	2	
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	2	
<i>galantamine oral solution 4 mg/ml</i>	2	
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	2	
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	2	
<i>memantine oral tablet 10 mg, 5 mg</i>	2	
NUEDEXTA ORAL CAPSULE 20-10 MG	3	PA
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	3	
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; SP; QL (136 per 34 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; SP; QL (68 per 34 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	5	PA; SP; QL (34 per 34 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	5	PA; SP; QL (28 per 34 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	5	PA; SP; QL (7 per 34 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	4	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	2	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	2	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	4	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	3	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	2	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	2	
<i>orphenadrine-asa-caffeine oral tablet 25-385-30 mg</i>	4	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	4	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	3	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	3	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	3	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	2	
NARCOTIC ANALGESICS		

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Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	QL (90 per 180 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	2	QL (90 per 180 days)
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	4	QL (90 per 180 days)
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	2	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	3	ST
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	2	QL (90 per 180 days)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	2	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	2	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	2	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	2	QL (90 per 180 days)
<i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i>	4	QL (90 per 180 days)
<i>diskets oral tablet, soluble 40 mg</i>	2	QL (90 per 180 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (90 per 180 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	3	ST; QL (102 per 23 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	2	ST; QL (15 per 23 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	4	ST; QL (102 per 23 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	4	ST; QL (68 per 23 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	3	QL (90 per 180 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	QL (90 per 180 days)
<i>hydromorphone oral liquid 1 mg/ml</i>	2	QL (90 per 180 days)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	2	QL (90 per 180 days)
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	2	ST; QL (68 per 23 days)
<i>hydromorphone rectal suppository 3 mg</i>	2	QL (90 per 180 days)
<i>levorphanol tartrate oral tablet 2 mg, 3 mg</i>	4	QL (90 per 180 days)
<i>methadone oral concentrate 10 mg/ml</i>	2	QL (90 per 180 days)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	QL (90 per 180 days)
<i>methadone oral tablet 10 mg, 5 mg</i>	2	QL (90 per 180 days)

Drug Name	Drug Tier	Requirements / Limits
<i>methadone oral tablet,soluble 40 mg</i>	2	QL (90 per 180 days)
<i>methadose oral concentrate 10 mg/ml</i>	2	QL (90 per 180 days)
<i>methadose oral tablet,soluble 40 mg</i>	2	QL (90 per 180 days)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	2	QL (90 per 180 days)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	2	QL (90 per 180 days)
<i>morphine oral tablet 15 mg, 30 mg</i>	2	QL (90 per 180 days)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	2	ST; QL (136 per 23 days)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (90 per 180 days)
<i>oxycodone oral capsule 5 mg</i>	2	QL (90 per 180 days)
<i>oxycodone oral concentrate 20 mg/ml</i>	3	QL (90 per 180 days)
<i>oxycodone oral solution 5 mg/5 ml</i>	2	QL (90 per 180 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (90 per 180 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml, 5-325 mg/5 ml</i>	3	QL (90 per 180 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	QL (90 per 180 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	4	ST; QL (102 per 23 days)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	2	QL (90 per 180 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	4	ST; QL (102 per 23 days)
<i>tencon oral tablet 50-325 mg</i>	2	
NON-NARCOTIC ANALGESICS		
<i>aspirin childrens oral tablet,chewable 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	2	QL (102 per 34 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL (102 per 34 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	2	QL (90 per 180 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	2	QL (5 per 21 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	2	
<i>diclofenac sodium topical drops 1.5 %</i>	2	QL (150 per 21 days)
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	2	
<i>diflunisal oral tablet 500 mg</i>	2	
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	2	
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	
<i>indomethacin oral capsule, extended release 75 mg</i>	2	
<i>indomethacin oral suspension 25 mg/5 ml</i>	2	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	3	ST
<i>ketorolac oral tablet 10 mg</i>	2	QL (20 per 34 days)
<i>kiprofen oral capsule 25 mg</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	4	
<i>mefenamic acid oral capsule 250 mg</i>	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	2	QL (34 per 34 days)
<i>nabumetone oral tablet 500 mg, 750 mg</i>	2	
<i>naloxone injection solution 0.4 mg/ml</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	QL (2 per 34 days)
<i>naltrexone oral tablet 50 mg</i>	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	4	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>oxaprozin oral tablet 600 mg</i>	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	2	
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	3	QL (2 per 34 days)
<i>salsalate oral tablet 500 mg, 750 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	
<i>tolmetin oral capsule 400 mg</i>	2	ST
<i>tramadol oral tablet 50 mg</i>	2	QL (272 per 34 days)
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	2	ST; QL (34 per 34 days)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	2	ST; QL (34 per 34 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	QL (272 per 34 days)
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	SP
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	QL (34 per 34 days)
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	3	
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	QL (68 per 34 days)

PSYCHOTHERAPEUTIC DRUGS

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

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Drug Name	Drug Tier	Requirements / Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	QL (34 per 34 days)
<i>aripiprazole oral tablet, disintegrating 10 mg, 15 mg</i>	4	QL (68 per 34 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	3	
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	3	
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; QL (34 per 34 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	2	QL (68 per 34 days)
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	QL (34 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	QL (68 per 34 days)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	2	
<i>chlorpromazine injection solution 25 mg/ml</i>	2	
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	2	
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>citalopram oral solution 10 mg/5 ml</i>	2	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	2	QL (34 per 34 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	2	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	2	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	4	
DAYVIGO ORAL TABLET 10 MG, 5 MG	4	ST; QL (15 per 23 days)
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	2	ST; QL (34 per 34 days)
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	2	
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	2	
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	4	
<i>dextroamphetamine sulfate oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	2	
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	2	
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>doxepin oral concentrate 10 mg/ml</i>	2	
<i>doxepin oral tablet 3 mg, 6 mg</i>	4	ST; QL (15 per 23 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 60 mg</i>	2	QL (68 per 34 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 30 mg</i>	2	QL (34 per 34 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	ST; QL (34 per 34 days)
<i>ergoloid oral tablet 1 mg</i>	2	

