

2023



Health Insurance Exchange

COMPREHENSIVE FORMULARY



**CHRISTUS Health Plan
Louisiana covers members
in the following counties:**

Bossier
Caddo
Calcasieu
Grant
Rapides
Red River
Vernon

CHRISTUS Health Plan

2023 Formulary

Revised: October 05, 2022

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

Note to members:

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CHRISTUS Health Plan. When it refers to “plan” or “our plan,” it means CHRISTUS Health Plan.

This document includes a list of the drugs (formulary) for our plan, which is current as of formulary revision date.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the CHRISTUS Health Plan Formulary?

A formulary is a list of covered drugs selected by CHRISTUS Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. CHRISTUS Health Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CHRISTUS Health Plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of October 05, 2022. To get updated information about the drugs covered by CHRISTUS Health Plan, please contact our Member Services at 1-844-282-3025 or for TTY users, 711 or visit christushealthplan.org.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

By Medical Condition:

The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR, HYPERTENSION/LIPIDS. If you know, what your drug is used for, look for the category name in the list that begins on page 8. Then look under the category name for your drug.

By Alphabetical Listing:

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 92. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

CHRISTUS Health Plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** CHRISTUS Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CHRISTUS Health Plan before you fill your prescriptions. If you do not get approval, CHRISTUS Health Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, CHRISTUS Health Plan limits the amount of the drug that CHRISTUS Health Plan will cover. For example, CHRISTUS Health Plan provides 30 per 30 days per prescription for AFINITOR.
- **Step Therapy:** In some cases, CHRISTUS Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, CHRISTUS Health Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CHRISTUS Health Plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask CHRISTUS Health Plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section in your Evidence of Coverage “Prescription Drugs/Medications.”

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that CHRISTUS Health Plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CHRISTUS Health Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by CHRISTUS Health Plan.
- You can ask CHRISTUS Health Plan to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the mandatory CHRISTUS Health Plan Formulary?

You can ask CHRISTUS Health Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CHRISTUS Health Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, CHRISTUS Health Plan will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

For requests for benefits that do not involve exceptions, the Plan will provide notice of its decision within 24 hours after receiving an expedited request or 72 hours after receiving a standard request. For requests for benefits that involve exceptions, the adjudication timeframes do not begin until the member’s prescriber submits his or her supporting statement to the Plan for review. For payment requests, including payment

requests that involve exceptions, CHRISTUS Health Plan will provide written notice of its decision (and make payment when appropriate) within 14 calendar days after receiving a request.

If CHRISTUS Health Plan coverage determination is unfavorable, the decision will contain the information needed to file a request for appeal/ redetermination with the Plan.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

For more information

For more detailed information about your CHRISTUS Health Plan prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CHRISTUS Health Plan, please contact our Member Services at 1-844-282-3025 or for TTY users, 711 or visit christushealthplan.org.

CHRISTUS Health Plan Formulary

The formulary that begins on page 9 provides coverage information about some of the drugs covered by CHRISTUS Health Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 92.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., ACCUPRIL) and generic drugs are listed in lower-case italics (e.g. *furosemide*).

The information in the Requirements/Limits column tells you if CHRISTUS Health Plan has any special requirements for coverage of your drug.

Below is a list of abbreviations and that may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug.

List of Abbreviations

- 1:** Preferred Generic
- 2:** Non-Preferred Generic
- 3:** Preferred Brand
- 4:** Non-Preferred Drugs
- 5:** Specialty

\$ - Under \$100
\$\$ - \$100 - \$250
\$\$\$ - \$251 - \$500
\$\$\$\$ - \$501 - \$1000
\$\$\$\$\$ - Over \$1000

ACA: Affordable Care Act.

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

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

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

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

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

Legend:

Copay Amount by Drug Tier: You will pay either a copay or coinsurance amount for drugs in tiers 1 through 4. You will pay a coinsurance for tier 5. The amount you pay per prescription for drugs in tiers 1 through 5 may vary each time you fill a prescription. The copay and coinsurance amounts depend on the plan and metal level you selected. The chart below shows the range of copays or coinsurance you may pay. Cost sharing for specialty drugs is limited to \$150 per prescription for a standard 30-day supply. Prescriptions for birth control are not subject to deductible, and do not have a copayment.

For your specific copay and coinsurance amounts please refer to your Summary of Benefits or visit our website at www.christushealthplan.org

Tier Number	Tier Name	Copay for a one-month supply filled at a network pharmacy with standard cost-sharing
0	ACA Drugs*	\$0
1	(Preventive) Preferred Generic Drugs	\$0-\$20 or 30% or 30-50% after deductible
2	Non-Preferred Generic Drugs	\$0-\$35 or \$60-\$100 after deductible Or 30% or 30-50% after deductible
3	Preferred Brand Drugs	\$0-\$100 or \$60-\$100 after deductible Or 30% or 30-50% after deductible
4	Non-Preferred Drugs	\$0-\$80 or \$95 after deductible or 30% or 40-50% after deductible
5	Specialty Drugs	\$0-\$125 or 30%-45% or 40%-50% after deductible

*Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor.

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Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ANCOBON	4	
<i>clotrimazole mucous membrane</i>	2	
CRESEMBA ORAL	3	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION	4	
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG	4	
DIFLUCAN ORAL TABLET 150 MG	4	QL
<i>fluconazole oral suspension for reconstitution</i>	2	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	2	
<i>fluconazole oral tablet 150 mg</i>	2	QL
<i>flucytosine</i>	2	
<i>griseofulvin microsize</i>	2	
<i>griseofulvin ultramicrosize</i>	2	
<i>itraconazole oral capsule</i>	2	QL
<i>itraconazole oral solution</i>	2	
<i>ketoconazole oral</i>	2	
NOXAFIL ORAL SUSPENSION	3	PA
<i>nystatin oral</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ORAVIG	4	
<i>posaconazole</i>	3	PA
SPORANOX ORAL SOLUTION	4	
SPORANOX PULSEPAK	4	QL
<i>terbinafine hcl oral</i>	2	
VFEND	4	PA
<i>voriconazole oral</i>	2	PA
ANTIVIRALS		
<i>abacavir</i>	2	
<i>abacavir-lamivudine</i>	2	
<i>acyclovir oral capsule</i>	2	
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	
<i>acyclovir oral tablet</i>	2	
<i>adefovir</i>	2	
<i>amantadine hcl</i>	2	
APTIVUS	3	
<i>atazanavir</i>	2	
BARACLUDE ORAL SOLUTION	3	
BIKTARVY	3	
CIMDUO	3	
COMBIVIR	4	
DESCOVY	3	
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	
DOVATO	3	
EDURANT	3	

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

Drug Name	Drug Tier	Requirements / Limits
<i>efavirenz</i>	2	
<i>efavirenz-emtricitabin-tenofov</i>	2	
<i>efavirenz-lamivu-tenofov disop</i>	2	
<i>emtricitabine</i>	2	
<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 CAPSULE	4	
EMTRIVA ORAL SOLUTION	3	
<i>entecavir</i>	2	
EPCLUSA	5	PA; QL
EPIVIR	4	
EPIVIR HBV ORAL SOLUTION	3	
EPIVIR HBV ORAL TABLET	4	
EPZICOM	4	
<i>etravirine</i>	2	
EVOTAZ	4	
<i>famciclovir</i>	2	QL
FLUMADINE ORAL TABLET	4	
<i>fosamprenavir</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN	5	
GENVOYA	3	
HARVONI	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HEPSERA	4	
INTELENCE ORAL TABLET 25 MG	3	
INVIRASE ORAL TABLET	3	
ISENTRESS	3	
ISENTRESS HD	3	
JULUCA	3	
KALETRA	4	
LAGEVRIO (EUA)	3	QL
<i>lamivudine</i>	2	
<i>lamivudine-zidovudine</i>	2	
LEXIVA ORAL SUSPENSION	3	
LEXIVA ORAL TABLET	4	
LIVTENCITY	4	PA; QL
<i>lopinavir-ritonavir</i>	2	
<i>maraviroc</i>	2	
<i>nevirapine</i>	2	
NORVIR ORAL POWDER IN PACKET	3	
NORVIR ORAL SOLUTION	3	
NORVIR ORAL TABLET	4	
ODEFSEY	3	
<i>oseltamivir</i>	2	QL
PAXLOVID (EUA)	3	
PREVYMIS ORAL	3	QL
PREZISTA ORAL SUSPENSION	3	

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

Drug Name	Drug Tier	Requirements / Limits
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	3	
RELENZA DISKHALER	4	QL
RETROVIR ORAL CAPSULE	4	
RETROVIR ORAL SYRUP	4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	
REYATAZ ORAL POWDER IN PACKET	3	
<i>ribavirin inhalation</i>	2	PA
<i>rimantadine</i>	2	
<i>ritonavir</i>	2	
SELZENTRY	3	
<i>stavudine oral capsule 15 mg, 20 mg, 40 mg</i>	2	
SUSTIVA	4	
SYMFI	3	
SYMFI LO	3	
SYMITUZA	3	
TAMIFLU	4	QL
TEMIXYS	3	
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	3	
TRIUMEQ PD	3	
TRIZIVIR	4	

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	
<i>cefadroxil oral tablet</i>	2	
<i>cefdinir</i>	2	
<i>cefditoren pivoxil</i>	2	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	2	
<i>cefprozil</i>	2	
<i>cefuroxime axetil oral tablet</i>	2	
<i>cephalexin</i>	2	
SUPRAX ORAL CAPSULE	4	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION	4	
SUPRAX ORAL TABLET,CHEWABLE	4	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	2	
<i>clarithromycin</i>	2	
DIFICID	4	QL
<i>e.e.s. 400 oral tablet</i>	2	
E.E.S. GRANULES	4	
ERYPED 200	4	
ERYPED 400	4	
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	4	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	
<i>erythromycin ethylsuccinate oral tablet</i>	2	
<i>erythromycin oral</i>	2	
ZITHROMAX ORAL PACKET	4	
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	4	
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	4	QL
<i>albendazole</i>	2	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ARAKODA	4	QL
ARIKAYCE	5	PA; LA

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>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	1	QL
BENZNIDAZOLE	3	QL
BETHKIS	5	PA; QL
BILTRICIDE	4	
CAYSTON	5	LA; QL
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	4	
CLEOCIN PEDIATRIC	4	
<i>clindamycin hcl</i>	2	
<i>clindamycin pediatric</i>	2	
COARTEM	3	QL
CYCLOSERINE	4	
<i>dapsone oral</i>	2	
DARAPRIM	5	PA
EMVERM	3	QL
<i>ethambutol</i>	2	
FLAGYL ORAL CAPSULE	4	
HUMATIN	5	
HYDROXYCHLOR OQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>imipenem-cilastatin intravenous recon soln 500 mg</i>	2	
IMPAVIDO	3	QL
<i>isoniazid oral</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin oral</i>	2	PA; QL
KITABIS PAK	5	PA; QL
KRINTAFEL	4	QL
<i>linezolid</i>	2	PA
MALARONE	4	QL
MALARONE PEDIATRIC	4	QL
<i>mefloquine</i>	1	QL
MEPRON	4	
<i>metronidazole oral</i>	2	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN	4	
NEBUPENT	4	QL
<i>neomycin</i>	2	
<i>nitazoxanide</i>	2	QL
<i>paromomycin</i>	2	
PASER	4	
<i>pentamidine inhalation</i>	2	QL
<i>praziquantel</i>	2	
PRETOMANID	4	PA
PRIFTIN	3	
<i>primaquine</i>	1	QL
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	5	PA
QUALAQUIN	4	QL
<i>quinine sulfate</i>	2	QL
<i>rifabutin</i>	2	
<i>rifampin oral</i>	2	
SIRTURO	3	PA; LA
SIVEXTRO ORAL	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
SOLOSEC	3	QL
STROMEKTOL	4	PA; QL
<i>tinidazole</i>	2	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL
<i>tobramycin in 0.225 % nacl</i>	5	PA; QL
<i>tobramycin inhalation</i>	5	PA; QL
TOBRAMYCIN WITH NEBULIZER	5	PA; QL
TRECTOR	4	
XENLETA ORAL	4	
XIFAXAN	3	QL
ZYVOX ORAL	4	PA
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	
<i>amoxicillin oral suspension for reconstitution</i>	2	
<i>amoxicillin oral tablet</i>	2	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	
<i>amoxicillin-pot clavulanate</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML	4	
AUGMENTIN XR	4	
<i>dicloxacillin</i>	2	
MOXATAG	4	
<i>penicillin v potassium</i>	2	
QUINOLONES		
BAXDELA ORAL	3	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin</i>	2	
<i>ciprofloxacin hcl oral</i>	2	
FACTIVE	4	
<i>levofloxacin oral</i>	2	
<i>moxifloxacin oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	2	
SULFA'S & RELATED AGENTS		
BACTRIM	4	
BACTRIM DS	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	2	
<i>sulfatrim</i>	2	
TETRACYCLINES		
ACTICLATE	4	ST
<i>avidoxy</i>	2	
AVIDOXY DK	4	ST
<i>coremino</i>	2	ST
<i>demeclocycline</i>	2	
<i>doxycycline hyclate oral capsule</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	
<i>doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg</i>	2	ST
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	2	ST
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 150 mg</i>	2	ST
<i>doxycycline monohydrate oral suspension for reconstitution</i>	2	
<i>doxycycline monohydrate oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>minocycline oral capsule</i>	2	
<i>minocycline oral tablet</i>	2	
<i>minocycline oral tablet extended release 24 hr</i>	2	ST
MINOLIRA ER	4	ST
<i>mondoxyne nl</i>	2	
MONODOX	4	ST
MORGIDOX 1X 50	4	ST
MORGIDOX 2X100	4	ST
<i>morgidox oral capsule 100 mg</i>	2	
NUZYRA ORAL	4	QL
SEYSARA	4	PA
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	4	ST
TARGADOX	4	ST
<i>tetracycline</i>	2	
VIBRAMYCIN (CALCIUM)	4	ST
VIBRAMYCIN (MONO)	4	ST
VIBRAMYCIN ORAL CAPSULE 100 MG	4	ST
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	2	
FURADANTIN	4	
HIPREX	4	

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

Drug Name	Drug Tier	Requirements / Limits
MACROBID	4	
MACRODANTIN	4	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	
MONUROL	4	
<i>nitrofurantoin</i>	2	
<i>nitrofurantoin macrocrystal</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	2	
PRIMSOL	4	
<i>trimethoprim</i>	2	
VANCOMYCIN		
VANCOCIN	4	QL
<i>vancomycin oral</i>	2	QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	2	
MESNEX ORAL	3	
VISTOGARD	5	PA; QL
XGEVA	5	PA; QL
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone</i>	5	PA; QL
ALECENSA	5	PA; QL
ALKERAN	4	
ALUNBRIG	5	PA; QL
<i>anastrozole</i>	2	ACA
AROMASIN	4	