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	2	ST
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	2	QL (34 per 34 days)
<i>estazolam oral tablet 1 mg, 2 mg</i>	2	QL (15 per 23 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (15 per 23 days)
<i>fluoxetine oral capsule 10 mg</i>	2	QL (34 per 34 days)
<i>fluoxetine oral capsule 20 mg</i>	2	
<i>fluoxetine oral capsule 40 mg</i>	2	QL (68 per 34 days)
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	2	ST; QL (4 per 34 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	2	
<i>fluoxetine oral tablet 10 mg</i>	2	ST; QL (34 per 34 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	4	QL (15 per 23 days)
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	4	ST; QL (68 per 34 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (102 per 34 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	QL (34 per 34 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	QL (68 per 34 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	2	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	2	
<i>lithium carbonate oral tablet 300 mg</i>	2	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	2	
<i>lithium citrate oral solution 8 meq/5 ml</i>	2	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral concentrate 2 mg/ml</i>	2	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	QL (34 per 34 days)
<i>lurasidone oral tablet 80 mg</i>	2	QL (68 per 34 days)
MARPLAN ORAL TABLET 10 MG	4	
<i>methamphetamine oral tablet 5 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	ST
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	2	
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	3	
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	2	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	2	
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	4	ST
<i>midazolam oral syrup 2 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	2	
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	2	
<i>modafinil oral tablet 100 mg</i>	2	PA; QL (34 per 34 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; QL (68 per 34 days)
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	2	
<i>nortriptyline oral solution 10 mg/5 ml</i>	2	
<i>olanzapine intramuscular recon soln 10 mg</i>	2	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	QL (34 per 34 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	2	QL (34 per 34 days)
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	3	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	QL (34 per 34 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	QL (68 per 34 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	2	ST
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	2	QL (34 per 34 days)
<i>paroxetine hcl oral tablet 20 mg, 30 mg</i>	2	QL (68 per 34 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	2	ST; QL (68 per 34 days)
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	4	ST; QL (34 per 34 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	
<i>phenelzine oral tablet 15 mg</i>	2	
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	
<i>procentra oral solution 5 mg/5 ml</i>	4	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
QUAZEPAM ORAL TABLET 15 MG	4	QL (15 per 23 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	QL (102 per 34 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	QL (68 per 34 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	QL (34 per 34 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	QL (68 per 34 days)
<i>ramelteon oral tablet 8 mg</i>	2	QL (15 per 23 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL (34 per 34 days)
<i>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</i>	2	
<i>risperidone oral solution 1 mg/ml</i>	2	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (68 per 34 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	2	QL (68 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
<i>sertraline oral concentrate 20 mg/ml</i>	2	
<i>sertraline oral tablet 100 mg, 50 mg</i>	2	QL (68 per 34 days)
<i>sertraline oral tablet 25 mg</i>	2	QL (45 per 34 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	5	ST; SP; LA; QL (540 per 34 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	3	PA; QL (34 per 34 days)
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	4	QL (15 per 23 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>tranlycypromine oral tablet 10 mg</i>	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	2	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	2	QL (15 per 23 days)
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	ST; QL (34 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	QL (34 per 34 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	QL (102 per 34 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	QL (102 per 34 days)
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	4	ST; QL (34 per 34 days)
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	2	ST; QL (34 per 34 days)
WAKIX ORAL TABLET 17.8 MG	5	PA; SP; LA; QL (68 per 34 days)
WAKIX ORAL TABLET 4.45 MG	5	PA; SP; LA; QL (34 per 34 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	2	QL (15 per 23 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	QL (68 per 34 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	2	
<i>zolpidem oral tablet 10 mg, 5 mg</i>	2	QL (15 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
<i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i>	2	QL (15 per 23 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	SP; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	SP; QL (14 per 365 days)

**CARDIOVASCULAR,
HYPERTENSION & LIPIDS**

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	3	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	4	

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Drug Name	Drug Tier	Requirements / Limits
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	2	
<i>amiloride oral tablet 5 mg</i>	2	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	2	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	3	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	2	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	2	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	2	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	2	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	2	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	2	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	3	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	2	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	2	QL (4 per 21 days)
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	QL (34 per 34 days)
<i>doxazosin oral tablet 8 mg</i>	2	QL (68 per 34 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>eprosartan oral tablet 600 mg</i>	2	
<i>ethacrynic acid oral tablet 25 mg</i>	4	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	2	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	2	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	2	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	2	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	2	
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	2	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	2	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	2	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	
<i>metirosine oral capsule 250 mg</i>	4	PA
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	3	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	
<i>nimodipine oral capsule 30 mg</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	3	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	2	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	2	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	2	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	2	
<i>phenoxybenzamine oral capsule 10 mg</i>	4	PA
<i>pindolol oral tablet 10 mg, 5 mg</i>	2	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	2	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	2	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	2	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	2	
<i>spironolactone oral suspension 25 mg/5 ml</i>	4	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	2	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	QL (34 per 34 days)
<i>terazosin oral capsule 10 mg</i>	2	QL (68 per 34 days)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	2	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>triamterene oral capsule 100 mg, 50 mg</i>	4	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	2	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	2	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	2	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	2	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	2	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	2	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	2	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	2	
COAGULATION THERAPY		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	3	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	3	
BRILINTA ORAL TABLET 60 MG, 90 MG	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	2	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; SP; LA; QL (15 per 34 days)
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	5	
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	5	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	2	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	2	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	2	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	2	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	3	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	3	QL (10 per 34 days)
<i>prasugrel oral tablet 10 mg, 5 mg</i>	2	
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	5	PA; SP; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	5	PA; SP; LA
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; SP; LA; QL (68 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>vitamin k injection solution 1 mg/0.5 ml</i>	3	
<i>vitamin k1 injection solution 10 mg/ml</i>	3	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	2	
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	3	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	3	
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL (34 per 34 days)
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	2	QL (34 per 34 days)
<i>cholestyramine (with sugar) oral powder 4 gram</i>	2	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	2	
<i>cholestyramine light oral powder 4 gram</i>	2	
<i>cholestyramine light oral powder in packet 4 gram</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>colesevelam oral powder in packet 3.75 gram</i>	4	
<i>colesevelam oral tablet 625 mg</i>	2	
<i>colestipol oral granules 5 gram</i>	2	
<i>colestipol oral packet 5 gram</i>	2	
<i>colestipol oral tablet 1 gram</i>	2	
<i>ezetimibe oral tablet 10 mg</i>	2	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	QL (34 per 34 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	
<i>fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg</i>	2	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	2	
<i>fluvastatin oral capsule 20 mg</i>	1	ACA; QL (34 per 34 days)
<i>fluvastatin oral capsule 40 mg</i>	1	ACA; QL (68 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	ACA; QL (34 per 34 days)
<i>gemfibrozil oral tablet 600 mg</i>	2	
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	2	PA
<i>lovastatin oral tablet 10 mg</i>	1	ACA; QL (34 per 34 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	ACA; QL (68 per 34 days)
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA; QL (34 per 34 days)
<i>prevalite oral powder 4 gram</i>	2	
<i>prevalite oral powder in packet 4 gram</i>	2	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL (1 per 21 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (2 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (2 per 21 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA; QL (34 per 34 days)
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	2	QL (34 per 34 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA; QL (34 per 34 days)
<i>simvastatin oral tablet 80 mg</i>	2	QL (34 per 34 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; SP
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (68 per 34 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	2	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	QL (34 per 34 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	5	PA; SP
NITRATES		

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Drug Name	Drug Tier	Requirements / Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	2	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	2	
<i>nitro-bid transdermal ointment 2 %</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	2	
<i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	2	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>calcipotriene scalp solution 0.005 %</i>	2	QL (120 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
<i>calcipotriene topical cream 0.005 %</i>	2	QL (120 per 23 days)
<i>calcipotriene topical ointment 0.005 %</i>	3	QL (120 per 23 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	4	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	ST
<i>selenium sulfide topical lotion 2.5 %</i>	2	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (1 per 63 days)
SOTYKTU ORAL TABLET 6 MG	5	PA; SP; QL (34 per 26 days)
<i>sulfacetamide sodium topical cleanser 10 %</i>	2	
<i>sulfacetamide sodium topical shampoo 10 %, 9.8 %</i>	3	
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; SP; QL (1 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; SP; QL (1 per 21 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	5	PA; SP; QL (1 per 21 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; SP; QL (1 per 21 days)

BURN THERAPY

<i>silver sulfadiazine topical cream 1 %</i>	2	
<i>ssd topical cream 1 %</i>	2	

MISCELLANEOUS DERMATOLOGICALS

ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; QL (4 per 21 days)
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG	5	PA; SP; QL (34 per 34 days)
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL (100 per 21 days)
<i>doxepin topical cream 5 %</i>	4	ST; QL (90 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; SP; QL (400 per 21 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; SP; QL (600 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; SP; QL (400 per 21 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; SP; QL (600 per 21 days)
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution 2 %, 5 %</i>	2	
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	3	
<i>methyl salicylate oil</i>	2	
<i>methyl salicylate topical liquid</i>	2	
<i>pimecrolimus topical cream 1 %</i>	3	ST; QL (120 per 23 days)
<i>podofilox topical gel 0.5 %</i>	4	ST; QL (7 per 34 days)
<i>podofilox topical solution 0.5 %</i>	2	
<i>prudoxin topical cream 5 %</i>	4	ST; QL (90 per 23 days)
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	2	ST; QL (120 per 23 days)

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Drug Name	Drug Tier	Requirements / Limits
wintergreen oil oil	2	
THERAPY FOR ACNE		
acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
adapalene topical cream 0.1 %	2	
adapalene topical gel 0.3 %	2	
adapalene topical gel with pump 0.3 %	2	
adapalene topical solution 0.1 %	2	
amnesteem oral capsule 10 mg, 20 mg, 40 mg	3	
azelaic acid topical gel 15 %	2	
benzepro topical towelette 6 %	2	
benzoyl peroxide topical cleanser 7 %	2	
benzoyl peroxide topical foam 9.8 %	2	
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	3	
clindacin etz topical swab 1 %	2	
clindacin p topical swab 1 %	2	
clindamycin phosphate topical gel 1 %	2	QL (120 per 23 days)
clindamycin phosphate topical lotion 1 %	2	QL (120 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
clindamycin phosphate topical solution 1 %	2	QL (120 per 23 days)
clindamycin phosphate topical swab 1 %	2	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 % (1 % base) -5 %	2	
clindamycin-benzoyl peroxide topical gel with pump 1.2 % (1 % base) -3.75 %	4	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	2	
dapsone topical gel 5 %	2	
ery pads topical swab 2 %	2	
erygel topical gel 2 %	2	
erythromycin with ethanol topical gel 2 %	2	
erythromycin with ethanol topical solution 2 %	2	
erythromycin-benzoyl peroxide topical gel 3-5 %	2	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	3	
ivermectin topical cream 1 %	2	QL (45 per 23 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>metronidazole topical cream 0.75 %</i>	2	
<i>metronidazole topical gel 0.75 %, 1 %</i>	2	
<i>metronidazole topical gel with pump 1 %</i>	2	
<i>metronidazole topical lotion 0.75 %</i>	2	
<i>neuac topical gel 1.2 % (1 % base) -5 %</i>	2	
<i>rosadan topical cream 0.75 %</i>	2	
<i>rosadan topical gel 0.75 %</i>	2	
<i>rosula cleansing cloths topical pads, medicated 10-5 %</i>	4	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w)</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser 9-4.5 %</i>	3	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	3	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	4	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %, 9.8-4.8 %</i>	4	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	3	
<i>sulfacleanse 8-4 topical suspension 8-4 %</i>	3	ST
<i>tazarotene topical cream 0.1 %</i>	2	PA
<i>tazarotene topical gel 0.1 %</i>	2	PA
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	2	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	3	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan topical adhesive patch, medicated 5 %</i>	2	PA
<i>lidocaine hcl laryngotracheal solution 4 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	PA
<i>lidocaine topical ointment 5 %</i>	2	QL (50 per 23 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	2	QL (30 per 23 days)
<i>lidocaine-prilocaine topical kit 2.5-2.5 %</i>	3	
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	2	PA
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	2	PA
<i>lidocan v topical adhesive patch,medicated 5 %</i>	2	PA
<i>lidocort topical cream 3-0.5 %</i>	2	
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	2	PA
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	2	QL (60 per 34 days)
<i>gentamicin topical ointment 0.1 %</i>	2	QL (60 per 34 days)
<i>lugols topical solution 5-10 %</i>	2	
<i>mafenide acetate topical packet 50 gram</i>	2	
<i>mupirocin calcium topical cream 2 %</i>	4	ST; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>mupirocin topical ointment 2 %</i>	2	QL (44 per 34 days)
<i>strong iodine topical solution 5-10 %</i>	2	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	2	
SULFAMYLON TOPICAL CREAM 85 MG/G	3	
XEPI TOPICAL CREAM 1 %	4	ST; QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream 0.77 %</i>	2	QL (90 per 21 days)
<i>ciclodan topical solution 8 %</i>	2	
<i>ciclopirox topical cream 0.77 %</i>	2	QL (90 per 21 days)
<i>ciclopirox topical gel 0.77 %</i>	2	QL (100 per 21 days)
<i>ciclopirox topical shampoo 1 %</i>	2	QL (120 per 21 days)
<i>ciclopirox topical solution 8 %</i>	2	
<i>ciclopirox topical suspension 0.77 %</i>	2	QL (60 per 21 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	QL (90 per 21 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	4	QL (60 per 21 days)
<i>econazole topical cream 1 %</i>	2	QL (85 per 21 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>ketoconazole topical cream 2 %</i>	2	QL (60 per 21 days)
<i>ketoconazole topical shampoo 2 %</i>	2	QL (120 per 21 days)
<i>ketodan kit topical combo pack 2 %</i>	2	ST
<i>klayesta topical powder 100,000 unit/gram</i>	2	
LUZU TOPICAL CREAM 1 %	4	QL (60 per 21 days)
<i>naftifine topical cream 1 %</i>	2	QL (90 per 21 days)
<i>naftifine topical cream 2 %</i>	2	QL (60 per 21 days)
<i>naftifine topical gel 2 %</i>	3	QL (60 per 21 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	2	
<i>nystatin topical cream 100,000 unit/gram</i>	2	QL (60 per 21 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	QL (60 per 21 days)
<i>nystatin topical powder 100,000 unit/gram</i>	2	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	2	QL (60 per 21 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	2	QL (60 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
<i>nystop topical powder 100,000 unit/gram</i>	2	
<i>oxiconazole topical cream 1 %</i>	4	QL (90 per 21 days)
<i>tavaborole topical solution with applicator 5 %</i>	3	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	4	PA; QL (5 per 34 days)
<i>acyclovir topical ointment 5 %</i>	2	PA; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	2	
<i>alclometasone topical ointment 0.05 %</i>	2	
<i>amcinonide topical cream 0.1 %</i>	4	ST
<i>amcinonide topical ointment 0.1 %</i>	4	ST
<i>beser topical lotion 0.05 %</i>	2	ST
<i>betamethasone dipropionate topical cream 0.05 %</i>	2	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	2	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	2	
<i>betamethasone valerate topical cream 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate topical lotion 0.1 %</i>	2	
<i>betamethasone valerate topical ointment 0.1 %</i>	2	
<i>betamethasone, augmented topical cream 0.05 %</i>	2	
<i>betamethasone, augmented topical gel 0.05 %</i>	2	
<i>betamethasone, augmented topical lotion 0.05 %</i>	2	
<i>betamethasone, augmented topical ointment 0.05 %</i>	2	
<i>clobetasol scalp solution 0.05 %</i>	2	QL (100 per 23 days)
<i>clobetasol topical cream 0.05 %</i>	2	QL (120 per 23 days)
<i>clobetasol topical foam 0.05 %</i>	2	ST; QL (100 per 23 days)
<i>clobetasol topical gel 0.05 %</i>	2	QL (120 per 23 days)
<i>clobetasol topical lotion 0.05 %</i>	4	ST; QL (118 per 23 days)
<i>clobetasol topical ointment 0.05 %</i>	2	QL (120 per 23 days)
<i>clobetasol topical shampoo 0.05 %</i>	4	ST; QL (236 per 23 days)
<i>clobetasol topical spray, non-aerosol 0.05 %</i>	2	ST; QL (125 per 23 days)
<i>clobetasol-emollient topical cream 0.05 %</i>	2	QL (120 per 23 days)