Drug Name	Drug Tier	Requirements / Limits
ASTAGRAF XL	4	ST
AYVAKIT	5	PA; LA; QL
AZASAN	4	
<i>azathioprine</i>	2	
BALVERSA	5	PA; LA
BEVACIZUMAB INTRAVITREAL SYRINGE 1.25 MG/0.05 ML	4	
<i>bexarotene</i>	5	PA
<i>bicalutamide</i>	2	
BOSULIF	5	PA; QL
BRAFTOVI	5	PA; LA; QL
BRUKINSA	5	PA; LA
CABOMETYX	5	PA; LA; QL
CALQUENCE (ACALABRUTINIB MAL)	5	LA
<i>capecitabine</i>	5	PA; QL
CAPRELSA	5	PA; LA; QL
CASODEX	4	
CELLCEPT	4	
COMETRIQ	5	PA; QL
COPIKTRA	5	PA; LA; QL
COTELLIC	5	PA; LA; QL
<i>cyclophosphamide oral capsule</i>	2	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
<i>cyclosporine modified</i>	2	
<i>cyclosporine oral capsule</i>	2	
DAURISMO	5	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
DROXIA	3	
ELIGARD	5	PA
ELIGARD (3 MONTH)	5	PA
ELIGARD (4 MONTH)	5	PA
ELIGARD (6 MONTH)	5	PA
EMCYT	3	
ENSPRYNG	5	PA
ERIVEDGE	5	PA; QL
ERLEADA	5	PA; QL
<i>erlotinib</i>	5	PA; QL
<i>etoposide oral</i>	2	
<i>everolimus (antineoplastic)</i>	5	PA; QL
<i>everolimus (immunosuppressive)</i>	2	
<i>exemestane</i>	2	ACA
EXKIVITY	5	PA; QL
FARESTON	4	
FARYDAK	5	PA; QL
FEMARA	4	
<i>flutamide</i>	2	
GAVRETO	5	PA; LA; QL
<i>gengraf</i>	2	
GILOTRIF	5	PA; QL
GLEOSTINE	3	
GLIADEL WAFER	4	
HYCAMTIN ORAL	5	PA
HYDREA	4	
<i>hydroxyurea</i>	2	
IBRANCE	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
ICLUSIG	5	PA; QL
IDHIFA	5	PA; LA; QL
<i>imatinib</i>	5	QL
IMBRUVICA ORAL CAPSULE	5	PA; QL
IMBRUVICA ORAL TABLET	5	PA; QL
IMURAN	4	
INLYTA	5	PA; QL
IRESSA	5	PA; QL
JAKAFI	5	PA; QL
JELMYTO	5	PA
KOSELUGO	5	PA
<i>lapatinib</i>	5	PA; QL
LENVIMA	5	PA; QL
<i>letrozole</i>	2	
LEUKERAN	3	
<i>leuprolide subcutaneous kit</i>	5	PA
LONSURF	5	PA
LORBRENA	5	PA; QL
LUPRON DEPOT	5	PA
LUPRON DEPOT (3 MONTH)	5	PA
LUPRON DEPOT (4 MONTH)	5	PA
LUPRON DEPOT (6 MONTH)	5	PA
LUPRON DEPOT-PED	5	PA
LUPRON DEPOT-PED (3 MONTH)	5	PA
LYNPARZA	5	PA; QL
LYSODREN	5	

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
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	
<i>megestrol oral tablet</i>	2	
MEKINIST	5	PA; QL
MEKTOVI	5	PA; LA; QL
<i>melphalan</i>	2	
<i>mercaptopurine</i>	2	
<i>methotrexate sodium</i>	2	
<i>methotrexate sodium (pf)</i>	2	
<i>mycophenolate mofetil</i>	2	
<i>mycophenolate sodium</i>	2	
MYFORTIC	4	
MYLERAN	3	
NEORAL	4	
NERLYNX	5	PA; LA
NEXAVAR	5	PA; LA; QL
NILANDRON	4	PA
<i>nilutamide</i>	2	PA
NINLARO	5	PA; QL
NUBEQA	5	PA; LA; QL
<i>octreotide acetate</i>	5	PA
ODOMZO	5	PA; LA; QL
PEMAZYRE	5	PA; LA; QL
PROGRAF ORAL CAPSULE	4	
PROGRAF ORAL GRANULES IN PACKET	3	

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

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Drug Name	Drug Tier	Requirements / Limits
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	5	PA; QL
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG	5	PA
<i>tamoxifen</i>	2	ACA
TARCEVA	5	PA; QL
TARGRETIN TOPICAL	5	PA
TASIGNA	5	PA; QL
TAZVERIK	5	PA; LA
TEMODAR ORAL CAPSULE 250 MG	5	PA
<i>temozolomide</i>	5	PA
THALOMID	5	PA; QL
TIBSOVO	5	PA
<i>toremifene</i>	2	
<i>tretinoin (antineoplastic)</i>	2	
TREXALL	4	
TUKYSA	5	PA; LA; QL
TURALIO	5	PA; LA; QL
TYKERB	5	PA; LA; QL
VENCLEXTA	5	PA; LA; QL
VENCLEXTA STARTING PACK	5	PA; QL
VERZENIO	5	PA; LA; QL
VIJOICE	5	PA
VITRAKVI	5	PA; LA; QL
VIZIMPRO	5	PA; QL
VONJO	5	PA; QL
VOTRIENT	5	PA; QL
WELIREG	5	PA; LA

Drug Name	Drug Tier	Requirements / Limits
XALKORI	5	PA; QL
XELODA	5	PA; QL
XERMELO	5	PA; LA; QL
XOSPATA	5	PA; LA; QL
XTANDI	5	PA; QL
YONSA	5	PA; QL
ZEJULA	5	PA; LA; QL
ZELBORAF	5	PA; QL
ZOLINZA	5	PA; QL
ZORTRESS	4	
ZYDELIG	5	PA; QL
ZYKADIA ORAL TABLET	5	PA; QL

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

BRIVIACT ORAL	4	
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable</i>	2	
CARBATROL	4	
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam</i>	2	PA
<i>clonazepam</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
DEPAKOTE	4	ST
DEPAKOTE ER	4	ST
DEPAKOTE SPRINKLES	4	ST
DIACOMIT	5	PA
DIASTAT	4	
DIASTAT ACUDIAL	4	
<i>diazepam rectal</i>	2	
DILANTIN	3	
DILANTIN EXTENDED	4	
DILANTIN INFATABS	4	
DILANTIN-125	4	
<i>divalproex</i>	2	
EPIDIOLEX	5	PA; LA
<i>epitol</i>	2	
EQUETRO	4	
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	
FELBATOL	4	
FYCOMPA	3	
<i>gabapentin oral capsule</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	
GABITRIL	4	

Drug Name	Drug Tier	Requirements / Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR	4	ST
<i>lacosamide oral</i>	2	
LAMICTAL XR STARTER (BLUE)	4	ST
LAMICTAL XR STARTER (GREEN)	4	ST
LAMICTAL XR STARTER (ORANGE)	4	ST
<i>lamotrigine</i>	2	
<i>levetiracetam oral</i>	2	
MYSOLINE	4	
NAYZILAM	3	PA; QL
<i>oxcarbazepine</i>	2	
OXTELLAR XR	4	ST
<i>phenobarbital</i>	2	
PHENYTEK	4	
<i>phenytoin oral suspension</i>	2	
<i>phenytoin oral tablet, chewable</i>	2	
<i>phenytoin sodium extended</i>	2	
<i>pregabalin oral capsule</i>	2	
<i>pregabalin oral solution</i>	2	
<i>pregabalin oral tablet extended release 24 hr</i>	2	ST
<i>primidone</i>	2	
QUDEXY XR	4	ST
<i>roweepra</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>rufinamide</i>	2	PA
SPRITAM	4	ST
<i>subvenite</i>	2	
<i>subvenite starter (blue) kit</i>	2	
<i>subvenite starter (green) kit</i>	2	
<i>subvenite starter (orange) kit</i>	2	
SYMPAZAN	4	PA
TEGRETOL ORAL SUSPENSION	4	
TEGRETOL ORAL TABLET	4	
TEGRETOL XR	4	
<i>tiagabine</i>	2	
<i>topiramate oral capsule, sprinkle</i>	2	
<i>topiramate oral capsule, sprinkle, er 24hr</i>	2	ST
<i>topiramate oral tablet</i>	2	
TROKENDI XR	4	ST
<i>valproic acid</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	4	PA; QL
<i>vigabatrin</i>	5	PA; LA
<i>vigadrone</i>	5	PA
XCOPRI	4	QL

Drug Name	Drug Tier	Requirements / Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	4	QL
XCOPRI TITRATION PACK	4	QL
ZARONTIN	4	
<i>zonisamide</i>	2	
ZTALMY	5	PA
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	5	QL
AZILECT	4	ST
<i>benztropine oral</i>	2	
<i>bromocriptine</i>	2	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
COMTAN	4	
DUOPA	5	
<i>entacapone</i>	2	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	PA; QL
LODOSYN	4	

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Drug Name	Drug Tier	Requirements / Limits
MIRAPEX ER	4	
NEUPRO	4	
NOURIANZ	5	PA; LA; QL
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 322 MG/DAY(129 MG X1-193MG X1)	5	PA; QL
PARLODEL	4	
<i>pramipexole</i>	2	
<i>rasagiline</i>	2	
<i>ropinirole</i>	2	
RYTARY	4	
<i>selegiline hcl</i>	2	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	4	
STALEVO 100	4	
STALEVO 125	4	
STALEVO 150	4	
STALEVO 200	4	
STALEVO 50	4	
STALEVO 75	4	
TASMAR ORAL TABLET 100 MG	4	
<i>tolcapone</i>	2	
<i>trihexyphenidyl</i>	2	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; QL
AJOVY AUTOINJECTOR	3	PA; QL
AJOVY SYRINGE	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>almotriptan malate</i>	2	QL
<i>dihydroergotamine injection</i>	2	
<i>dihydroergotamine nasal</i>	2	ST; QL
<i>eletriptan</i>	2	QL
EMGALITY PEN	3	PA; QL
EMGALITY SYRINGE	3	PA; QL
ERGOMAR	4	
<i>ergotamine-caffeine</i>	2	
FROVA	4	ST; QL
<i>frovatriptan</i>	2	QL
<i>migergot</i>	2	
MIGRANAL	4	ST; QL
<i>naratriptan</i>	2	QL
NURTEC ODT	3	PA; QL
QULIPTA	3	PA; QL
REYVOW	4	PA; QL
<i>rizatriptan</i>	2	QL
<i>sumatriptan</i>	2	QL
<i>sumatriptan succinate oral</i>	2	QL
<i>sumatriptan succinate subcutaneous cartridge</i>	2	QL
<i>sumatriptan succinate subcutaneous pen injector</i>	2	QL
<i>sumatriptan succinate subcutaneous solution</i>	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan-naproxen</i>	2	ST; QL
TOSYMRA	4	ST; QL
TRUDHESA	4	ST; QL
UBRELVY	3	PA; QL
ZEMBRACE SYMTOUCH	4	ST; QL
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	ST; QL
<i>zolmitriptan oral</i>	2	QL
ZOMIG NASAL	3	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
ARICEPT	4	ST
AUSTEDO	5	PA; LA; QL
<i>dalfampridine</i>	5	PA; QL
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	
<i>donepezil oral tablet 23 mg</i>	2	ST
<i>donepezil oral tablet,disintegrating</i>	2	
EVRYSDI	5	PA; LA; QL
EXELON PATCH	4	ST
FIRDAPSE	5	PA; LA
<i>galantamine</i>	2	
HORIZANT	4	ST
INGREZZA ORAL CAPSULE 60 MG	5	PA; LA; QL
KEVEYIS	5	PA
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	
<i>memantine oral solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>memantine oral tablet</i>	2	
MEMANTINE ORAL TABLETS,DOSE PACK	4	
NAMENDA ORAL TABLET	4	ST
NAMENDA TITRATION PAK	4	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	
NAMZARIC	3	ST
NUEDEXTA	3	PA
NULIBRY	5	PA
RADICAVA ORS STARTER KIT SUSP	5	
RAZADYNE ER	4	ST
<i>rivastigmine</i>	2	
<i>rivastigmine tartrate</i>	2	
TEGSEDI	5	PA; LA
<i>tetrabenazine</i>	5	PA; QL
ZEPOSIA	5	PA; QL
ZEPOSIA STARTER KIT	5	PA; QL
ZEPOSIA STARTER PACK	5	PA; QL
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	
<i>carisoprodol</i>	2	
<i>carisoprodol-aspirin</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>carisoprodol-aspirin-codeine</i>	2	
<i>chlorzoxazone</i>	2	
<i>cyclobenzaprine oral capsule, extended release 24hr</i>	2	PA
<i>cyclobenzaprine oral tablet</i>	2	
DANTRIUM ORAL CAPSULE 25 MG	4	
<i>dantrolene oral</i>	2	
FEXMID	4	ST
LORZONE	4	ST
<i>meprobamate</i>	2	
<i>metaxalone</i>	2	
<i>methocarbamol oral</i>	2	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml)</i>	2	
NORGESIC	4	
NORGESIC FORTE	4	
<i>orphenadrine citrate oral</i>	2	
<i>orphenadrine-asa-caffeine</i>	2	
<i>orphengesic forte</i>	2	
<i>pyridostigmine bromide oral syrup</i>	2	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	4	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>pyridostigmine bromide oral tablet extended release</i>	2	
SOMA	4	
<i>tizanidine</i>	2	
<i>vanadom</i>	2	
ZANAFLEX	4	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	2	
<i>acetaminophen-caff-dihydrocod oral tablet</i>	2	ST
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	2	
<i>acetaminophen-codeine oral tablet</i>	2	
ACTIQ	4	PA; QL
<i>ascomp with codeine</i>	2	
BELBUCA BUCCAL FILM 150 MCG, 450 MCG, 750 MCG, 900 MCG	3	PA; QL
BELBUCA BUCCAL FILM 300 MCG, 600 MCG, 75 MCG	3	ST; QL
<i>buprenorphine</i>	2	ST
<i>buprenorphine hcl sublingual</i>	2	
<i>butalbital compound w/codeine</i>	2	
<i>butalbital-acetaminop-caf-cod</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen</i>	2	
<i>butalbital-acetaminophen-caff</i>	2	
<i>butalbital-aspirin-caffeine</i>	2	
<i>codeine sulfate</i>	2	
<i>codeine-bitalbital-asa-caff</i>	2	ST
DILAUDID	4	
<i>diskets</i>	2	PA
DSUVIA	4	
<i>endocet</i>	2	
ESGIC	4	ST
<i>fentanyl</i>	2	PA; ST; QL
<i>fentanyl citrate buccal lozenge on a handle</i>	2	PA; QL
FIORICET	4	ST
FIORICET WITH CODEINE	4	ST
<i>hydrocodone bitartrate</i>	2	ST; QL
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)</i>	2	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	ST
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-ibuprofen</i>	2	
<i>hydromorphone oral liquid</i>	2	
<i>hydromorphone oral tablet</i>	2	
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL
<i>hydromorphone rectal</i>	2	
HYSINGLA ER	3	ST; QL
<i>levorphanol tartrate oral tablet 2 mg</i>	2	
<i>levorphanol tartrate oral tablet 3 mg</i>	2	PA
LORTAB ELIXIR	4	
<i>meperidine oral solution</i>	2	
<i>meperidine oral tablet 50 mg</i>	2	
<i>methadone oral concentrate</i>	2	PA
<i>methadone oral solution</i>	2	PA
<i>methadone oral tablet</i>	2	PA
<i>methadone oral tablet,soluble</i>	2	PA
<i>methadose oral concentrate</i>	2	PA
<i>methadose oral tablet,soluble</i>	2	PA
<i>morphine concentrate oral solution</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; QL
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	2	PA; QL
<i>morphine oral solution</i>	2	
<i>morphine oral tablet</i>	2	
<i>morphine oral tablet extended release</i>	2	PA; QL
<i>morphine rectal</i>	2	
MS CONTIN	4	PA; QL
NALOCET	4	
OXAYDO	4	
<i>oxycodone oral capsule</i>	2	
<i>oxycodone oral concentrate</i>	2	
<i>oxycodone oral solution</i>	2	
<i>oxycodone oral tablet</i>	2	
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	2	ST
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	2	PA
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 7.5-300 mg</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-325 mg</i>	2	
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR	3	ST; QL
<i>oxymorphone oral tablet</i>	2	
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; ST; QL
<i>prolactin oral tablet</i>	2	ST
ROXICODONE	4	
<i>tencon</i>	2	
TREZIX	4	
<i>vtol lq</i>	2	
<i>zebutal</i>	2	
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
ANAPROX DS	4	ST
ARTHROTEC 50	4	ST
ARTHROTEC 75	4	ST
<i>aspirin oral tablet</i>	1	ACA; OTC
<i>aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1	ACA; OTC
<i>aspir-trin</i>	1	ACA; OTC
<i>bayer aspirin</i>	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	
<i>butorphanol injection</i>	2	
<i>butorphanol nasal</i>	2	QL
CAMBIA	4	ST; QL
<i>cataflam</i>	2	
<i>celecoxib</i>	2	ST
<i>children's aspirin</i>	1	ACA; OTC
<i>choline,magnesium salicylate</i>	2	
DAYPRO	4	ST
<i>diclofenac potassium oral capsule</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	
<i>diclofenac sodium oral</i>	2	
<i>diclofenac sodium topical drops</i>	2	QL
<i>diclofenac sodium topical gel 1 %</i>	2	ST; QL
<i>diclofenac sodium topical solution in metered-dose pump</i>	2	QL
<i>diclofenac-misoprostol</i>	2	
<i>diflunisal</i>	2	
DISALCID	4	
DUEXIS	4	ST
EC-NAPROSYN	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>ecotrin</i>	1	ACA; OTC
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac</i>	2	
FELDENE	4	ST
<i>fenoprofen oral capsule 400 mg</i>	2	ST
<i>fenoprofen oral tablet</i>	2	ST
FLECTOR	3	ST; QL
<i>flurbiprofen oral tablet 100 mg</i>	2	
<i>ibu</i>	2	
<i>ibuprofen oral suspension</i>	2	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	2	
<i>ibuprofen-famotidine</i>	2	ST
<i>indomethacin oral</i>	2	
<i>ketoprofen oral capsule 25 mg</i>	2	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	2	ST
<i>ketorolac oral</i>	2	QL
KLOXXADO	3	QL
LICART	3	ST; QL
LODINE ORAL TABLET	4	ST
<i>lofena</i>	2	
<i>meclofenamate</i>	2	
<i>mefenamic acid</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam oral tablet 15 mg</i>	2	
<i>meloxicam oral tablet 7.5 mg</i>	2	QL
<i>nabumetone</i>	2	
NALFON ORAL TABLET	4	ST
<i>naloxone injection solution</i>	2	
<i>naloxone injection syringe</i>	2	
<i>naloxone nasal</i>	2	QL
<i>naltrexone</i>	2	
NAPRELAN CR	4	ST
NAPROSYN ORAL SUSPENSION	4	ST
NAPROSYN ORAL TABLET 500 MG	4	ST
<i>naproxen oral suspension</i>	2	ST
<i>naproxen oral tablet</i>	2	
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	2	ST
NAPROXEN SODIUM ORAL TABLET, ER MULTIPHASE 24 HR 750 MG	4	ST
<i>naproxen-esomeprazole</i>	2	ST