Drug Name	Drug Tier	Requirements / Limits
<i>clobetasol-emollient topical foam 0.05 %</i>	4	ST; QL (100 per 23 days)
<i>clocortolone pivalate topical cream 0.1 %</i>	3	
<i>clodan topical shampoo 0.05 %</i>	4	ST; QL (236 per 23 days)
<i>desonide topical cream 0.05 %</i>	2	
<i>desonide topical gel 0.05 %</i>	3	ST
<i>desonide topical lotion 0.05 %</i>	3	ST
<i>desonide topical ointment 0.05 %</i>	2	
<i>desoximetasone topical cream 0.05 %</i>	3	ST
<i>desoximetasone topical cream 0.25 %</i>	2	ST
<i>desoximetasone topical gel 0.05 %</i>	2	ST
<i>desoximetasone topical ointment 0.05 %</i>	3	ST
<i>desoximetasone topical ointment 0.25 %</i>	2	ST
<i>desoximetasone topical spray, non-aerosol 0.25 %</i>	4	ST
<i>diflorasone topical cream 0.05 %</i>	4	ST; QL (120 per 23 days)
<i>diflorasone topical ointment 0.05 %</i>	4	ST; QL (120 per 23 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone topical oil 0.01 %</i>	2	
<i>fluocinolone topical ointment 0.025 %</i>	2	
<i>fluocinolone topical solution 0.01 %</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL (120 per 23 days)
<i>fluocinonide topical cream 0.1 %</i>	2	ST; QL (120 per 23 days)
<i>fluocinonide topical gel 0.05 %</i>	2	QL (120 per 23 days)
<i>fluocinonide topical ointment 0.05 %</i>	2	QL (120 per 23 days)
<i>fluocinonide topical solution 0.05 %</i>	2	QL (120 per 23 days)
<i>fluocinonide-e topical cream 0.05 %</i>	2	QL (120 per 23 days)
<i>flurandrenolide topical cream 0.05 %</i>	3	ST; QL (120 per 23 days)
<i>flurandrenolide topical lotion 0.05 %</i>	3	ST; QL (120 per 23 days)
<i>flurandrenolide topical ointment 0.05 %</i>	3	ST; QL (120 per 23 days)
<i>fluticasone propionate topical cream 0.05 %</i>	2	
<i>fluticasone propionate topical ointment 0.005 %</i>	2	
<i>halcinonide topical cream 0.1 %</i>	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>halobetasol propionate topical cream 0.05 %</i>	2	
<i>halobetasol propionate topical ointment 0.05 %</i>	2	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	2	QL (120 per 23 days)
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	2	ST; QL (120 per 21 days)
<i>hydrocortisone butyrate topical solution 0.1 %</i>	2	ST; QL (120 per 23 days)
<i>hydrocortisone topical cream 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	2	
<i>hydrocortisone topical ointment 2.5 %</i>	2	
<i>hydrocortisone valerate topical cream 0.2 %</i>	2	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	3	
<i>mometasone topical cream 0.1 %</i>	2	
<i>mometasone topical ointment 0.1 %</i>	2	
<i>mometasone topical solution 0.1 %</i>	2	
<i>prednicarbate topical cream 0.1 %</i>	2	
<i>prednicarbate topical ointment 0.1 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>scalacort topical lotion 2 %</i>	2	
<i>tovet emollient topical foam 0.05 %</i>	4	ST; QL (100 per 23 days)
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	3	ST; QL (126 per 23 days)
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triderm topical cream 0.1 %</i>	2	
<i>triderm topical cream 0.5 %</i>	2	ST
TOPICAL ENZYMES		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	3	QL (180 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	4	
<i>malathion topical lotion 0.5 %</i>	3	
<i>permethrin topical cream 5 %</i>	2	
<i>spinosad topical suspension 0.9 %</i>	4	

Drug Name	Drug Tier	Requirements / Limits
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	2	
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	2	
<i>ringer's irrigation solution</i>	2	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	2	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	2	
<i>acetic acid irrigation solution 0.25 %</i>	2	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	2	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	3	
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	PA; SP
<i>cevimeline oral capsule 30 mg</i>	2	
CHEMET ORAL CAPSULE 100 MG	3	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	5	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	5	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	5	PA; SP
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	5	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; SP; GH: Coverage Limitation May Apply; LA
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet 330 mg</i>	2	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; SP; LA
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	5	PA; SP; LA
PHEBURANE ORAL GRANULES 483 MG/GRAM	5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	5	PA; SP; QL (34 per 26 days)
<i>riluzole oral tablet 50 mg</i>	2	PA
<i>risedronate oral tablet 30 mg</i>	2	QL (34 per 34 days)
<i>sodium chloride 0.9 % injection solution</i>	2	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	2	
<i>sodium chloride 0.9 % intravenous piggyback</i>	2	
<i>sodium chloride injection syringe 0.9 %</i>	2	
<i>sodium chloride irrigation solution 0.9 %</i>	2	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	3	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	3	PA
<i>tiopronin oral tablet 100 mg</i>	5	PA; SP
<i>water for irrigation, sterile irrigation solution</i>	2	
SMOKING DETERRENENTS		

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Drug Name	Drug Tier	Requirements / Limits
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	1	ACA; OTC
NICORETTE BUCCAL GUM 2 MG	1	ACA; OTC
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	1	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	1	ACA; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	1	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	ACA; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	ACA
<i>quit 2 buccal gum 2 mg</i>	1	ACA; OTC
<i>quit 2 buccal lozenge 2 mg</i>	1	ACA; OTC
<i>quit 4 buccal gum 4 mg</i>	1	ACA; OTC
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA; OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA; OTC
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	ACA
<i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	1	ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	QL (60 per 34 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	2	
<i>denta 5000 plus dental cream 1.1 %</i>	2	
<i>denta 5000 plus sensitive dental paste 1.1-5 %</i>	2	
<i>dentagel dental gel 1.1 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) dental cream 1.1 %</i>	2	
<i>fluoride (sodium) dental gel 1.1 %</i>	2	
<i>fluoride (sodium) dental paste 1.1 %</i>	2	
<i>fluoride (sodium) dental solution 0.2 %</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	QL (30 per 30 days)
<i>kourzeq dental paste 0.1 %</i>	2	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	2	QL (31 per 34 days)
<i>oralone dental paste 0.1 %</i>	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	2	
<i>periogard mucous membrane mouthwash 0.12 %</i>	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	2	
<i>sf 5000 plus dental cream 1.1 %</i>	2	
<i>sf dental gel 1.1 %</i>	2	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	2	
<i>flac otic oil otic (ear) drops 0.01 %</i>	2	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	2	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	2	
<i>ofloxacin otic (ear) drops 0.3 %</i>	2	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	4	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	2	

OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	4	
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ENDOCRINE/DIABETES
ADRENAL HORMONES

<i>cortisone oral tablet 25 mg</i>	2	
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<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	2	ST
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<i>dexamethasone intensol oral drops 1 mg/ml</i>	2	
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<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	
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<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	
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<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	
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<i>fludrocortisone oral tablet 0.1 mg</i>	2	
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<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	
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<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	
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<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	
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Drug Name	Drug Tier	Requirements / Limits
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	3	