Drug Name	Drug Tier	Requirements / Limits
NARCAN	3	QL
<i>oxaprozin</i>	2	
<i>pentazocine-naloxone</i>	2	
<i>piroxicam</i>	2	
RELAFEN	4	ST
<i>salsalate</i>	2	
SPRIX	5	ST; QL
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>sulindac</i>	2	
<i>tolmetin oral tablet 200 mg</i>	2	
<i>tramadol oral tablet 50 mg</i>	2	QL
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	ST; QL
<i>tramadol-acetaminophen</i>	2	QL
ULTRACET	4	QL
ULTRAM	4	QL
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MYCITE MAINTENANCE KIT	4	QL
ABILIFY MYCITE STARTER KIT	4	QL
ADDYI	4	PA
ADHANSIA XR	4	PA
ADZENYS XR-ODT	4	ST
<i>alprazolam</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>alprazolam intensol</i>	2	
<i>amitriptyline</i>	2	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	2	
<i>amphetamine sulfate</i>	2	PA
ANAFRANIL	4	
APLENZIN	4	ST; QL
APTENSIO XR	4	PA; ST
<i>aripiprazole oral solution</i>	2	
<i>aripiprazole oral tablet</i>	2	QL
<i>aripiprazole oral tablet, disintegrating</i>	2	QL
<i>armodafinil</i>	2	ST; QL
<i>asenapine maleate</i>	2	QL
ATIVAN ORAL	4	
<i>atomoxetine</i>	2	PA
BELSOMRA	4	ST; QL
<i>bupropion hcl oral tablet</i>	2	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	QL
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	QL
<i>buspirone</i>	2	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	4	
<i>chlordiazepoxide hcl</i>	2	
<i>chlorpromazine oral</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>citalopram oral solution</i>	1	
<i>citalopram oral tablet</i>	1	QL
<i>clomipramine</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	2	PA
<i>clorazepate dipotassium</i>	2	
<i>clozapine</i>	2	
CLOZARIL	4	
COTEMPLA XR-ODT	4	ST
DAYTRANA	3	PA; ST
DAYVIGO	4	ST
<i>desipramine</i>	2	
DESOXYN	4	ST
DESVENLAFAXIN E	4	ST; QL
<i>desvenlafaxine succinate</i>	2	ST; QL
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	4	ST
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 15 MG	4	PA; ST
<i>dexmethylphenidate</i>	2	PA
<i>dextroamphetamine sulfate oral capsule, extended release</i>	2	PA
<i>dextroamphetamine sulfate oral solution</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	2	PA
<i>dextroamphetamine sulfate oral tablet 15 mg, 20 mg, 30 mg</i>	2	
<i>dextroamphetamine-amphetamine</i>	2	PA
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	
<i>diazepam oral tablet</i>	2	
<i>doxepin oral capsule</i>	2	
<i>doxepin oral concentrate</i>	2	
<i>doxepin oral tablet</i>	2	ST; QL
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	QL
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	2	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA; ST
EDLUAR	4	ST; QL
EMSAM	4	
<i>ergoloid</i>	2	
<i>escitalopram oxalate oral solution</i>	1	
<i>escitalopram oxalate oral tablet</i>	1	QL
<i>estazolam</i>	2	
<i>eszopiclone</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
EVEKEO ODT	4	PA
FANAPT	4	QL
FETZIMA	3	ST; QL
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	QL
<i>fluoxetine oral solution</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	PA; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	PA
<i>fluphenazine hcl oral</i>	2	
<i>flurazepam</i>	2	
<i>fluvoxamine oral capsule, extended release 24hr</i>	1	PA; QL
<i>fluvoxamine oral tablet</i>	1	QL
GEODON ORAL	4	QL
<i>guanfacine oral tablet extended release 24 hr</i>	2	PA
HALCION ORAL TABLET 0.25 MG	4	
<i>haloperidol</i>	2	
<i>haloperidol lactate oral</i>	2	
HETLIOZ	5	PA; QL
HETLIOZ LQ	5	PA; QL
IGALMI	4	
<i>imipramine hcl</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>imipramine pamoate</i>	2	
INVEGA	4	QL
JORNAY PM	4	ST
KAPVAY	4	PA
KETAMINE SUBLINGUAL	4	
LATUDA	3	QL
<i>lithium carbonate</i>	2	
LITHOBID	4	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	2	
<i>loxapine succinate</i>	2	
MARPLAN	4	
<i>methamphetamine</i>	2	PA
METHYLIN ORAL SOLUTION	4	PA
<i>methylphenidate</i>	2	PA
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	2	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	PA
<i>methylphenidate hcl oral solution</i>	2	PA
<i>methylphenidate hcl oral tablet</i>	2	PA
<i>methylphenidate hcl oral tablet extended release</i>	2	PA

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	2	PA
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	4	ST
<i>methylphenidate hcl oral tablet,chewable</i>	2	PA
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	4	
<i>midazolam oral syrup 2 mg/ml</i>	2	
<i>mirtazapine</i>	2	
MKO (MIDAZOLAM-KETAMINE-ONDAN)	4	
<i>modafinil</i>	2	ST; QL
<i>molindone</i>	2	
MYDAYIS	3	ST
NARDIL	4	
<i>nefazodone</i>	2	
NORPRAMIN ORAL TABLET 10 MG, 25 MG	4	
<i>nortriptyline</i>	2	
NUPLAZID	5	PA; QL
<i>olanzapine oral</i>	2	QL
<i>olanzapine-fluoxetine</i>	2	
<i>oxazepam</i>	2	
<i>paliperidone</i>	2	QL

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Drug Name	Drug Tier	Requirements / Limits
PAMELOR	4	
PARNATE	4	
<i>paroxetine hcl oral suspension</i>	1	
<i>paroxetine hcl oral tablet</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	PA; QL
<i>paroxetine mesylate(menop.sym)</i>	2	PA; QL
PAXIL CR	4	ST; QL
PAXIL ORAL SUSPENSION	4	ST
PAXIL ORAL TABLET	4	ST; QL
<i>perphenazine</i>	2	
<i>perphenazine-amitriptyline</i>	2	
<i>phenelzine</i>	2	
<i>pimozide</i>	2	
<i>procentra</i>	2	PA
<i>protriptyline</i>	2	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	QL
<i>quetiapine oral tablet extended release 24 hr</i>	2	QL
QUILLICHEW ER	3	ST
QUILLIVANT XR	3	PA; ST
<i>ramelteon</i>	2	QL
RELEXXII	4	PA

Drug Name	Drug Tier	Requirements / Limits
REMERON ORAL TABLET 15 MG, 30 MG	4	
REMERON SOLTAB	4	
RESTORIL	4	
REXULTI	4	QL
RISPERDAL ORAL SOLUTION	4	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	4	QL
<i>risperidone oral solution</i>	2	
<i>risperidone oral tablet</i>	2	QL
<i>risperidone oral tablet,disintegrating</i>	2	QL
SECUADO	4	QL
<i>sertraline oral concentrate</i>	1	
<i>sertraline oral tablet</i>	1	QL
SILENOR	4	ST; QL
SUNOSI	3	ST; QL
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	4	
<i>temazepam</i>	2	
<i>thioridazine</i>	2	
<i>thiothixene</i>	2	
TRANXENE T-TAB	4	
<i>tranylcypromine</i>	2	
<i>trazodone</i>	2	
<i>triazolam</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>trifluoperazine</i>	2	
<i>trimipramine</i>	2	
TRINTELLIX	4	ST; QL
<i>venlafaxine oral capsule,extended release 24hr</i>	2	QL
<i>venlafaxine oral tablet</i>	2	QL
<i>venlafaxine oral tablet extended release 24hr</i>	2	ST; QL
VERSACLOZ	4	
<i>vilazodone</i>	2	QL
VRAYLAR	4	QL
VYLEESI	5	PA; QL
VYVANSE ORAL CAPSULE	3	PA; ST
VYVANSE ORAL TABLET,CHEWABLE	3	ST
WAKIX	5	ST; LA; QL
XYREM	5	PA; LA; QL
XYWAV	5	PA; LA; QL
<i>zaleplon</i>	2	QL
<i>zenzedi oral tablet 10 mg, 5 mg</i>	2	PA
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	4	PA
<i>ziprasidone hcl</i>	2	QL
<i>zolpidem</i>	2	QL
ZOLPIMIST	4	ST; QL
ZYPREXA ORAL	4	QL
ZYPREXA ZYDIS	4	QL

Drug Name	Drug Tier	Requirements / Limits
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral</i>	2	
BETAPACE	4	ST; ACA
BETAPACE AF	4	ST; ACA
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide</i>	2	
<i>flecainide</i>	2	
<i>mexiletine</i>	2	
MULTAQ	4	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone</i>	2	
<i>quinidine gluconate oral</i>	2	
<i>quinidine sulfate oral tablet</i>	2	
RYTHMOL SR	4	
<i>sorine</i>	2	ACA
<i>sotalol af</i>	2	ACA
<i>sotalol oral</i>	2	ACA
SOTYLIZE	3	ACA
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	4	ACA
ACCURETIC	4	ACA
<i>acebutolol</i>	1	ACA
ALDACTAZIDE	4	ACA
ALDACTONE	4	ACA
<i>aliskiren</i>	2	ACA
ALTACE	4	ACA

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>amiloride</i>	2	ACA
<i>amiloride-hydrochlorothiazide</i>	2	ACA
<i>amlodipine</i>	1	ACA
<i>amlodipine-benazepril</i>	1	ACA
<i>amlodipine-olmesartan</i>	1	ACA
<i>amlodipine-valsartan</i>	1	ACA
<i>amlodipine-valsartan-hcthiazid</i>	1	ACA
<i>atenolol</i>	1	ACA
<i>atenolol-chlorthalidone</i>	1	ACA
<i>benazepril</i>	1	ACA
<i>benazepril-hydrochlorothiazide</i>	1	ACA
<i>betaxolol oral</i>	1	ACA
BIDIL	4	
<i>bisoprolol fumarate</i>	1	ACA
<i>bisoprolol-hydrochlorothiazide</i>	1	ACA
<i>bumetanide oral</i>	2	ACA
CALAN SR	4	ACA
<i>candesartan</i>	1	ACA
<i>candesartan-hydrochlorothiazid</i>	1	ACA
<i>captopril</i>	1	ACA
<i>captopril-hydrochlorothiazide</i>	1	ACA
CARDIZEM CD	4	ACA
CARDIZEM LA	4	ACA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	4	ACA

Drug Name	Drug Tier	Requirements / Limits
CARDURA	4	ST; ACA; QL
CARDURA XL	4	ST; QL
<i>cartia xt</i>	1	ACA
<i>carvedilol</i>	2	ACA
<i>carvedilol phosphate</i>	2	ACA
CATAPRES-TTS-1	4	ACA; QL
CATAPRES-TTS-2	4	ACA; QL
CATAPRES-TTS-3	4	ACA; QL
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	ACA
<i>clonidine</i>	2	ACA; QL
<i>clonidine hcl oral tablet</i>	2	ACA
CONSENSI	4	ACA
COREG CR	4	ST; ACA
CORGARD	4	ST; ACA
DEMSER	4	PA; ACA
DIBENZYLINE	4	PA; ACA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	ACA
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	ACA
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	ACA
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	ACA
<i>diltiazem hcl oral tablet</i>	1	ACA
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	ACA

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>dilt-xr</i>	1	ACA
DIURIL	4	ACA
<i>doxazosin</i>	2	ACA; QL
DYRENIUM	4	ACA
EDECRIN	4	ACA
<i>enalapril maleate oral solution</i>	1	
<i>enalapril maleate oral tablet</i>	1	ACA
<i>enalapril-hydrochlorothiazide</i>	1	ACA
<i>eplerenone</i>	2	ACA
<i>eprosartan</i>	1	ACA
<i>ethacrynic acid</i>	2	ACA
<i>felodipine</i>	1	ACA
<i>fosinopril</i>	1	ACA
<i>fosinopril-hydrochlorothiazide</i>	1	ACA
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	ACA
<i>furosemide oral tablet</i>	2	ACA
<i>guanfacine oral tablet</i>	2	ACA
<i>hydralazine oral</i>	2	ACA
<i>hydrochlorothiazide</i>	1	ACA
<i>indapamide</i>	1	ACA
INSPIRA	4	ACA
<i>irbesartan</i>	1	ACA
<i>irbesartan-hydrochlorothiazide</i>	1	ACA
<i>isosorbide-hydralazine</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>isradipine</i>	1	ACA
<i>labetalol oral</i>	2	ACA
LASIX	4	ACA
<i>lisinopril</i>	1	ACA
<i>lisinopril-hydrochlorothiazide</i>	1	ACA
LOPRESSOR ORAL	4	ST; ACA
<i>losartan</i>	1	ACA
<i>losartan-hydrochlorothiazide</i>	1	ACA
LOTENSIN HCT	4	ACA
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	4	ACA
<i>matzim la</i>	1	ACA
MAXZIDE	4	ACA
MAXZIDE-25MG	4	ACA
<i>methyldopa</i>	2	ACA
<i>methyldopa-hydrochlorothiazide</i>	2	ACA
<i>metolazone</i>	1	ACA
<i>metoprolol succinate</i>	1	ACA
<i>metoprolol ta-hydrochlorothiaz</i>	1	ACA
<i>metoprolol tartrate oral</i>	1	ACA
<i>metyrosine</i>	2	PA; ACA
MINIPRESS	4	ACA
<i>minoxidil oral</i>	2	ACA
<i>moexipril</i>	1	ACA
<i>nadolol</i>	1	ACA
<i>nebivolol</i>	1	
<i>nicardipine oral</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>nifedipine</i>	1	ACA
<i>nimodipine</i>	2	ACA
<i>nisoldipine</i>	1	ACA
NYMALIZE ORAL SOLUTION 60 MG/10 ML	4	
NYMALIZE ORAL SYRINGE	4	ACA
<i>olmesartan</i>	1	ACA
<i>olmesartan-amlodipin-hctiazid</i>	1	ACA
<i>olmesartan-hydrochlorothiazide</i>	1	ACA
ORENITRAM	5	PA
<i>perindopril erbumine</i>	1	ACA
<i>phenoxybenzamine</i>	2	PA; ACA
<i>pindolol</i>	1	ACA
<i>prazosin</i>	2	ACA
PRESTALIA	4	ST; ACA
PROCARDIA XL	4	ST; ACA
<i>propranolol oral</i>	1	ACA
<i>propranolol-hydrochlorothiazid</i>	1	
<i>quinapril</i>	1	ACA
<i>quinapril-hydrochlorothiazide</i>	1	ACA
<i>ramipril</i>	1	ACA
<i>spironolactone</i>	2	ACA
<i>spironolacton-hydrochlorothiaz</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	ST; ACA
<i>taztia xt</i>	1	ACA
TEKTURN HCT	3	ACA
<i>telmisartan</i>	1	ACA
<i>telmisartan-amlodipine</i>	1	ACA
<i>telmisartan-hydrochlorothiazid</i>	1	ACA
TENORETIC 100	4	ST; ACA
TENORETIC 50	4	ST; ACA
TENORMIN	4	ST; ACA
<i>terazosin</i>	2	ACA; QL
<i>tiadylt er</i>	1	ACA
TIAZAC	4	ACA
<i>timolol maleate oral</i>	1	ACA
<i>torse mide oral</i>	2	ACA
<i>trandolapril</i>	1	ACA
<i>trandolapril-verapamil</i>	1	ACA
<i>triamterene</i>	2	ACA
<i>triamterene-hydrochlorothiazid</i>	2	ACA
UPTRAVI ORAL	5	PA; LA
<i>valsartan oral tablet</i>	1	ACA
<i>valsartan-hydrochlorothiazide</i>	1	ACA
VASERETIC	4	ACA
VASOTEC	4	ACA
<i>verapamil oral</i>	1	ACA
VERELAN	4	ACA

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
VERELAN PM	4	ACA
ZESTORETIC	4	ACA
ZESTRIL	4	ACA
ZIAC	4	ST; ACA
CARDIAC GLYCOSIDES		
<i>digitek</i>	2	
<i>digox</i>	2	
<i>digoxin oral</i>	2	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG)	4	
COAGULATION THERAPY		
ADVATE	5	PA
ADYNOVATE	5	PA
AFSTYLA	5	PA
ALPROLIX	5	PA
AMICAR	4	
<i>aminocaproic acid oral</i>	2	
ARIXTRA	5	
<i>aspirin-dipyridamole</i>	1	
BENEFIX	5	PA
BRILINTA	3	ACA
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR)	5	
CEPROTIN (GREEN BAR)	5	
<i>cilostazol</i>	2	
<i>clopidogrel</i>	1	ACA
COAGADEX	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>dabigatran etexilate</i>	1	PA
<i>dipyridamole oral</i>	1	
DOPTLET (15 TAB PACK)	5	PA; LA; QL
EFFIENT	4	ACA
ELIQUIS	3	PA
ELIQUIS DVT-PE TREAT 30D START	3	PA
ELOCTATE	5	PA
<i>enoxaparin</i>	5	
ESPEROCT	5	PA
<i>fondaparinux</i>	5	
FRAGMIN SUBCUTANEOUS SOLUTION	5	
FRAGMIN SUBCUTANEOUS SYRINGE	5	
HEMLIBRA	5	PA
<i>hep flush-10 (pf)</i>	2	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML)	4	
<i>heparin (porcine) in 5 % dex</i>	2	
<i>heparin (porcine) in nacl (pf)</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) injection cartridge</i>	2	
<i>heparin (porcine) injection solution</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin flush(porcine)-0.9nacl</i>	2	
<i>heparin lock flush (porcine)</i>	2	
<i>heparin lockflush(porcine)(pf)</i>	2	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	4	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	
<i>heparin, porcine (pf) injection solution</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	4	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml</i>	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	4	
IDELVION	5	PA
IXINITY	5	PA
<i>jantoven</i>	1	
JIVI	5	PA
KOGENATE FS	5	PA
KOVALTRY	5	PA
MEPHYTON	4	QL
NOVOEIGHT	5	PA
<i>pentoxifylline</i>	2	
PHYTONADIONE (VITAMIN K1) INJECTION SOLUTION 1 MG/0.5 ML	3	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	2	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE	3	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	2	QL
<i>prasugrel</i>	1	ACA
PROMACTA	5	PA; LA
REBINYN	5	PA
RIXUBIS	5	PA
SEVENFACT	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
TAVALISSE	5	PA; LA; QL
vitamin k	2	
vitamin k1 injection	2	
warfarin	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	5	PA
XARELTO	3	PA
XARELTO DVT-PE TREAT 30D START	3	PA
ZONTIVITY	4	PA; ACA
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine- atorvastatin	1	QL
atorvastatin oral tablet 10 mg, 20 mg	1	ACA; QL
atorvastatin oral tablet 40 mg, 80 mg	1	QL
CADUET	4	ST; QL
cholestyramine (with sugar)	1	
cholestyramine light	1	
colesevelam	1	ACA
COLESTID FLAVORED ORAL PACKET	4	ST
COLESTID ORAL GRANULES	4	PA; ST
COLESTID ORAL PACKET	4	PA
COLESTID ORAL TABLET	4	ST
colestipol	1	

Drug Name	Drug Tier	Requirements / Limits
ezetimibe	1	ST
ezetimibe- simvastatin	1	QL
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized	1	
fenofibrate oral tablet 120 mg, 40 mg	1	ST
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid	1	
fenofibric acid (choline)	1	
FENOGLIDE	4	ST
FIBRICOR	4	ST
FLOLIPID	4	ST; QL
fluvastatin	1	ACA; QL
gemfibrozil	1	
icosapent ethyl oral capsule 1 gram	1	PA
JUXTAPID	5	PA; LA
LESCOL XL	4	ST; QL
LIVALO	3	ST; QL
LOPID	4	
lovastatin	1	ACA; QL
NEXLETOL	3	PA
NEXLIZET	3	PA
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr	1	

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Drug Name	Drug Tier	Requirements / Limits
NIASPAN EXTENDED- RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	4	
<i>omega-3 acid ethyl esters</i>	2	PA
<i>pravastatin</i>	1	ACA; QL
<i>prevalite</i>	1	
QUESTRAN	4	ST
QUESTRAN LIGHT	4	ST
REPATHA PUSHTRONEX	3	PA; QL
REPATHA SURECLICK	3	PA; QL
REPATHA SYRINGE	3	PA; QL
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
TRILIPIX	4	ST
VASCEPA	3	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	4	ST; QL
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	5	PA
ENTRESTO	3	QL

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

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

Drug Name	Drug Tier	Requirements / Limits
ANALPRAM-HC TOPICAL	4	ST
<i>calcipotriene scalp</i>	2	QL
<i>calcipotriene topical cream</i>	2	QL
<i>calcipotriene topical ointment</i>	2	QL
<i>calcipotriene-betamethasone</i>	2	QL
<i>calcitriol topical</i>	2	
DOVONEX TOPICAL	4	QL
ENSTILAR	3	QL
EPIFOAM	4	ST
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	ST
OVACE	4	
OVACE PLUS	4	
OVACE PLUS SHAMPOO	4	
OVACE PLUS WASH	4	
PLEXION NS	4	
PRAMOSONE	4	ST
<i>selenium sulfide topical lotion</i>	2	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	2	
SELRX	4	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; QL
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; QL
STELARA SUBCUTANEOUS	5	PA; QL
<i>sulfacetamide sodium topical</i>	2	
TACLONEX	4	QL
TALTZ AUTOINJECTOR	5	PA; QL
TALTZ AUTOINJECTOR (2 PACK)	5	PA; QL
TALTZ AUTOINJECTOR (3 PACK)	5	PA; QL
TALTZ SYRINGE	5	PA; QL
TERSI FOAM	4	
TREMFYA	5	PA; QL
VECTICAL	4	
BURN THERAPY		
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
KERATOLYTICS		
INOVA 4-1	4	ST
INOVA 8-2	4	ST
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; QL
AMELUZ	4	
<i>ammonium lactate</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
CANTHARIDIN IN ACETONE	4	
CIBINQO	5	PA; QL
CORTANE-B	4	
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL
<i>doxepin topical</i>	2	PA; QL
DUPIXENT PEN	5	PA; QL
DUPIXENT SYRINGE	5	PA; QL
EFUDEX TOPICAL CREAM	4	
EUCRISA	4	ST; QL
FLUOROPLEX	4	
<i>fluorouracil topical cream 5 %</i>	2	
<i>fluorouracil topical solution</i>	2	
HYFTOR	4	
<i>iodine-sodium iodide topical tincture 2 %</i>	2	
IODOFLEX	4	
IODOSORB	4	
LEVULAN	4	
<i>methoxsalen</i>	2	
<i>methyl salicylate</i>	2	
<i>methyl salicylate topical liquid</i>	2	
PANRETIN	4	
<i>pimecrolimus</i>	2	QL
<i>podofilox</i>	2	
PROTOPIC	4	ST; QL
<i>pradoxin</i>	2	PA; QL
REGRANEX	3	QL

Drug Name	Drug Tier	Requirements / Limits
<i>tacrolimus topical</i>	2	ST; QL
TOLAK	4	
VALCHLOR	5	PA
<i>wintergreen oil</i>	2	
ZONALON	4	ST; QL
THERAPY FOR ACNE		
ABSORICA	4	
<i>accutane</i>	2	
ACZONE	4	ST
<i>adapalene topical cream</i>	2	
<i>adapalene topical gel 0.3 %</i>	2	
<i>adapalene topical gel with pump</i>	2	
ADAPALENE TOPICAL LOTION	4	ST
<i>adapalene topical solution</i>	2	
<i>adapalene topical swab</i>	2	ST
<i>adapalene-benzoyl peroxide</i>	2	
AKLIEF	4	ST
ALTRENO	4	PA
<i>amnestem</i>	2	
AMZEEQ	4	ST
ARAZLO	4	PA
AVAR LS	4	ST
<i>avar topical cleanser</i>	2	
AVAR TOPICAL PADS, MEDICATED	4	ST
AVAR-E GREEN	4	ST
AVAR-E LS	4	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>avita topical cream</i>	2	PA
AVITA TOPICAL GEL	4	PA
<i>azelaic acid</i>	2	
AZELEX	4	ST
BENZAMYCIN	4	ST
BENZEPRO (MICROSPHERES)	4	ST
<i>benzebro topical towelette</i>	2	
<i>benzoyl peroxide topical cleanser 7 %</i>	2	
<i>benzoyl peroxide topical foam</i>	2	
<i>bp 10-1</i>	2	ST
<i>claravis</i>	2	
CLEOCIN T TOPICAL LOTION	4	ST; QL
CLINDACIN ETZ TOPICAL KIT	4	ST
<i>clindacin etz topical swab</i>	2	
<i>clindacin p</i>	2	
CLINDACIN PAC	4	ST
<i>clindamycin phosphate topical foam</i>	2	QL
<i>clindamycin phosphate topical gel</i>	2	QL
<i>clindamycin phosphate topical gel, once daily</i>	2	QL
<i>clindamycin phosphate topical lotion</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical solution</i>	2	QL
<i>clindamycin phosphate topical swab</i>	2	
<i>clindamycin-benzoyl peroxide</i>	2	
<i>clindamycin-tretinoin</i>	2	PA
<i>dapsone topical</i>	2	
DIFFERIN TOPICAL CREAM	4	ST
DIFFERIN TOPICAL GEL WITH PUMP	4	ST
DIFFERIN TOPICAL LOTION	4	ST
ENZOCLEAR	4	ST
EPIDUO FORTE	4	ST
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	2	
<i>erythromycin-benzoyl peroxide</i>	2	
EVOCLIN	4	ST; QL
FINACEA TOPICAL FOAM	3	ST
FINACEA TOPICAL GEL	4	ST
INOVA	4	ST
<i>isotretinoin</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ivermectin topical cream</i>	2	QL
METROCREAM	4	ST
METROGEL TOPICAL GEL 1 %	4	ST
<i>metronidazole topical</i>	2	
MIRVASO TOPICAL GEL WITH PUMP	3	PA
<i>myorisan</i>	2	
<i>neuac</i>	2	
NEUAC KIT	4	ST
ONEXTON TOPICAL GEL WITH PUMP	3	ST
PACNEX	4	ST
PLEXION	4	ST
PLEXION CLEANSING CLOTHS	4	ST
PR BENZOYL PEROXIDE	4	ST
RETIN-A	4	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	4	PA
RHOFADE	4	PA
<i>rosadan topical cream</i>	2	
<i>rosadan topical gel</i>	2	
ROSADAN TOPICAL KIT, CLEANSER AND GEL	4	ST

Drug Name	Drug Tier	Requirements / Limits
ROSADAN TOPICAL KIT, CLEANSER AND CREAM	4	ST
ROSULA	4	ST
<i>rosula cleansing cloths</i>	2	
SOOLANTRA	4	ST; QL
<i>sss 10-5</i>	2	
<i>sulfacetamide sodium-sulfur topical cleanser</i>	2	
<i>sulfacetamide sodium-sulfur topical cream</i>	2	
<i>sulfacetamide sodium-sulfur topical lotion</i>	2	
<i>sulfacetamide sodium-sulfur topical pads, medicated</i>	2	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %</i>	2	
<i>sulfacetamide-sulfur-cleansr23</i>	2	
<i>sulfacleanse 8-4</i>	2	ST
SUMADAN	4	ST
SUMADAN XLT	4	ST
SUMAXIN	4	ST
SUMAXIN CP	4	ST
SUMAXIN TS	4	ST
<i>tazarotene topical cream</i>	2	PA
<i>tretinoin</i>	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>tretinoin microspheres</i>	2	PA
TWYNEO	4	ST
VANOXIDE-HC	4	ST
<i>zenatane</i>	2	
ZIANA	4	PA; ST
TOPICAL ANESTHETICS		
COCAINE	4	
<i>glydo</i>	2	QL
GOPRELTO	4	
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane jelly</i>	2	QL
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl-hydrocortison ac topical</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	ST
<i>lidocaine topical ointment</i>	2	QL
<i>lidocaine viscous</i>	2	
<i>lidocaine-prilocaine topical cream</i>	2	QL
<i>lidocaine-prilocaine topical kit</i>	2	
<i>lidocort</i>	2	
<i>lta pre-attached</i>	2	
NUMBRINO	4	