<i>millipred oral tablet 5 mg</i>	3	
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<i>prednisolone oral solution 15 mg/5 ml</i>	2	
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<i>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)</i>	2	
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<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	4	
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<i>prednisone intensol oral concentrate 5 mg/ml</i>	2	
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<i>prednisone oral solution 5 mg/5 ml</i>	2	
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<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	2	
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<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	2	
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ANTITHYROID AGENTS

<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
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<i>potassium iodide oral solution 1 gram/ml</i>	2	
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<i>propylthiouracil oral tablet 50 mg</i>	2	
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Drug Name	Drug Tier	Requirements / Limits
PREFERRED DIABETIC SUPPLIES		
FREESTYLE INSULINX STRIP	3	OTC; QL (10 per 1 day)
FREESTYLE INSULINX TEST STRIPS STRIP	3	OTC; QL (10 per 1 day)
FREESTYLE LITE STRIPS STRIP	3	OTC; QL (10 per 1 day)
FREESTYLE PRECISION NEO STRIPS STRIP	3	OTC; QL (10 per 1 day)
FREESTYLE TEST STRIP	3	OTC; QL (10 per 1 day)
PRECISION XTRA TEST STRIP	3	OTC; QL (10 per 1 day)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
ACE AEROSOL CLOUD ENHANCER SPACER	3	
AEROCHAMBER MINI SPACER	3	
AEROCHAMBER PLUS FLOW-VU SPACER	3	
AEROCHAMBER PLUS Z STAT SPACER	3	
AEROTRACH PLUS SPACER	3	
AEROVENT PLUS SPACER	3	
BREATHERITE MDI SPACER SPACER	3	

Drug Name	Drug Tier	Requirements / Limits
COMPACT SPACE CHAMBER SPACER	3	
EASIVENT HOLDING CHAMBER SPACER	3	
FLEXICHAMBER SPACER	3	
LITEAIRE MDI CHAMBER SPACER	3	
MICROCHAMBER SPACER	3	
MICROSPACER SPACER	3	
OPTICHAMBER DIAMOND VHC SPACER	3	
POCKET CHAMBER SPACER	3	
PRIMEAIRE SPACER	3	
PROCHAMBER SPACER	3	
RITEFLO AEROCHAMBER SPACER	3	
SPACE CHAMBER SPACER	3	
VORTEX HOLDING CHAMBER SPACER	3	
GLUCOSE ELEVATING AGENTS		

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Drug Name	Drug Tier	Requirements / Limits
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	QL (2 per 34 days)
<i>diazoxide oral suspension 50 mg/ml</i>	3	
<i>glucagon emergency kit (human) injection recon soln 1 mg</i>	2	QL (2 per 34 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	QL (2 per 34 days)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	QL (2 per 34 days)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	QL (2 per 34 days)
PREFERRED DIABETIC SUPPLIES CONTINUED		
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	3	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	3	OTC
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	3	

Drug Name	Drug Tier	Requirements / Limits
BD MICROTAINER LANCET 30 GAUGE	3	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	3	OTC
CEQUR SIMPLICITY DEVICE 2 UNIT	3	
DEXCOM G6 RECEIVER	3	QL (1 per 365 days)
DEXCOM G6 SENSOR DEVICE	3	QL (3 per 23 days)
DEXCOM G6 TRANSMITTER DEVICE	3	QL (1 per 68 days)
DEXCOM G7 RECEIVER	3	QL (1 per 365 days)
DEXCOM G7 SENSOR DEVICE	3	QL (3 per 23 days)
FREESTYLE CONTROL SOLUTION	3	OTC
FREESTYLE FLASH SYSTEM KIT	3	OTC
FREESTYLE FREEDOM KIT	3	OTC
FREESTYLE FREEDOM LITE KIT	3	OTC
FREESTYLE INSULINX	3	OTC

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Drug Name	Drug Tier	Requirements / Limits
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR KIT	3	QL (2 per 21 days)
FREESTYLE LIBRE 2 READER	3	
FREESTYLE LIBRE 2 SENSOR KIT	3	QL (2 per 21 days)
FREESTYLE LIBRE 3 READER	3	QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR DEVICE	3	QL (2 per 21 days)
FREESTYLE LIBRE 3 SENSOR PLUS DEVICE	3	
FREESTYLE LITE METER KIT	3	OTC
FREESTYLE SIDEKICK II KIT	3	OTC
FREESTYLE SYSTEM KIT KIT	3	OTC
LANCETS 33 GAUGE	3	OTC
LANCING DEVICE	3	OTC
MEDISENSE COMBO PACK	3	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	3	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 720 days)

Drug Name	Drug Tier	Requirements / Limits
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	QL (15 per 21 days)
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	QL (15 per 21 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (15 per 21 days)
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	QL (10 per 23 days)
PRECISION XTRA KETONE-GLUCOSE KIT	3	OTC
PRECISION XTRA MONITOR	3	OTC
V-GO 20 DEVICE	3	
V-GO 30 DEVICE	3	
V-GO 40 DEVICE	3	
INSULIN THERAPY		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	

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Drug Name	Drug Tier	Requirements / Limits
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	4	
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	4	

Drug Name	Drug Tier	Requirements / Limits
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	4	
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	4	
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	4	
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	

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Drug Name	Drug Tier	Requirements / Limits
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	QL (15 per 34 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	
MISCELLANEOUS HORMONES		
<i>cabergoline oral tablet 0.5 mg</i>	2	QL (8 per 21 days)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	
<i>calcitriol oral solution 1 mcg/ml</i>	2	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	2	PA
<i>clomid oral tablet 50 mg</i>	2	INF: Coverage Limitations May Apply
<i>clomiphene citrate oral tablet 50 mg</i>	2	INF: Coverage Limitations May Apply
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	2	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	2	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	3	ST

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>javygtor oral powder in packet 100 mg, 500 mg</i>	5	PA; SP
<i>javygtor oral tablet, soluble 100 mg</i>	5	PA; SP
<i>methyltestosterone oral capsule 10 mg</i>	4	
<i>mifepristone oral tablet 300 mg</i>	5	PA; SP
<i>miglustat oral capsule 100 mg</i>	5	PA; SP; LA; QL (90 per 30 days)
ORILISSA ORAL TABLET 150 MG, 200 MG	3	PA; QL (34 per 34 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; SP; LA; QL (34 per 34 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; SP; LA; QL (8 per 34 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; SP; LA; QL (68 per 34 days)
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	2	ST
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5	PA; SP
<i>sapropterin oral tablet, soluble 100 mg</i>	5	PA; SP

Drug Name	Drug Tier	Requirements / Limits
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; SP; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	2	PA
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	3	PA; QL (68 per 34 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	3	PA; QL (75 per 34 days)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	3	PA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; QL (34 per 34 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; QL (60 per 34 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	2	PA; QL (180 per 30 days)
<i>tolvaptan oral tablet 15 mg</i>	5	PA; SP; LA; QL (34 per 34 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; SP; LA; QL (136 per 34 days)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	2	
<i>glipizide oral tablet 10 mg, 5 mg</i>	2	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	2	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	2	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	2	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	ST; QL (34 per 34 days)
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	ST; QL (68 per 34 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; QL (34 per 34 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; QL (68 per 34 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	ST; QL (34 per 34 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	ST; QL (34 per 34 days)
<i>metformin oral solution 500 mg/5 ml</i>	4	ST
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	2	
<i>metformin oral tablet extended release 24 hr 500 mg</i>	2	QL (136 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet extended release 24 hr 750 mg</i>	2	QL (68 per 34 days)
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	2	
<i>nateglinide oral tablet 120 mg, 60 mg</i>	2	
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	2	QL (34 per 34 days)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	2	QL (34 per 34 days)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	2	QL (102 per 34 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	3	ST; QL (68 per 34 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	ST; QL (34 per 34 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	ST; QL (68 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; QL (2 per 21 days)
THYROID HORMONES		
<i>adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	2	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	