Drug Name	Drug Tier	Requirements / Limits
SYNERA	4	
ZTLIDO	3	PA
TOPICAL ANTIBACTERIALS		
ALTABAX	4	ST; QL
CENTANY	4	ST; QL
CENTANY AT	4	ST; QL
<i>gentamicin topical</i>	2	QL
KLARON	4	ST
<i>lugols topical</i>	2	
<i>mafenide acetate</i>	2	
<i>mupirocin</i>	2	QL
<i>mupirocin calcium</i>	2	ST; QL
NEO-SYNALAR	4	
NEO-SYNALAR KIT	4	
<i>strong iodine topical</i>	2	
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON TOPICAL CREAM	3	
SULFAMYLON TOPICAL PACKET	4	
XEPI	4	ST; QL
TOPICAL ANTIFUNGALS		
CICLODAN KIT TOPICAL COMBO PACK	4	
CICLODAN KIT TOPICAL SOLUTION	4	ST
<i>ciclodan topical cream</i>	2	QL
<i>ciclodan topical solution</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>ciclopirox topical cream</i>	2	QL
<i>ciclopirox topical gel</i>	2	QL
<i>ciclopirox topical shampoo</i>	2	QL
<i>ciclopirox topical solution</i>	2	
<i>ciclopirox topical suspension</i>	2	QL
<i>ciclopirox-ure-camph-menth-euc</i>	2	
<i>clotrimazole topical</i>	2	QL
<i>clotrimazole-betamethasone</i>	2	QL
<i>econazole</i>	2	QL
EXELDERM	4	QL
EXTINA	4	QL
JUBLIA	4	ST
<i>ketoconazole topical</i>	2	QL
<i>ketodan</i>	2	QL
<i>ketodan kit</i>	2	
LOPROX (AS OLAMINE)	4	QL
LOPROX KIT	4	QL
LOPROX TOPICAL SHAMPOO	4	QL
LUZU	4	QL
MENTAX	4	QL
<i>naftifine topical cream</i>	2	QL
NAFTIN TOPICAL GEL	4	QL
<i>nyamyc</i>	2	QL
<i>nystatin topical</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>nystatin-triamcinolone</i>	2	QL
<i>nystop</i>	2	QL
<i>oxiconazole</i>	2	QL
<i>tavaborole</i>	2	ST
TOPICAL ANTIVIRALS		
<i>acyclovir topical</i>	2	PA; QL
DENAVIR	4	
ZOVIRAX TOPICAL CREAM	4	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	
ALA-SCALP	4	ST
<i>alclometasone</i>	2	
<i>amcinonide topical cream</i>	2	ST
<i>apexicon e</i>	2	ST
<i>beser</i>	2	ST
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical foam</i>	2	ST
<i>betamethasone valerate topical lotion</i>	2	
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented</i>	2	
BRYHALI	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
CAPEX	4	ST
<i>clobetasol scalp</i>	2	QL
<i>clobetasol topical cream</i>	2	QL
<i>clobetasol topical foam</i>	2	ST; QL
<i>clobetasol topical gel</i>	2	QL
<i>clobetasol topical lotion</i>	2	ST; QL
<i>clobetasol topical ointment</i>	2	QL
<i>clobetasol topical shampoo</i>	2	ST; QL
<i>clobetasol topical spray,non-aerosol</i>	2	ST; QL
<i>clobetasol-emollient topical cream</i>	2	QL
<i>clobetasol-emollient topical foam</i>	2	ST; QL
CLOBEX TOPICAL SHAMPOO	4	ST; QL
CLOBEX TOPICAL SPRAY,NON-AEROSOL	4	ST; QL
<i>clocortolone pivalate</i>	2	
<i>clodan</i>	2	ST; QL
CLODAN KIT	4	ST; QL
CLODERM	4	ST
CORDRAN TAPE LARGE ROLL	4	ST
CORDRAN TOPICAL CREAM	4	ST; QL
CORDRAN TOPICAL LOTION	4	ST; QL

Drug Name	Drug Tier	Requirements / Limits
CORDRAN TOPICAL OINTMENT	4	ST; QL
DERMA-SMOOTHIE/FS BODY OIL	4	ST
DERMA-SMOOTHIE/FS SCALP OIL	4	ST
<i>desonide topical cream</i>	2	
<i>desonide topical gel</i>	2	ST
<i>desonide topical lotion</i>	2	ST
<i>desonide topical ointment</i>	2	
<i>desoximetasone</i>	2	ST
<i>desrx</i>	2	ST
<i>diflorasone</i>	2	ST; QL
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	4	ST
DUOBRII	4	ST; QL
<i>fluocinolone</i>	2	
<i>fluocinolone and shower cap</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	QL
<i>fluocinonide topical cream 0.1 %</i>	2	ST; QL
<i>fluocinonide topical gel</i>	2	QL
<i>fluocinonide topical ointment</i>	2	QL
<i>fluocinonide topical solution</i>	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide-e</i>	2	QL
<i>flurandrenolide</i>	2	ST; QL
<i>fluticasone propionate topical cream</i>	2	
<i>fluticasone propionate topical lotion</i>	2	ST
<i>fluticasone propionate topical ointment</i>	2	
<i>halcinonide</i>	2	ST
<i>halobetasol propionate topical cream</i>	2	
<i>halobetasol propionate topical ointment</i>	2	
HALOG	4	ST
<i>hydrocortisone butyrate topical cream</i>	2	QL
<i>hydrocortisone butyrate topical lotion</i>	2	ST; QL
<i>hydrocortisone butyrate topical ointment</i>	2	ST
<i>hydrocortisone butyrate topical solution</i>	2	ST; QL
<i>hydrocortisone butyr-emollient</i>	2	QL
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	
<i>hydrocortisone valerate</i>	2	
KENALOG TOPICAL	4	ST; QL
LUXIQ	4	ST
<i>mometasone topical</i>	2	
<i>nolix</i>	2	ST; QL
NUCORT	4	ST
OLUX	4	ST; QL
OLUX-E	4	ST; QL
PANDEL	4	ST
<i>prednicarbate</i>	2	
PROCTOCORT TOPICAL	4	ST
<i>scalacort</i>	2	
SCALACORT DK	4	ST
SYNALAR	4	ST
SYNALAR CREAM KIT	4	ST
SYNALAR OINTMENT KIT	4	ST
SYNALAR TS	4	ST
TEMOVATE TOPICAL OINTMENT	4	ST; QL
TEXACORT	4	ST
TOPICORT TOPICAL CREAM	4	ST
TOPICORT TOPICAL GEL	4	ST
TOPICORT TOPICAL OINTMENT	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
<i>tovet emollient</i>	2	ST; QL
<i>triamcinolone acetonide topical aerosol</i>	2	ST; QL
<i>triamcinolone acetonide topical cream</i>	2	
<i>triamcinolone acetonide topical lotion</i>	2	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	2	ST
<i>trianex</i>	2	ST
<i>triderm topical cream 0.1 %</i>	2	
<i>triderm topical cream 0.5 %</i>	2	ST
TRIDESILON	4	ST
<i>tritocin</i>	2	ST
TOPICAL ENZYMES		
SANTYL	3	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	
ELIMITE	4	
EURAX	4	
<i>lindane topical shampoo</i>	2	
<i>malathion</i>	2	
OVIDE	4	
<i>permethrin</i>	2	

Drug Name	Drug Tier	Requirements / Limits
SKLICE	4	
<i>spinosad</i>	2	
ULESFIA	4	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	2	
<i>neomycin-polymyxin b gu</i>	2	
PHYSIOLYTE	4	
PHYSIOSOL IRRIGATION	4	
<i>ringer's irrigation</i>	2	
SORBITOL IRRIGATION SOLUTION 3 %	4	
SORBITOL-MANNITOL	4	
<i>tis-u-sol pentalyte</i>	2	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
<i>acetic acid irrigation</i>	2	
AGRYLIN	4	
<i>anagrelide</i>	2	
<i>aqua care sodium chloride</i>	2	
<i>aqua care sterile water</i>	2	
BUPHENYL	4	
<i>caffeine citrate oral</i>	2	
CARBAGLU	5	LA
<i>carglumic acid</i>	5	
CARNITOR (SUGAR-FREE)	4	

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

Drug Name	Drug Tier	Requirements / Limits
CARNITOR ORAL	4	
<i>cevimeline</i>	2	
CHEMET	3	PA
<i>deferasirox</i>	5	PA
<i>deferiprone oral tablet 1,000 mg</i>	2	PA
<i>deferiprone oral tablet 500 mg</i>	5	PA
<i>disulfiram</i>	2	
<i>droxidopa</i>	5	PA
EMPAVELI	5	PA
EVOXAC	4	
FERRIPROX	5	PA
FERRIPROX (2 TIMES A DAY)	5	PA
GLASSIA	5	PA; LA
INCRELEX	5	PA; LA
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITHOSTAT	4	
METOPIRONE	4	
<i>midodrine</i>	2	
<i>nitisinone</i>	5	PA; LA
NITYR	5	PA; LA
ORFADIN	5	PA; LA
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
PYRUKYND	5	PA; LA; QL
RADIOGARDASE	4	
RAVICTI	5	

Drug Name	Drug Tier	Requirements / Limits
RILUTEK	4	PA
<i>riluzole</i>	2	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	4	
<i>sodium chloride 0.9 %</i>	2	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	2	
<i>sodium chloride injection</i>	2	
<i>sodium chloride irrigation</i>	2	
<i>sodium phenylbutyrate</i>	2	
SYPRINE	4	PA
THIOLA EC	5	
TIGLUTIK	4	PA
<i>tiopronin</i>	5	
<i>trientine</i>	2	PA
<i>water for irrigation, sterile</i>	2	
XURIDEN	5	
ZOKINVY	5	PA; QL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA
CHANTIX CONTINUING MONTH BOX	4	ACA
CHANTIX ORAL TABLET 1 MG	4	ACA

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
CHANTIX STARTING MONTH BOX	4	ACA
<i>nicorette buccal gum 4 mg</i>	1	ACA; OTC
<i>nicotine</i>	1	ACA; OTC
<i>nicotine (polacrilex)</i>	1	ACA; OTC
NICOTROL	4	ACA
NICOTROL NS	4	ACA
<i>quit 2</i>	1	ACA; OTC
<i>quit 4</i>	1	ACA; OTC
<i>stop smoking aid</i>	1	ACA; OTC

EAR, NOSE & THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN	5	
<i>azelastine nasal aerosol,spray</i>	2	QL
<i>azelastine nasal spray,non-aerosol</i>	2	
<i>chlorhexidine gluconate mucous membrane</i>	2	
CLINPRO 5000	4	
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	
EPISIL	4	
<i>fluoride (sodium) dental</i>	1	
FLUORIDEX DAILY DEFENSE	4	
FLUORIDEX SENSITIVITY RELIEF	4	
GELCLAIR	4	

Drug Name	Drug Tier	Requirements / Limits
GELX	4	
<i>ipratropium bromide nasal</i>	2	QL
MUGARD	4	
<i>olopatadine nasal</i>	2	QL
<i>oralone</i>	2	
ORAMAGICRX	4	
<i>paroex oral rinse</i>	2	
PATANASE	4	QL
PERIDEX	4	
<i>periogard</i>	2	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	2	
PREVIDENT	4	
PREVIDENT 5000 BOOSTER PLUS	4	
PREVIDENT 5000 ENAMEL PROTECT	4	
PREVIDENT 5000 ORTHO DEFENSE	4	
PREVIDENT 5000 PLUS	4	
PREVIDENT 5000 SENSITIVE	4	
PROTHELIAL	5	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	4	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide dental</i>	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	
<i>ciprofloxacin hcl otic (ear)</i>	2	
DERMOTIC OIL	4	
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	2	
<i>ofloxacin otic (ear)</i>	2	
OTIPRIO	4	QL
OTIC STEROID / ANTIBIOTIC		
CIPRODEX	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	5	PA
CORTEF	4	
<i>dexabliss</i>	2	PA
<i>dexamethasone intensol</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral tablet</i>	2	
<i>dexamethasone oral tablets,dose pack</i>	2	ST
DXEVO	4	PA
<i>fludrocortisone</i>	2	
<i>hydrocortisone oral</i>	2	
MEDROL	4	
MEDROL (PAK)	4	
<i>methylprednisolone</i>	2	
<i>millipred dp</i>	2	
<i>millipred oral tablet</i>	2	
ORAPRED ODT	4	
<i>prednisolone oral solution</i>	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	2	
<i>prednisone</i>	2	
<i>prednisone intensol</i>	2	
RAYOS	4	ST
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	4	ST

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

Drug Name	Drug Tier	Requirements / Limits
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS)	4	PA
TARPEYO	5	PA; QL
TRIESENCE (PF)	4	
XIPERE (PF)	4	
ZCORT	4	ST

ANTITHYROID AGENTS

<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>potassium iodide oral solution</i>	2	
<i>propylthiouracil</i>	2	
SSKI	4	

BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES

FREESTYLE INSULINX STRIP	3	ACA; OTC
FREESTYLE INSULINX TEST STRIPS	3	ACA; OTC
FREESTYLE LITE STRIPS	3	ST; ACA; OTC
FREESTYLE TEST	3	ACA; OTC
ONETOUCH ULTRA TEST	3	ACA; OTC
ONETOUCH VERIO TEST STRIPS	3	ACA; OTC
PRECISION XTRA TEST	3	ACA; OTC

DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT

BD VERITOR AT-HOME COVID19 TST	3	OTC; QL
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Drug Name	Drug Tier	Requirements / Limits
BINAXNOW COVID AG CARD HOME TST	3	OTC; QL
BINAXNOW COVID-19 AG SELF TEST	3	OTC; QL
CARESTART COVID-19 AG HOME TST	3	OTC; QL
CELLTRION DIATRUST COV-19 HOME	3	OTC; QL
CLINITEST COVID-19 HOME TEST	3	OTC; QL
COVID-19 AT-HOME TEST	3	OTC; QL
ELLUME COVID-19 HOME TEST	3	OTC; QL
FLOWFLEX COVID-19 AG HOME TEST	3	OTC; QL
GLUCAGEN DIAGNOSTIC KIT	3	
GLUCAGON HCL	4	
IHEALTH COVID-19 AG HOME TEST	3	OTC; QL
INDICAID COVID-19 AG HOME TEST	3	OTC; QL
INTELISWAB COVID-19 HOME TEST	3	OTC; QL
MOUNJARO	3	PA
ON-GO COVID-19 AG AT HOME TEST	3	OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
PILOT COVID-19 AT-HOME TEST	3	OTC; QL
QUICKVUE AT-HOME COVID-19 TEST	3	OTC; QL
GLUCOSE ELEVATING AGENTS		
BAQSIMI	3	ACA; QL
<i>diazoxide</i>	2	ACA
<i>glucagon emergency kit (human)</i>	2	QL
GVOKE	3	QL
GVOKE HYPOPEN 2-PACK	3	ACA; QL
GVOKE PFS 2-PACK SYRINGE	3	ACA; QL
PROGLYCEM	4	ACA
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
ACCU-CHEK GUIDE L1-L2 CTRL SOL	4	ACA; OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	4	ACA; OTC
ACCUTREND GLUCOSE CONTROL	4	ACA; OTC
ADVOCATE LOW CONTROL	4	ACA; OTC
ADVOCATE REDI-CODE PLUS CTRL L	4	ACA; OTC
AGAMATRIX CONTROL HIGH	4	ACA; OTC
ASSURE 4 CONTROL SOLUTION	4	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
ASSURE DOSE NORMAL CONTROL	4	ACA; OTC
ASSURE PRISM CONTROL 1-2 SOLN	4	ACA; OTC
AT HOME A1C	4	ACA; OTC
AUTOJECT 2 INJECTION DEVICE	3	ACA; OTC
AUTOPEN 1 TO 21 UNITS	3	ACA; OTC
AUTOSOFT 30	3	ACA
AUTOSOFT 90	3	ACA
AUTOSOFT XC INFUSION SET 23"	3	ACA
BD INTEGRA NEEDLE	3	
BD MICROTAINER LANCET 30 GAUGE	3	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	3	
BD ULTRA FINE LANCETS	3	OTC
BD ULTRA-FINE NANO PEN NEEDLE	3	OTC
BLOOD GLUCOSE CONTROL, NORMAL	4	ACA; OTC
BREEZE 2 CONTROL SOLUTION,HIGH	4	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
CARESENS CONTROL A NORMAL	4	ACA; OTC
CEQR SIMPLICITY	4	ACA
CLEVER CHOICE LEVEL 2 CONTROL	4	ACA; OTC
CONTOUR CONTROL SOLUTION, NML	4	ACA; OTC
CONTOUR NEXT LEV 2 CONTROL SOL	4	ACA; OTC
COOL CONTROL A SOLUTION	4	ACA; OTC
DEXCOM G6 RECEIVER	3	PA
DEXCOM G6 SENSOR	3	PA; QL
DEXCOM G6 TRANSMITTER	3	PA; QL
DIATRUE CONTROL SOLN NORMAL	4	ACA; OTC
EASY PLUS II HIGH CONTROL	4	ACA; OTC
EASY STEP HIGH CONTROL SOLN	4	ACA; OTC
EASY TALK HIGH CONTROL	4	ACA; OTC
EASY TALK PLUS II LOW CONTROL	4	OTC
EASY TOUCH BLU CTRL SOLN-L1,L3	4	OTC
EASY TRAK II CTRL SOLN-NORMAL	4	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
EASY TRAK LOW CONTROL	4	ACA; OTC
EASYGLUCO PLUS NORMAL CONTROL	4	ACA; OTC
EASYMAX 15 LEVEL 2	4	ACA; OTC
EASYMAX NORMAL CONTROL	4	ACA; OTC
ELEMENT COMPACT NORMAL CONTROL	4	ACA; OTC
ELEMENT NORMAL CONTROL	4	ACA; OTC
EMBRACE EVO LEVEL 1	4	ACA; OTC
EMBRACE GLUCOSE CONTROL LOW	4	ACA; OTC
EMBRACE TALK CONTROL-LOW (L1)	4	ACA; OTC
ENLITE SYSTEM	4	PA; ACA
EVERSENSE SENSOR-HOLDER	4	PA; ACA
EVOLUTION NORMAL CONTROL	4	ACA; OTC
FORA GTEL MULTI-FUNCTN MONITOR	4	ACA; OTC
FORA KETONE CONTROL SOLN-L1	4	OTC
FORA NORMAL CONTROL	4	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
FORA TN'G ADVANCE PRO MONITOR	4	OTC
FORA TN'GO ADVANCE MONITOR	4	OTC
FORACARE GDH LOW CONTROL	4	ACA; OTC
FORTISCARE NORMAL	4	ACA; OTC
FREESTYLE CONTROL	3	ACA; OTC
FREESTYLE FREEDOM	3	ACA; OTC
FREESTYLE FREEDOM LITE	3	ACA; OTC
FREESTYLE INSULINX	3	ACA; OTC
FREESTYLE LIBRE 14 DAY READER	3	PA; ACA
FREESTYLE LIBRE 14 DAY SENSOR	3	PA; ACA; QL
FREESTYLE LIBRE 2 READER	3	PA
FREESTYLE LIBRE 2 SENSOR	3	PA
FREESTYLE LIBRE 3 SENSOR	3	PA
FREESTYLE LITE METER	3	ACA; OTC
GE100 CONTROL SOLUTION NORMAL	4	ACA; OTC
GENTEEL VACUUM LANCING DEVICE	4	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
GLUCOCARD 01 NORMAL CONTROL	4	ACA; OTC
GLUCOCOM CONTROL NORMAL	4	ACA; OTC
GLUCOSE CONTROL	4	ACA; OTC
GOJJI GLUCOSE CNTRL SOL-NORMAL	4	ACA; OTC
GOJJI KETONE CONTROL SOLN-L1	4	ACA; OTC
GOJJI MULTI-FUNCTIONAL METER KIT	4	ACA; OTC
HEALTHPRO HIGH-LOW CONTROL	4	ACA; OTC
INFINITY CONTROL SOLUTION NORM	4	ACA; OTC
INFINITY VOICE CTRL SOLN-LVL 2	4	ACA; OTC
INPEN (FOR HUMALOG) PINK	4	ACA
INPEN (NOVOLOG OR FIASP) PINK	4	ACA
LANCETS 33 GAUGE	3	OTC
LANCING DEVICE	3	ACA; OTC
MEDISENSE	3	ACA; OTC
MEDISENSE GLUCOSE KETONE	3	ACA; OTC
MEDTRONIC EXT INFUSION SET 23"	3	

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

Drug Name	Drug Tier	Requirements / Limits
MINIMED MIO ADVANCE INF SET23"	3	ACA
MINIMED QUICK SET 43"	3	ACA
MINIMED SILHOUETTE 23"	3	ACA
MINIMED SURE T 32"	3	ACA
MYGLUCOHEALTH CONTROL SOLUTION	4	ACA; OTC
NOVA MAX GLUCOSE CONTROL	4	ACA; OTC
NOVAMAX PLUS GLU-KET	4	ACA; OTC
NOVOPEN ECHO	4	ACA
OMNIPOD 5 G6 PODS (GEN 5)	3	
OMNIPOD CLASSIC PODS (GEN 3)	3	
OMNIPOD DASH PODS (GEN 4)	3	ACA
ON CALL EXPRESS CONTROL	4	ACA; OTC
ON CALL PLUS CONTROL	4	ACA; OTC
ON CALL VIVID CONTROL	4	ACA; OTC
ONETOUCH ULTRA CONTROL	3	ACA; OTC
ONETOUCH ULTRA2 METER	3	ACA; OTC
ONETOUCH ULTRAMINI	3	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH VERIO FLEX METER	3	ACA; OTC
ONETOUCH VERIO IQ METER	3	ACA; OTC
ONETOUCH VERIO METER	3	ACA; OTC
ONETOUCH VERIO REFLECT METER	3	ACA; OTC
PRECISION XTRA KETONE-GLUCOSE	3	ACA; OTC
PRECISION XTRA MONITOR	3	ACA; OTC
PRODIGY CONTROL SOLUTION, LOW	4	ACA; OTC
PRODIGY CONTROL SOLUTION,HIGH	4	ACA; OTC
REFUAH PLUS GLUCOSE CONTROL	4	ACA; OTC
RIGHTEST CONTROL SOLUTION HIGH	4	ACA; OTC
SAFE-CLIP NEEDLE STORAGE DEV	3	ACA; OTC
SMARTEST CONTROL	4	ACA; OTC
SOLUS V2 CONTROL SOLUTION,HIGH	4	ACA; OTC
T:FLEX	3	ACA
T:SLIM X2	3	ACA
TELCARE CONTROL	4	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
TRUE METRIX LEVEL 1	4	ACA; OTC
TRUECONTROL LEVEL 0	4	ACA; OTC
TRUSTEEL INFUSION SET 23"	3	ACA
UNISTRIP LOW CONTROL	4	ACA; OTC
VARISOFT INFUSION SET 23"	3	ACA
V-GO 20	3	ACA
V-GO 30	3	ACA
V-GO 40	3	ACA
VIVAGUARD INO CTRL SOLN-L1,2,3	4	ACA; OTC
WAVESENSE CONTROL SOLUTION	4	ACA; OTC
INSULIN THERAPY		
BASAGLAR KWIKPEN U-100 INSULIN	4	ACA
HUMALOG JUNIOR KWIKPEN U-100	3	ACA
HUMALOG KWIKPEN INSULIN	3	ACA
HUMALOG MIX 50-50 INSULN U-100	3	ACA
HUMALOG MIX 50-50 KWIKPEN	3	ACA
HUMALOG MIX 75-25 KWIKPEN	3	ACA
HUMALOG MIX 75-25(U-100)INSULN	3	ACA

Drug Name	Drug Tier	Requirements / Limits
HUMALOG U-100 INSULIN	3	ACA
HUMULIN 70/30 U-100 INSULIN	3	ACA
HUMULIN 70/30 U-100 KWIKPEN	3	ACA
HUMULIN N NPH INSULIN KWIKPEN	3	ACA
HUMULIN N NPH U-100 INSULIN	3	ACA
HUMULIN R REGULAR U-100 INSULN	3	ACA
HUMULIN R U-500 (CONC) INSULIN	3	ACA
HUMULIN R U-500 (CONC) KWIKPEN	3	ACA
LEVEMIR FLEXTOUCH U-100 INSULN	3	ACA
LEVEMIR U-100 INSULIN	3	ACA
LYUMJEV KWIKPEN U-100 INSULIN	3	ACA
LYUMJEV KWIKPEN U-200 INSULIN	3	ACA
LYUMJEV U-100 INSULIN	3	ACA
SEMGLEE(INSULIN GLARGINE-YFGN)	3	
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	
SOLIQUA 100/33	3	ACA; QL

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

Drug Name	Drug Tier	Requirements / Limits
TOUJEO MAX U-300 SOLOSTAR	3	ACA
TOUJEO SOLOSTAR U-300 INSULIN	3	ACA
TRESIBA FLEXTOUCH U-100	3	ACA
TRESIBA FLEXTOUCH U-200	3	ACA
TRESIBA U-100 INSULIN	3	ACA
XULTOPHY 100/3.6	3	ACA; QL

MISCELLANEOUS HORMONES

ANDRODERM	3	PA; QL
<i>cabergoline</i>	2	QL
<i>calcitonin (salmon)</i>	2	
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral</i>	2	
CERDELGA	5	PA
<i>cinacalcet</i>	2	ST
<i>danazol</i>	2	
DDAVP ORAL	4	
DEPO-TESTOSTERONE	4	PA
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	3	
<i>desmopressin oral</i>	2	
<i>doxercalciferol oral</i>	2	
FORTESTA	4	PA; ST; QL
GALAFOLD	5	PA; LA; QL
JATENZO	4	PA; QL
<i>javygtor oral powder in packet</i>	2	PA
JYNARQUE	5	PA; LA; QL
KUVAN	5	PA
METHITEST	3	
<i>methyltestosterone oral capsule</i>	2	
MIACALCIN INJECTION	4	
<i>miglustat</i>	5	PA; LA
MYALEPT	5	PA; LA
NATESTO	3	PA; ST; QL
NATPARA	5	PA; LA
NOC DURNA (MEN)	4	PA; QL
NOC DURNA (WOMEN)	4	PA; QL
ORILISSA	3	PA; QL
<i>oxandrolone</i>	2	
PALYNZIQ	5	PA; LA; QL
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	2	
RAYALDEE	4	

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

Drug Name	Drug Tier	Requirements / Limits
ROCALTROL	4	
<i>sapropterin</i>	5	PA
SOMAVERT	5	
STRENSIQ	5	PA; LA
SYNAREL	3	PA
TESTOPEL	5	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA
<i>testosterone enanthate</i>	2	PA
TESTOSTERONE IMPLANT	4	PA
<i>testosterone transdermal gel</i>	2	PA; QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; ST; QL
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL
<i>testosterone transdermal gel in packet</i>	2	PA; QL
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; QL
<i>tolvaptan</i>	5	PA; LA; QL
VOGELXO	4	PA; ST; QL
XYOSTED	4	PA; QL

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral solution</i>	1	ST; ACA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	ACA
<i>metformin oral tablet extended release 24 hr</i>	1	ACA; QL
<i>metformin oral tablet extended release 24hr</i>	1	PA; ACA; QL
<i>metformin oral tablet,er gast.retention 24 hr</i>	1	PA; ACA; QL
<i>miglitol</i>	1	ACA
<i>nateglinide</i>	1	ACA
OSENI	4	ACA; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; ST; ACA; QL
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL
<i>pioglitazone</i>	1	ACA; QL
<i>pioglitazone-glimepiride</i>	1	ACA; QL
<i>pioglitazone-metformin</i>	1	ACA; QL
PRECOSE ORAL TABLET 100 MG	4	ACA
PRECOSE ORAL TABLET 25 MG, 50 MG	4	
<i>repaglinide</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>repaglinide-metformin</i>	1	ACA; QL
RIOMET	4	ST; ACA
RIOMET ER	4	ST; ACA
RYBELSUS	3	PA; ST; ACA; QL
SEGLUROMET	3	ST; ACA; QL
STEGLATRO	3	ST; ACA; QL
STEGLUJAN	3	ST; ACA; QL
SYMLINPEN 120	3	PA; ST; ACA; QL
SYMLINPEN 60	3	PA; ST; ACA; QL
SYNJARDY	3	ST; ACA; QL
SYNJARDY XR	3	ST; ACA; QL
TRIJARDY XR	3	ST; ACA
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML	3	PA; ST; QL
TRULICITY SUBCUTANEOUS PEN INJECTOR 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	3	PA; ST; ACA; QL
XIGDUO XR	3	ST; ACA; QL
THYROID HORMONES		
ARMOUR THYROID	3	
<i>euthyrox</i>	2	
<i>levo-t</i>	2	
<i>levothyroxine oral tablet</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	2	
<i>liothyronine oral</i>	2	
<i>np thyroid</i>	2	
<i>unithroid</i>	2	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	2	
<i>belladonna</i> <i>alkaloids-opium</i>	2	
<i>chlordiazepoxide-</i> <i>clidinium</i>	2	
<i>dicyclomine oral</i> <i>capsule</i>	2	
<i>dicyclomine oral</i> <i>solution</i>	2	
<i>dicyclomine oral</i> <i>tablet</i>	2	
<i>diphenoxylate-</i> <i>atropine</i>	2	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML	4	
DONNATAL ORAL TABLET	4	
<i>ed-spaz</i>	2	
GLYCATE	4	
<i>glycopyrrolate oral</i>	2	
<i>hyoscyamine sulfate</i> <i>oral</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>hyoscyamine sulfate</i> <i>sublingual</i>	2	
<i>hyosyne</i>	2	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LOMOTIL	4	
<i>loperamide oral</i> <i>capsule</i>	2	
<i>methscopolamine</i>	2	
MOTOFEN	4	
NULEV	4	
<i>opium tincture</i>	2	
<i>oscimin</i>	2	
<i>oscimin sl</i>	2	
<i>phenobarb-hyoscy-</i> <i>atropine-scop oral</i> <i>elixir 16.2-0.1037 -</i> <i>0.0194 mg/5 ml</i>	2	
<i>phenobarb-hyoscy-</i> <i>atropine-scop oral</i> <i>tablet</i>	2	
<i>phenohydro oral</i> <i>elixir 16.2-0.1037 -</i> <i>0.0194 mg/5 ml</i>	2	
<i>phenohydro oral</i> <i>tablet</i>	2	
ROBINUL FORTE	4	
ROBINUL ORAL	4	
SYMAX DUOTAB	4	
<i>symax fastabs</i>	2	
<i>symax-sl</i>	2	
<i>symax-sr</i>	2	