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

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz oral tablet, disintegrating 0.125 mg</i>	2	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	4	
<i>dicyclomine oral capsule 10 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>dicyclomine oral solution 10 mg/5 ml</i>	2	
<i>dicyclomine oral tablet 20 mg</i>	2	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	2	
<i>ed-spaz oral tablet, disintegrating 0.125 mg</i>	2	
<i>glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	2	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	2	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	2	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	2	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	2	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	2	
<i>hyosyne oral drops 0.125 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	2	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	4	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	3	
<i>oscimin oral tablet 0.125 mg</i>	2	
<i>oscimin sl sublingual tablet 0.125 mg</i>	2	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	2	
<i>symax-sl sublingual tablet 0.125 mg</i>	2	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	2	
MISCELLANEOUS AGENTS		
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	4	QL (102 per 34 days)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	QL (34 per 34 days)
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	3	QL (204 per 34 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	3	QL (102 per 34 days)
<i>sevelamer carbonate oral tablet 800 mg</i>	2	QL (306 per 34 days)
<i>sevelamer hcl oral tablet 400 mg</i>	4	QL (510 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
<i>sevelamer hcl oral tablet 800 mg</i>	4	QL (204 per 34 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	3	
<i>alvimopan oral capsule 12 mg</i>	2	
<i>anucort-hc rectal suppository 25 mg</i>	2	
<i>aprepitant oral capsule 125 mg, 40 mg</i>	3	QL (1 per 34 days)
<i>aprepitant oral capsule 80 mg</i>	3	QL (2 per 34 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	3	QL (3 per 34 days)
<i>balsalazide oral capsule 750 mg</i>	2	
<i>betaine oral powder 1 gram/scoop</i>	5	PA; SP
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	2	
<i>budesonide oral tablet, delayed and extended release 9 mg</i>	3	
<i>budesonide rectal foam 2 mg/actuation</i>	4	
CHENODAL ORAL TABLET 250 MG	5	PA; SP; LA
<i>citrate of magnesia oral solution</i>	1	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>citroma oral solution</i>	1	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>compro rectal suppository 25 mg</i>	3	
<i>constulose oral solution 10 gram/15 ml</i>	2	
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	3	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	3	
DIPENTUM ORAL CAPSULE 250 MG	4	ST
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	4	QL (136 per 34 days)
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	2	PA
<i>droperidol injection solution 2.5 mg/ml</i>	2	
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>enulose oral solution 10 gram/15 ml</i>	2	
<i>gavilax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA
<i>generlac oral solution 10 gram/15 ml</i>	2	
<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>granisetron hcl oral tablet 1 mg</i>	3	QL (6 per 34 days)
<i>hydrocortisone acetate rectal suppository 25 mg</i>	2	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	3	
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	ST
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	2	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	QL (34 per 34 days)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	QL (68 per 34 days)
<i>magnesium citrate oral solution</i>	1	ACA; OTC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	3	
<i>mesalamine oral capsule, extended release 500 mg</i>	3	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	3	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	3	
<i>mesalamine rectal enema 4 gram/60 ml</i>	3	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine rectal suppository 1,000 mg</i>	2	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	3	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	2	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	1	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	1	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (34 per 34 days)
<i>natura-lax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	2	
OCALIVA ORAL TABLET 10 MG, 5 MG	5	PA; SP; LA; QL (34 per 34 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL (2 per 21 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	2	QL (100 per 34 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL (9 per 34 days)
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	QL (9 per 34 days)
<i>onelix magnesium citrate oral solution</i>	1	ACA; OTC
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
<i>powderlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>prochlorperazine rectal suppository 25 mg</i>	3	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	
<i>purelax oral powder 17 gram/dose</i>	1	ACA; OTC
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	3	ST
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	3	ST
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	2	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; SP; QL (2.4 per 42 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>smoothlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	ACA
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; SP
<i>sulfasalazine oral tablet 500 mg</i>	2	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	2	
<i>trimethobenzamide oral capsule 300 mg</i>	2	
TRULANCE ORAL TABLET 3 MG	3	
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	
VARUBI ORAL TABLET 90 MG	3	QL (2 per 34 days)
VIBERZI ORAL TABLET 100 MG, 75 MG	3	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	3	
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT	3	
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	3	QL (112 per 34 days)
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	2	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	2	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	PPI: Coverage Limitation May Apply
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	3	
<i>famotidine oral tablet 40 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	PPI: Coverage Limitation May Apply; QL (34 per 34 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	PPI: Coverage Limitation May Apply
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	2	
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	2	PPI: Coverage Limitation May Apply; QL (34 per 34 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	2	PPI: Coverage Limitation May Apply
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	4	ST; PPI: Coverage Limitation May Apply
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	PPI: Coverage Limitation May Apply; QL (34 per 34 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	2	PPI: Coverage Limitation May Apply
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	PPI: Coverage Limitation May Apply

Drug Name	Drug Tier	Requirements / Limits
<i>sucralfate oral suspension 100 mg/ml</i>	2	
<i>sucralfate oral tablet 1 gram</i>	2	

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

ANTIVIRALS

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

BIOTECHNOLOGY DRUGS

FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; SP; QL (2 per 23 days)
LEUKINE INJECTION RECON SOLN 250 MCG	5	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; SP

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	5	PA; SP

GROWTH HORMONES

EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	5	PA; SP; GH: Coverage Limitation May Apply
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; SP; GH: Coverage Limitation May Apply
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; SP; GH: Coverage Limitation May Apply

INTERFERONS

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	3	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	SP; QL (4 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	SP; QL (2 per 21 days)

MULTIPLE SCLEROSIS AGENTS

<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	2	PA; SP; QL (60 per 34 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	2	PA; SP; QL (68 per 34 days)
<i>fingolimod oral capsule 0.5 mg</i>	5	PA; SP; QL (34 per 34 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; SP; QL (1 per 23 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; SP; QL (12 per 23 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; SP; QL (1 per 23 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; SP; QL (12 per 23 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	PA; SP; QL (1 per 21 days)
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; SP; QL (6 per 21 days)

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; SP; QL (6 per 21 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP; QL (4.2 per 21 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; SP; QL (4.2 per 21 days)
VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG	5	PA; SP; QL (136 per 34 days)

VACCINES & MISCELLANEOUS IMMUNOLOGICALS

ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	ACA
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	ACA
AFLURIA TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
AFLURIA TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	ACA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	ACA
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	1	ACA

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	ACA
DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML	1	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	ACA
FLUAD TRIV 2024-25(65Y UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUARIX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUBLOK TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML	1	ACA
FLUCELVAX TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUCELVAX TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLULAVAL TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUZONE HIGH-DOSE TRIV 24-25 INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML	1	ACA
FLUZONE TRIV 2024-2025 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	1	ACA
FLUZONE TRIV 2024-2025 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML	1	ACA

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU	3	PA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	1	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	ACA
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	ACA
MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULAR SUSPENSION 25 MCG/0.25 ML	1	ACA
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	ACA
NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULAR SUSPENSION 5 MCG/0.5 ML	1	ACA
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM	3	PA
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	ACA