MISCELLANEOUS GASTROINTESTINAL AGENTS

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>alosetron</i>	2	
<i>alvimopan</i>	2	
ANA-LEX KIT	4	
ANALPRAM-HC RECTAL CREAM 1-1 %	4	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	4	ST
ANALPRAM-HC SINGLES	4	
<i>anucort-hc</i>	2	
<i>aprepitant</i>	2	QL
APRISO	4	ST
AURYXIA	4	
AZULFIDINE	4	ST
AZULFIDINE EN-TABS	4	ST
<i>balsalazide</i>	2	
<i>betaine</i>	5	
<i>budesonide oral</i>	2	
<i>calcium acetate(phosphat bind)</i>	2	QL
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL
<i>citrate of magnesia</i>	2	ACA; OTC
<i>citroma</i>	2	ACA; OTC
<i>clearlax oral powder</i>	2	ACA; OTC
COLAZAL	4	ST
COMPAZINE	4	
<i>compro</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>constulose</i>	2	
CORTENEMA	4	
CREON	3	
<i>cromolyn oral</i>	2	
DICLEGIS	4	QL
DIPENTUM	4	ST
<i>doxylamine-pyridoxine (vit b6)</i>	2	QL
<i>dronabinol</i>	2	PA
<i>dulcolax (magnesium hydroxide) oral suspension</i>	2	ACA; OTC
ENTEREG	4	
<i>enulose</i>	2	
GASTROCROM	4	
GATTEX 30-VIAL	5	
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>generlac</i>	2	
GOLYTELY ORAL RECON SOLN	4	
<i>granisetron hcl oral</i>	2	QL
<i>hemmorex-hc</i>	2	
<i>hydrocortisone acetate rectal</i>	2	
<i>hydrocortisone rectal</i>	2	
<i>hydrocortisone topical cream with perineal applicator</i>	2	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>	2	ST
KRISTALOSE	4	
<i>lactulose oral packet</i>	2	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	2	
<i>lanthanum</i>	2	QL
<i>laxative peg 3350</i>	2	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	2	
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL	4	
<i>lidocaine hcl-hydrocortison ac rectal kit</i>	2	
<i>lidocaine-hydrocortisone-aloe</i>	2	
LINZESS	3	QL
LOKELMA	3	QL
<i>magnesium citrate oral solution</i>	2	ACA; OTC
MARINOL	4	PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	
<i>mesalamine</i>	2	
<i>mesalamine with cleansing wipe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	
<i>metoclopramide hcl oral tablet</i>	2	
<i>milk of magnesia</i>	2	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>milk of magnesia concentrated</i>	2	ACA; OTC
MOTEGRITY	4	QL
MOVANTIK	3	QL
<i>natura-lax</i>	2	ACA; OTC
OCALIVA	5	PA; LA; QL
<i>ondansetron</i>	2	QL
<i>ondansetron hcl oral solution</i>	2	QL
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	QL
<i>oral saline laxative oral liquid</i>	2	ACA; OTC
ORTIKOS	4	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300-149,900 UNIT	3	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA

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>peg3350-sod sul-nacl-kcl-asb-c</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
<i>peg-prep</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	
PHOSLYRA	3	QL
<i>phosphate laxative</i>	2	ACA; OTC
<i>powderlax oral powder</i>	2	ACA; OTC
<i>prochlorperazine</i>	2	
<i>prochlorperazine maleate</i>	2	
PROCORT	4	
PROCTOCORT RECTAL	4	ST
<i>procto-med hc</i>	2	
<i>procto-pak</i>	2	
<i>proctosol hc topical</i>	2	
<i>proctozone-hc</i>	2	
RECTIV	3	
REGLAN ORAL	4	
RELISTOR ORAL	3	ST
RELISTOR SUBCUTANEOUS SOLUTION	3	ST
RELISTOR SUBCUTANEOUS SYRINGE	3	ST
RENVELA	4	QL

Drug Name	Drug Tier	Requirements / Limits
ROWASA RECTAL ENEMA KIT	4	
SANCUSO	4	QL
<i>scopolamine base</i>	2	
<i>sevelamer carbonate</i>	2	QL
<i>sevelamer hcl</i>	2	QL
SFROWASA	4	
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR	5	PA; QL
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (with sorbitol)</i>	2	
SUCRAID	5	
<i>sulfasalazine</i>	2	
SYMPROIC	3	
SYNDROS	4	PA
<i>trimethobenzamide oral</i>	2	
TRULANCE	3	
UCERIS ORAL	4	
UCERIS RECTAL	3	
URSO 250	4	
URSO FORTE	4	
<i>ursodiol</i>	2	
VARUBI	3	QL
VELPHORO	3	QL
VELTASSA	3	QL
VIBERZI	3	
VIOKACE	3	
<i>women's gentle laxative(bisac)</i>	2	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
ZELNORM	4	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	
ZUPLENZ	4	QL
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	QL
CARAFATE	4	
<i>cimetidine</i>	2	
<i>cimetidine hcl oral</i>	2	
CYTOTEC	4	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	ST
<i>famotidine oral suspension</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	2	
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	QL
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	2	ST; QL
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	2	ST
<i>misoprostol</i>	2	
<i>nizatidine oral capsule</i>	2	
OMECLAMOX-PAK	4	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	2	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	2	
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	2	PA; QL
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	2	ST; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	2	ST
<i>pantoprazole oral granules dr for susp in packet</i>	2	ST
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	2	QL
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	2	
PEPCID ORAL TABLET	4	
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	2	
<i>sucralfate</i>	2	
TALICIA	3	QL

IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

FULPHILA	5	PA; QL
LEUKINE INJECTION RECON SOLN	5	
MACRILEN	5	QL
MOZOBIL	5	
NIVESTYM	5	PA
PROCRIT	5	PA
RETACRIT	5	PA
ZARXIO	5	PA

Drug Name	Drug Tier	Requirements / Limits
ZIEXTENZO	5	PA
GROWTH HORMONES		
EGRIFTA SV	5	PA
GENOTROPIN	5	PA
GENOTROPIN MINIQUICK	5	PA
NORDITROPIN FLEXPPO	5	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA
INTERFERONS		
AUBAGIO	5	PA; QL
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; QL
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; QL
BAFIERTAM	5	QL
BETASERON SUBCUTANEOUS KIT	5	QL
COPAXONE SUBCUTANEOUS SYRINGE	5	PA; QL
<i>dimethyl fumarate</i>	5	PA; QL
GILENYA ORAL CAPSULE 0.5 MG	5	PA; QL
<i>glatiramer</i>	5	PA; QL
<i>glatopa</i>	5	PA; QL
KESIMPTA PEN	5	QL
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
MAVENCLAD (10 TABLET PACK)	5	PA; LA; QL
MAVENCLAD (4 TABLET PACK)	5	PA; LA; QL
MAVENCLAD (5 TABLET PACK)	5	PA; LA; QL
MAVENCLAD (6 TABLET PACK)	5	PA; LA; QL
MAVENCLAD (7 TABLET PACK)	5	PA; LA; QL
MAVENCLAD (8 TABLET PACK)	5	PA; LA; QL
MAVENCLAD (9 TABLET PACK)	5	PA; LA; QL
MAYZENT	5	PA; QL
MAYZENT STARTER(FOR 1MG MAINT)	5	PA; QL
MAYZENT STARTER(FOR 2MG MAINT)	5	PA; QL
PEGASYS	5	QL
PLEGRIDY	5	PA; QL
POMALYST	5	PA; LA
PONVORY	5	QL
PONVORY 14-DAY STARTER PACK	5	QL
REBIF (WITH ALBUMIN)	5	PA; QL
REBIF REBIDOSE	5	PA; QL
REBIF TITRATION PACK	5	PA; QL
REVLIMID	5	PA; LA; QL
<i>ribavirin oral capsule</i>	5	PA

Drug Name	Drug Tier	Requirements / Limits
<i>ribavirin oral tablet 200 mg</i>	5	PA
VUMERITY	5	PA; QL
INTERLEUKINS		
ACTIMMUNE	5	
ALFERON N	3	
ARCALYST	5	PA; QL
<i>imiquimod</i>	2	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML)	5	
PROLEUKIN	5	PA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	ACA
AFLURIA QD 2022-23(3YR UP)(PF)	3	ACA
AFLURIA QUAD 2022-2023(6MO UP)	3	ACA
BCG VACCINE, LIVE (PF)	3	ACA
BEXSERO	3	ACA
BIOTHRAX	3	ACA
BOOSTRIX TDAP	3	ACA
BOTOX INJECTION RECON SOLN 100 UNIT	5	PA
COMIRNATY TRIS VACCINE(PF)	3	ACA

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)	3	ACA
DENG VAXIA (PF)	3	ACA
ENGERIX-B (PF)	3	ACA
ENGERIX-B PEDIATRIC (PF)	3	ACA
FLUAD QUAD 2022-23(65Y UP)(PF)	3	ACA
FLUARIX QUAD 2022-2023 (PF)	3	ACA
FLUBLOK QUAD 2022-2023 (PF)	3	ACA
FLUCELVAX QUAD 2022-2023	3	ACA
FLUCELVAX QUAD 2022-2023 (PF)	3	ACA
FLULAVAL QUAD 2022-2023 (PF)	3	ACA
FLUMIST QUAD 2022-2023	3	ACA
FLUZONE HIGHDOSE QUAD 22-23 PF	3	ACA
FLUZONE QUAD 2022-2023	3	ACA
FLUZONE QUAD 2022-2023 (PF)	3	ACA
GAMMAGARD LIQUID	5	PA
GARDASIL 9 (PF)	3	ACA
HAVRIX (PF)	3	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	4	ACA
HIBERIX (PF)	3	ACA

Drug Name	Drug Tier	Requirements / Limits
IMOVAX RABIES VACCINE (PF)	3	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	ACA
IPOLE	3	ACA
IXIARO (PF)	3	ACA
JANSSEN COVID-19 VACCINE (EUA)	3	ACA
KINRIX (PF) INTRAMUSCULAR SYRINGE	4	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	ACA
MENQUADFI (PF)	4	ACA
MENVEO A-C-Y-W-135-DIP (PF)	4	ACA
M-M-R II (PF)	3	ACA
MODERNA COVID(6M-5Y) VACC(EUA)	3	ACA
MODERNA COVID-19 BOOSTER (EUA)	3	ACA
MODERNA COVID-19 VACCINE (EUA)	3	ACA
NOVAVAX COVID-19 VACC,ADJ(EUA)	3	ACA
PEDIARIX (PF)	3	ACA
PEDVAX HIB (PF)	3	ACA
PENTACEL (PF)	3	ACA

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
PENTACEL ACTHIB COMPONENT (PF)	3	ACA
PFIZER COVID-19 TRIS VACCN(PF)	3	ACA
PFIZER COVID-19 VACCINE (EUA)	3	ACA
PNEUMOVAX-23	3	ACA
PREHEVBRIO (PF)	3	ACA
PREVNAR 13 (PF)	3	ACA
PREVNAR 20 (PF)	3	ACA
PRIORIX (PF)	3	ACA
PROQUAD (PF)	3	ACA
QUADRACEL (PF)	3	ACA
RABAVERT (PF)	3	ACA
RECOMBIVAX HB (PF)	3	ACA
ROTARIX	4	ACA
ROTATEQ VACCINE	3	ACA
SHINGRIX (PF)	3	ACA
SPIKEVAX (PF)	3	ACA
STAMARIL (PF)	3	ACA
TDVAX	3	ACA
TENIVAC (PF)	4	ACA
TETANUS,DIPHTH ERIA TOX PED(PF)	3	ACA
TICOVAC	3	
TRUMENBA	3	ACA
TWINRIX (PF)	3	ACA
TYPHIM VI	3	ACA
VAQTA (PF)	4	ACA
VARIVAX (PF)	3	ACA

Drug Name	Drug Tier	Requirements / Limits
VAXELIS (PF)	4	ACA
VAXNEUVANCE	3	ACA
VIVOTIF	3	ACA
YF-VAX (PF)	3	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol</i>	2	
<i>colchicine oral tablet</i>	2	
<i>febuxostat</i>	2	ST
GLOPERBA	4	
MITIGARE	3	
<i>probenecid</i>	2	
<i>probenecid- colchicine</i>	2	
ZYLOPRIM ORAL TABLET 100 MG	4	

OSTEOPOROSIS THERAPY

ACTONEL ORAL TABLET 150 MG, 35 MG	4	ST; QL
<i>alendronate oral solution</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
ATELVIA	4	ST; QL
BINOSTO	4	ST; QL
BONIVA ORAL	4	ST; QL
EVISTA	4	

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

Drug Name	Drug Tier	Requirements / Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	5	PA; QL
FOSAMAX ORAL TABLET 70 MG	4	ST; QL
FOSAMAX PLUS D	4	ST; QL
<i>ibandronate oral</i>	1	QL
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet,delayed release (dr/ec)</i>	1	QL
TERIPARATIDE	5	PA; QL
TYMLOS	5	PA; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; QL
ACTEMRA SUBCUTANEOUS	5	PA; QL
ARAVA	4	QL
BENLYSTA SUBCUTANEOUS	5	PA; QL
DEPEN TITRATABS	4	PA
ENBREL	5	PA; QL
ENBREL MINI	5	PA; QL
ENBREL SURECLICK	5	PA; QL
HUMIRA PEN	5	PA; QL
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA PEN PSOR-UEVITS-ADOL HS	5	PA; QL
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; QL
HUMIRA(CF)	5	PA; QL
HUMIRA(CF) PEDI CROHNS STARTER	5	PA; QL
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; QL
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; QL
<i>leflunomide</i>	2	QL
OTEZLA	5	PA; QL
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; QL
<i>penicillamine</i>	2	PA
RASUVO (PF)	3	ST
RIDAURA	3	
RINVOQ	5	PA; QL
SAVELLA	3	ST; QL
SIMPONI ARIA	5	PA

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

Drug Name	Drug Tier	Requirements / Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; QL
XELJANZ	5	PA; QL
XELJANZ XR	5	PA; QL

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	3	ACA
PARAGARD T 380A	5	ACA

ESTROGENS & PROGESTINS

ACTIVELLA ORAL TABLET 1-0.5 MG	4	
ALORA	4	QL
<i>amabelz</i>	2	
ANGELIQ	4	
AYGESTIN	4	
<i>camila</i>	2	ACA
CLIMARA	4	QL
COMBIPATCH	3	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
<i>deblitane</i>	2	ACA
DELESTROGEN	4	
DEPO-ESTRADIOL	3	

Drug Name	Drug Tier	Requirements / Limits
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	4	ACA; QL
DEPO-PROVERA INTRAMUSCULAR SYRINGE	4	ACA; QL
DEPO-SUBQ PROVERA 104	4	ACA; QL
<i>dotti</i>	2	QL
DUAVEE	3	
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>errin</i>	2	ACA
ESTRACE ORAL	4	
<i>estradiol oral</i>	2	
<i>estradiol transdermal</i>	2	QL
<i>estradiol vaginal</i>	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	
<i>estradiol-norethindrone acet</i>	2	
<i>estrogens-methyltestosterone</i>	2	
<i>fyavolv</i>	2	
<i>heather</i>	2	ACA
<i>incassia</i>	2	ACA
<i>jencycla</i>	2	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	2	
<i>lyllana</i>	2	QL
<i>lyza</i>	2	ACA
<i>medroxyprogesterone intramuscular</i>	2	ACA; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>medroxyprogesterone oral</i>	2	
MENOSTAR	4	QL
<i>mimvey</i>	2	
<i>nora-be</i>	2	ACA
<i>norethindrone (contraceptive)</i>	2	ACA
<i>norethindrone acetate</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
PREFEST	4	
PREMARIN VAGINAL	3	
<i>progesterone</i>	5	
<i>progesterone micronized</i>	2	
PROMETRIUM	4	
PROVERA	4	
<i>sharobel</i>	2	ACA
<i>tulana</i>	2	ACA
<i>yuvaferm</i>	2	
MISCELLANEOUS OB/GYN		
CERVIDIL	4	
CLEOCIN VAGINAL	4	
<i>clindamycin phosphate vaginal</i>	2	
CLINDESSE	4	
<i>eluryng</i>	2	ACA
<i>etonogestrel-ethinyl estradiol</i>	2	ACA
<i>fem ph</i>	2	