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	ACA
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	1	ACA
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	ACA
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	ACA
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2-3.3CCID50/0.5ML	1	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	1	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMBA 1 UNIT	3	PA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	ACA
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	ACA
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML	1	ACA

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SPIKEVAX 2023-2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	ACA
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	ACA
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	ACA
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML	1	ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML	1	ACA

Drug Name	Drug Tier	Requirements / Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	ACA
VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML	1	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML	1	ACA
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	ACA

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in packet 5 %</i>	2
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	
<i>colchicine oral tablet 0.6 mg</i>	2	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	2	ST
MITIGARE ORAL CAPSULE 0.6 MG	3	ST
<i>probenecid oral tablet 500 mg</i>	2	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	2	QL (300 per 21 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	2	QL (34 per 34 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	2	QL (4 per 21 days)
<i>ibandronate oral tablet 150 mg</i>	2	QL (1 per 23 days)
<i>raloxifene oral tablet 60 mg</i>	1	ACA
<i>risedronate oral tablet 150 mg</i>	2	QL (1 per 23 days)
<i>risedronate oral tablet 35 mg</i>	2	QL (4 per 21 days)
<i>risedronate oral tablet 5 mg</i>	2	QL (34 per 34 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	2	QL (4 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	5	PA; SP; QL (1 per 34 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; SP; QL (4 per 21 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; SP; QL (4 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; SP; QL (2 per 21 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; SP; QL (2 per 21 days)
ADALIMUMAB-ADB M SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; SP; QL (2 per 21 days)
ADALIMUMAB-ADB M SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; SP; QL (2 per 21 days)

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
ADALIMUMAB- ADB(M)(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; SP; QL (6 per 365 days)
ADALIMUMAB- ADB(M)(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; SP; QL (4 per 365 days)
ADALIMUMAB- RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; SP; QL (2 per 21 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; SP; QL (4 per 21 days)
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; SP; QL (4 per 21 days)
CYLTEZO(CF) PEN CROHN'S-UC- HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; SP; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS- UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; SP; QL (4 per 365 days)

Drug Name	Drug Tier	Requirements / Limits
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; SP; QL (2 per 21 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; SP; QL (2 per 21 days)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	QL (34 per 34 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; SP; QL (4 per 21 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	5	PA; SP; QL (4 per 21 days)
<i>penicillamine oral capsule 250 mg</i>	3	PA
RIDAURA ORAL CAPSULE 3 MG	3	
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; SP; QL (30 per 23 days)

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; SP; QL (56 per 365 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	ST; QL (68 per 34 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	ST; QL (55 per 34 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; SP; QL (2 per 21 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; SP; QL (1 per 21 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; SP; QL (1 per 21 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	PA; SP
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; SP; QL (480 per 34 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; SP; QL (68 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; SP; QL (34 per 34 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	1	ACA
FC2 FEMALE CONDOM	1	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	1	ACA
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	5	SP
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HR (8 YRS) 52 MG	1	SP; ACA
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	1	SP; ACA

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	5	SP
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	1	ACA; OTC
ESTROGENS & PROGESTINS		
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG	4	
<i>camila oral tablet 0.35 mg</i>	1	ACA
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	2	
<i>covaryx oral tablet 1.25-2.5 mg</i>	2	
<i>deblitane oral tablet 0.35 mg</i>	1	ACA
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 21 days)
DUAVEE ORAL TABLET 0.45-20 MG	4	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	2	
<i>eemt oral tablet 1.25-2.5 mg</i>	2	
<i>emzahh oral tablet 0.35 mg</i>	1	ACA
<i>errin oral tablet 0.35 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	
<i>estradiol transdermal gel in metered-dose pump 1.25 gram/actuation</i>	2	QL (50 per 34 days)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %), 1.25 mg/1.25 gram (0.1 %)</i>	2	QL (34 per 34 days)
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 21 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (4 per 21 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	2	
<i>estradiol vaginal tablet 10 mcg</i>	2	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	2	

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
<i>heather oral tablet 0.35 mg</i>	1	ACA
<i>incassia oral tablet 0.35 mg</i>	1	ACA
<i>jencycla oral tablet 0.35 mg</i>	1	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	2	
<i>lyleq oral tablet 0.35 mg</i>	1	ACA
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	2	QL (8 per 21 days)
<i>lyza oral tablet 0.35 mg</i>	1	ACA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA; QL (1 per 68 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA; QL (1 per 68 days)

Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>mimvey oral tablet 1-0.5 mg</i>	2	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA
<i>norethindrone acetate oral tablet 5 mg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL ORAL TABLET 0.075 MG	1	ACA; OTC
<i>progesterone intramuscular oil 50 mg/ml</i>	5	SP
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	2	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	2	
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	2	
GYNAZOLE-1 VAGINAL CREAM 2 %	4	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
<i>miconazole-3 vaginal suppository 200 mg</i>	2	
MYFEMBREE ORAL TABLET 40-1-0.5 MG	3	PA
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	SP; ACA
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	3	PA
<i>tranexamic acid oral tablet 650 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	3	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	1	ACA; OTC
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>after pill oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	ACA

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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

Drug Name	Drug Tier	Requirements / Limits
<i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>chateal (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>chateal eq (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>curae oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	ACA
<i>cyred oral tablet 0.15-0.03 mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>dolishale oral tablet 90-20 mcg (28)</i>	1	ACA
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	ACA
<i>econtra ez oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>econtra one-step oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	ACA
ELLA ORAL TABLET 30 MG	1	ACA; QL (1 per 34 days)
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	ACA
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	ACA
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>finzala oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>hailey oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>her style oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>iclevia oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA
<i>juleber oral tablet 0.15-0.03 mg</i>	1	ACA
<i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>kaitlib fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	ACA
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	ACA
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	ACA
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	1	ACA
<i>levonorgestrel oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	1	ACA
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>lutra (28) oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>mibelas 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	ACA
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	ACA
<i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>my choice oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>my way oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>new day oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>nikki (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	1	ACA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	1	ACA
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i>	1	ACA
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>option-2 oral tablet 1.5 mg</i>	1	ACA; OTC; QL (1 per 34 days)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	1	ACA; OTC; QL (1 per 34 days)
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	ACA
OXYTOCICS		

Drug Name	Drug Tier	Requirements / Limits
<i>methylergonovine oral tablet 0.2 mg</i>	3	QL (272 per 34 days)
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	3	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
BESIVANCE OPTHALMIC (EYE) DROPS, SUSPENSION 0.6 %	4	
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	3	
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	3	
neomycin- bacitracin- polymyxin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit- unit/g	2	
neomycin- polymyxin- gramicidin ophthalmic (eye) drops 1.75 mg- 10,000 unit- 0.025mg/ml	2	
neo-polycin ophthalmic (eye) ointment 3.5-400- 10,000 mg-unit- unit/g	2	
ofloxacin ophthalmic (eye) drops 0.3 %	2	
polycin ophthalmic (eye) ointment 500- 10,000 unit/gram	2	
polymyxin b sulf- trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	2	
tobramycin ophthalmic (eye) drops 0.3 %	2	
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	3	

Drug Name	Drug Tier	Requirements / Limits
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %</i>	4	
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	3	
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	3	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	5	SP
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment 1 %</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>cyclophen-tropic-phenyleph-watr ophthalmic (eye) drops 1-1-2.5 %</i>	2	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	2	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	2	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRILOPHthalmic (EYE) DROPS 2 %	4	ST
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	2	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	3	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	3	PA; QL (68 per 34 days)
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	2	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
LASTACAFT ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.25 %	4	ST; OTC
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	2	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	3	PA; QL (6 per 34 days)
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	2	
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	5	SP; QL (10 per 34 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	4	ST; NSA: Coverage Limitation May Apply
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i>	4	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	2	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	2	
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	3	
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	4	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	2	
<i>miostat intraocular solution 0.01 %</i>	2	
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	3	ST

Drug Name	Drug Tier	Requirements / Limits
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	2	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	3	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	3	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	2	
STERIODS		

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Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	3	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	2	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %</i>	2	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	2	
<i>cyproheptadine oral tablet 4 mg</i>	2	
<i>desloratadine oral tablet 5 mg</i>	2	NSA: Coverage Limitation May Apply; QL (34 per 34 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	QL (2 per 34 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	2	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	2	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	4	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	4	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	2	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	2	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	2	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	2	
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	4	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	2	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	2	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	2	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	2	
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	2	
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	2	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; SP; LA; QL (102 per 34 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 34 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	2	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	2	
<i>alyq oral tablet 20 mg</i>	5	PA; SP; QL (68 per 34 days)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; SP; LA; QL (34 per 34 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	3	QL (120 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION	3	QL (1 per 34 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 50 MCG/ACTUATION	3	QL (34 per 34 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION	3	QL (13 per 34 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; SP; QL (68 per 34 days)

Drug Name	Drug Tier	Requirements / Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	QL (60 per 34 days)
<i>breyana inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (11 per 34 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	2	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	2	QL (60 per 34 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (11 per 34 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; SP; QL (32 per 21 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	3	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION	3	QL (1 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	3	QL (13 per 34 days)
<i>epinephrine hcl nasal solution 1 mg/ml</i>	2	
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	2	ST; QL (50 per 34 days)
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	QL (16 per 34 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	3	QL (1 per 34 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	QL (1 per 34 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	3	QL (120 per 30 days)

Drug Name	Drug Tier	Requirements / Limits
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; SP; QL (12 per 21 days)
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	QL (1 per 34 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	QL (540 per 34 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	2	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	2	ST; QL (17 per 34 days)
<i>montelukast oral granules in packet 4 mg</i>	2	
<i>montelukast oral tablet 10 mg</i>	2	
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	2	
<i>nebusal inhalation solution for nebulization 3 %</i>	2	
OPSUMIT ORAL TABLET 10 MG	5	PA; SP; LA; QL (34 per 34 days)

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Drug Name	Drug Tier	Requirements / Limits
<i>pirfenidone oral capsule 267 mg</i>	5	PA; SP; QL (270 per 34 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; SP; QL (270 per 34 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; SP; QL (102 per 34 days)
<i>pulmosal inhalation solution for nebulization 7 %</i>	2	
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	PA; SP
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (11 per 34 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (22 per 34 days)
<i>roflumilast oral tablet 250 mcg</i>	2	PA; QL (34 per 34 days)
<i>roflumilast oral tablet 500 mcg</i>	2	PA
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	5	PA; SP; QL (12 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	5	PA; SP; QL (112 per 34 days)
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	5	PA; SP; QL (102 per 34 days)
<i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i>	2	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	QL (4 per 34 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	QL (4 per 34 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	5	PA; SP; QL (68 per 34 days)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	2	
<i>theophylline oral elixir 80 mg/15 ml</i>	2	
<i>theophylline oral solution 80 mg/15 ml</i>	2	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	2	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	5	PA; SP; LA; QL (136 per 34 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	5	PA; SP; QL (56 per 34 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; SP; QL (84 per 34 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16 MCG (112)- 32 MCG (84), 16(112)-32(112) - 48(28) MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; SP
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	3	QL (1 per 34 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	5	PA; SP; LA; QL (2 per 21 days)

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; SP; LA; QL (6 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; SP; LA; QL (4 per 21 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML, 75 MG/0.5 ML	5	PA; SP; LA; QL (2 per 21 days)
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	2	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	4	ST
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	2	
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	2	
<i>flavoxate oral tablet 100 mg</i>	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	
<i>oxybutynin chloride oral tablet 5 mg</i>	2	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	3	
<i>methen-sod phosph meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	3	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	2	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	
<i>sodium citrate-citric acid oral solution 490-640 mg/5 ml</i>	2	
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	3	
<i>urimar-t oral tablet 120-10.8-0.12 mg</i>	3	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	3	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	3	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	3	
<i>uro-sp oral capsule 118-10-40.8-36 mg</i>	3	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	3	

URINARY ANESTHETICS

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Drug Name	Drug Tier	Requirements / Limits
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	2	QL (408 per 34 days)
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	4	QL (408 per 34 days)
<i>effer-k oral tablet, effervescent 25 meq</i>	2	
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	
<i>klor-con 8 oral tablet extended release 8 meq</i>	2	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	
<i>klor-con oral packet 20 meq</i>	2	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	2	

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

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Drug Name	Drug Tier	Requirements / Limits
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	1	ACA; OTC
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	2	
<i>complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg</i>	2	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	2	
<i>dialyvite 800 oral tablet 0.8 mg</i>	1	ACA; OTC
<i>dodex injection solution 1,000 mcg/ml</i>	2	
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2	
<i>ferocon oral capsule 110-0.5 mg</i>	1	ACA; OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>folitab oral tablet extended release 105 mg iron- 500 mg-800 mcg</i>	1	ACA; OTC
<i>folivane-ob oral capsule 85-1 mg</i>	2	
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	1	ACA; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	ACA; OTC
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	2	
<i>kobee oral tablet 0.4 mg</i>	1	ACA; OTC
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	2	
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	ACA; OTC
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	2	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	2	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	2	
<i>newgen oral tablet 32-1,000 mg-mcg</i>	2	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	1	ACA; OTC
<i>pnv-dha oral capsule 27 mg iron-1 mg - 300 mg</i>	2	
<i>pnv-omega oral capsule 28-1-300 mg</i>	2	
<i>pnv-select oral tablet 27-1 mg</i>	2	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	2	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	2	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	2	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	2	
<i>prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	2	
<i>prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	2	
<i>prenatabs fa oral tablet 29-1 mg</i>	2	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	1	ACA; OTC
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron-800 mcg-250 mg</i>	1	ACA; OTC
<i>prenatal multivitamins oral tablet 28 mg iron-800 mcg</i>	1	ACA; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	2	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	2	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	ACA; OTC

January 2025 You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal-u oral capsule 106.5-1 mg</i>	2	
<i>rena-vite oral tablet 0.8 mg</i>	1	ACA; OTC
<i>se-natal 19 chewable oral tablet, chewable 29 mg iron- 1 mg</i>	2	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	2	
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	1	ACA; OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	1	ACA; OTC
<i>super b-50 complex oral capsule 400 mcg-20 mg- 50 mg</i>	1	ACA; OTC
<i>super quintis oral tablet 0.4 mg</i>	1	ACA; OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	2	
<i>tricon oral capsule 110-0.5 mg</i>	1	ACA; OTC
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	2	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC
<i>wescap-c dha oral capsule 35-1-200 mg</i>	2	
<i>wescap-pn dha oral capsule 27 mg iron- 1 mg -300 mg</i>	2	
<i>wesnatal dha complete oral combo pack 29 mg iron- 1 mg-200 mg</i>	2	
<i>wesnate dha oral capsule 28 mg iron- 1 mg -200 mg</i>	2	
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