Drug Name	Drug Tier	Requirements / Limits
GYNAZOLE-1	4	
<i>isoxsuprine</i>	2	
LYSTEDA	4	
<i>metronidazole vaginal</i>	2	
<i>miconazole-3 vaginal suppository</i>	2	
MYFEMBREE	3	PA
NEXPLANON	5	ACA
NUVESSA	4	
ORIAHNN	3	PA
OSPHENA	4	
PREPIDIL	4	
RELAGARD	4	
<i>terconazole</i>	2	
TODAY CONTRACEPTIVE SPONGE	3	ACA; OTC
<i>tranexamic acid oral</i>	2	
TRIMO-SAN JELLY	3	
<i>vandazole</i>	2	
VCF CONTRACEPTIVE FILM	3	ACA; OTC
VCF CONTRACEPTIVE GEL	3	ACA; OTC
<i>xulane</i>	2	ACA
<i>zafemy</i>	1	
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	2	ACA
AFTERA	4	ACA; OTC; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>altavera (28)</i>	2	ACA
<i>alyacen 1/35 (28)</i>	2	ACA
<i>alyacen 7/7/7 (28)</i>	2	ACA
<i>amethia</i>	2	ACA
<i>amethyst (28)</i>	2	ACA
<i>apri</i>	2	ACA
<i>aranelle (28)</i>	2	ACA
<i>ashlyna</i>	2	ACA
<i>aubra</i>	2	ACA
<i>aubra eq</i>	2	ACA
<i>aurovela 1.5/30 (21)</i>	2	ACA
<i>aurovela 1/20 (21)</i>	2	ACA
<i>aurovela 24 fe</i>	2	ACA
<i>aurovela fe 1.5/30 (28)</i>	2	ACA
<i>aurovela fe 1-20 (28)</i>	2	ACA
<i>aviane</i>	2	ACA
<i>ayuna</i>	2	ACA
<i>azurette (28)</i>	2	ACA
<i>balziva (28)</i>	2	ACA
<i>BEYAZ</i>	4	ACA
<i>blisovi 24 fe</i>	2	ACA
<i>blisovi fe 1.5/30 (28)</i>	2	ACA
<i>blisovi fe 1/20 (28)</i>	2	ACA
<i>briellyn</i>	2	ACA
<i>camrese</i>	2	ACA
<i>camrese lo</i>	2	ACA
<i>caziant (28)</i>	2	ACA
<i>charlotte 24 fe</i>	2	ACA
<i>chateal (28)</i>	2	ACA
<i>chateal eq (28)</i>	2	ACA
<i>cryselle (28)</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>cyred</i>	2	ACA
<i>cyred eq</i>	2	ACA
<i>dasetta 1/35 (28)</i>	2	ACA
<i>dasetta 7/7/7 (28)</i>	2	ACA
<i>daysee</i>	2	ACA
<i>desog-e.estradiol/e.estradiol</i>	2	ACA
<i>desogestrel-ethinyl estradiol</i>	2	ACA
<i>dolishale</i>	1	
<i>drospirenone-e.estradiol-lm.fa</i>	2	ACA
<i>drospirenone-ethinyl estradiol</i>	2	ACA
<i>econtra ez</i>	2	ACA; OTC; QL
<i>econtra one-step</i>	2	ACA; OTC; QL
<i>elinest</i>	2	ACA
<i>ELLA</i>	3	ACA; QL
<i>enpresse</i>	2	ACA
<i>enskyce</i>	2	ACA
<i>estarylla</i>	2	ACA
<i>ethynodiol diac-eth estradiol</i>	2	ACA
<i>falmina (28)</i>	2	ACA
<i>femynor</i>	2	ACA
<i>finzala</i>	2	
<i>gemmily</i>	2	
<i>hailey</i>	2	ACA
<i>hailey 24 fe</i>	2	ACA
<i>hailey fe 1.5/30 (28)</i>	2	ACA
<i>hailey fe 1/20 (28)</i>	2	ACA

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>iclevia</i>	2	
<i>isibloom</i>	2	ACA
<i>jaimiess</i>	2	ACA
<i>jasmiel (28)</i>	2	ACA
<i>jolessa</i>	2	ACA
<i>juleber</i>	2	ACA
<i>junel 1.5/30 (21)</i>	2	ACA
<i>junel 1/20 (21)</i>	2	ACA
<i>junel fe 1.5/30 (28)</i>	2	ACA
<i>junel fe 1/20 (28)</i>	2	ACA
<i>junel fe 24</i>	2	ACA
<i>kaitlib fe</i>	2	ACA
<i>kalliga</i>	2	ACA
<i>kariva (28)</i>	2	ACA
<i>kelnor 1/35 (28)</i>	2	ACA
<i>kelnor 1-50 (28)</i>	2	ACA
<i>kurvelo (28)</i>	2	ACA
<i>l norgest/e.estradiol-e.estradiol</i>	2	ACA
<i>larin 1.5/30 (21)</i>	2	ACA
<i>larin 1/20 (21)</i>	2	ACA
<i>larin 24 fe</i>	2	ACA
<i>larin fe 1.5/30 (28)</i>	2	ACA
<i>larin fe 1/20 (28)</i>	2	ACA
<i>layolis fe</i>	2	ACA
<i>leena 28</i>	2	ACA
<i>lessina</i>	2	ACA
<i>levonest (28)</i>	2	ACA
<i>levonorgestrel</i>	2	ACA; OTC; QL
<i>levonorgestrel-ethinyl estradiol</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>levonorg-eth estradiol triphasic</i>	2	ACA
<i>levora-28</i>	2	ACA
<i>lojaimiess</i>	2	ACA
<i>loryna (28)</i>	2	ACA
<i>low-ogestrel (28)</i>	2	ACA
<i>lo-zumandimine (28)</i>	2	ACA
<i>luteria (28)</i>	2	ACA
<i>marlissa (28)</i>	2	ACA
<i>merzee</i>	2	
<i>mibelas 24 fe</i>	2	ACA
<i>microgestin 1.5/30 (21)</i>	2	ACA
<i>microgestin 1/20 (21)</i>	2	ACA
MICROGESTIN 24 FE	4	
<i>microgestin fe 1.5/30 (28)</i>	2	ACA
<i>microgestin fe 1/20 (28)</i>	2	ACA
<i>mili</i>	2	ACA
<i>mono-lynyah</i>	2	ACA
<i>my choice</i>	2	ACA; OTC; QL
<i>my way</i>	2	ACA; OTC; QL
<i>necon 0.5/35 (28)</i>	2	ACA
<i>new day</i>	2	ACA; OTC; QL
<i>nikki (28)</i>	2	ACA
<i>noreth-ethinyl estradiol-iron</i>	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral capsule</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	2	ACA
<i>norgestimate-ethinyl estradiol</i>	2	ACA
<i>nortrel 0.5/35 (28)</i>	2	ACA
<i>nortrel 1/35 (21)</i>	2	ACA
<i>nortrel 1/35 (28)</i>	2	ACA
<i>nortrel 7/7/7 (28)</i>	2	ACA
<i>nymyo</i>	2	
<i>ocella</i>	2	ACA
<i>opcicon one-step</i>	2	ACA; OTC; QL
<i>option-2</i>	2	ACA; OTC; QL
<i>philith</i>	2	ACA
<i>pimtrea (28)</i>	2	ACA
<i>pirmella</i>	2	ACA
PLAN B ONE-STEP	3	ACA; OTC; QL

Drug Name	Drug Tier	Requirements / Limits
<i>portia 28</i>	2	ACA
<i>reclipsen (28)</i>	2	ACA
<i>rivelsa</i>	2	ACA
<i>setlakin</i>	2	ACA
<i>simliya (28)</i>	2	ACA
<i>simpesse</i>	2	ACA
<i>sprintec (28)</i>	2	ACA
<i>sronyx</i>	2	ACA
<i>syeda</i>	2	ACA
TAKE ACTION	4	ACA; OTC; QL
<i>tarina 24 fe</i>	2	ACA
<i>tarina fe 1/20 (28)</i>	2	ACA
<i>tilia fe</i>	2	ACA
<i>tri femynor</i>	2	ACA
<i>tri-estarylla</i>	2	ACA
<i>tri-legest fe</i>	2	ACA
<i>tri-linyah</i>	2	ACA
<i>tri-lo-estarylla</i>	2	ACA
<i>tri-lo-marzia</i>	2	ACA
<i>tri-lo-mili</i>	2	ACA
<i>tri-lo-sprintec</i>	2	ACA
<i>tri-mili</i>	2	ACA
<i>tri-nymyo</i>	2	
<i>tri-sprintec (28)</i>	2	ACA
<i>trivora (28)</i>	2	ACA
<i>tri-vylibra</i>	2	ACA
<i>tri-vylibra lo</i>	2	ACA
<i>tydemy</i>	2	ACA
<i>velivet triphasic regimen (28)</i>	2	ACA
<i>vestura (28)</i>	1	
<i>vienva</i>	2	ACA

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>viorele (28)</i>	2	ACA
<i>volnea (28)</i>	2	ACA
<i>vyfemla (28)</i>	2	ACA
<i>vylibra</i>	2	ACA
<i>wera (28)</i>	2	ACA
<i>wymzya fe</i>	2	ACA
<i>YAZ (28)</i>	4	ACA
<i>zarah</i>	2	ACA
<i>zovia 1-35 (28)</i>	2	ACA
<i>zumandimine (28)</i>	2	ACA

OXYTOCICS

<i>methergine</i>	2	ST; QL
<i>methylergonovine oral</i>	2	ST; QL

OPHTHALMOLOGY

ANTIBIOTICS

<i>ak-poly-bac</i>	2	
AZASITE	3	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	2	
BETADINE OPHTHALMIC PREP	4	
CILOXAN OPHTHALMIC (EYE) DROPS	4	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	
<i>erythromycin ophthalmic (eye)</i>	2	
<i>gatifloxacin</i>	2	
<i>gentak ophthalmic (eye) ointment</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin ophthalmic (eye) drops</i>	2	
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	2	
MOXIFLOXACIN (PF)-BSS	4	
<i>moxifloxacin ophthalmic (eye)</i>	2	
MOXIFLOXACIN-SOD CHLOR,ISO(PF)	4	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	2	
<i>neomycin-polymyxin-gramicidin</i>	2	
<i>neo-polycin</i>	2	
OCUFLOX	4	
<i>ofloxacin ophthalmic (eye)</i>	2	
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	
POLYTRIM	4	
<i>tobramycin ophthalmic (eye)</i>	2	
TOBREX	4	
VIGAMOX	4	
ZYMAXID	4	
ANTIVIRALS		
<i>trifluridine</i>	2	
ZIRGAN	4	

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

Drug Name	Drug Tier	Requirements / Limits
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
BETOPTIC S	4	
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	2	
<i>timolol maleate ophthalmic (eye)</i>	2	
TIMOPTIC	4	
TIMOPTIC-XE	4	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops</i>	2	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION	4	
<i>atropine ophthalmic (eye) ointment</i>	2	
CYCLOGYL	4	
<i>cyclopentolate</i>	2	
CYCLOPEN-TROPIC-PHENYLEPH-WATR	4	
CYCLOPENT-TROPIC-PHEN-KETR-WAT	4	

Drug Name	Drug Tier	Requirements / Limits
CYCLOP-TROP-PROPA-PHEN-KET-WAT	4	
<i>homatropaire</i>	2	
ISOPTO ATROPINE	4	
MYDRIACYL	4	
PAREMYD	4	
PHENYLEPH-TROPICAMIDE IN WATER	4	
<i>tropicamide</i>	2	
DIRECT ACTING MIOTICS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 2 %	4	
MIOCHOL-E	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	4	
ALCAINE	4	
ALOCRIAL	4	ST
ALOMIDE	4	ST
<i>altacaine</i>	2	
ALTAFLUOR BENOX	4	
<i>azelastine ophthalmic (eye)</i>	2	
BEOVU	5	PA
<i>bepotastine besilate</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML, 3.25 MG/0.13 ML	4	
CEQUA	4	PA
<i>cromolyn ophthalmic (eye)</i>	2	
CYCLOSPORINE IN KLARITY	4	
<i>cyclosporine ophthalmic (eye)</i>	2	PA; QL
CYSTARAN	5	
DEXAMET-MOXIFL-KETORONACL(PF)	4	
<i>epinastine</i>	2	
EYLEA INTRAVITREAL SOLUTION	5	PA
EYLEA INTRAVITREAL SYRINGE	5	
FLUORESC EIN-BENOXINATE	4	
<i>fluorescein-proparacaine</i>	2	
KLARITY-A (AZITHRO-CHONDR)(PF)	4	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.5-0.25 %	4	
LACRISERT	4	PA; QL

Drug Name	Drug Tier	Requirements / Limits
LIDOCAINE-PHENYLEPHRIN-BSS(PF)	4	
<i>lidocaine-phenylephrn in water</i>	2	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML	5	PA
LUCENTIS INTRAVITREAL SYRINGE	5	PA
MITOMYCIN (PF) IN WATER	4	
MYDRIATIC4(TROP-PROP-PE-KTRLC)	4	
<i>olopatadine ophthalmic (eye)</i>	2	
OMIDRIA	4	
OXERVATE	5	PA
PHOTREXA CROSS-LINKING KIT	4	
PHOTREXA VISCOUS	4	
PREDNISOL ACE-GATIFLOX-BROMFEN	4	
PREDNISOLN SP-GATIFLOX-BROMFEN	4	
PREDNISOLN SP-MOXIFLOX-BROMFEN	4	
PREDNISOLONE ACETATE-NEPAFENAC	4	

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Drug Name	Drug Tier	Requirements / Limits
PREDNISOLONE-MOXIFLO-NEPAFENAC	4	
PREDNISOLONE-MOXIFLOX-BROMFEN	4	
<i>proparacaine</i>	2	
RACEPINEPH-LIDOCAINE-BSS 7(PF)	4	
RESTASIS	3	PA; QL
RESTASIS MULTIDOSE	3	PA; QL
<i>tetracaine hcl</i>	2	
TETRACAINE HCL (PF) OPTHALMIC (EYE)	4	
XIIDRA	3	PA; QL
ZERVIAE	4	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	4	
ACULAR LS	4	
<i>bromfenac</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	2	
<i>flurbiprofen sodium</i>	2	
ILEVRO	4	
<i>ketorolac ophthalmic (eye)</i>	2	
PROLENSA	4	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	2	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		

Drug Name	Drug Tier	Requirements / Limits
<i>bimatoprost ophthalmic (eye)</i>	2	PA
BRIMONIDINE-DORZOLAMIDE (PF)	4	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
COMBIGAN	4	
<i>dorzolamide</i>	2	
DORZOLAMIDE (PF)	4	
<i>dorzolamide-timolol</i>	2	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
DORZOLAMIDE-TIMOLOL (PF) OPTHALMIC (EYE) DROPS	4	
<i>latanoprost</i>	2	PA
LATANOPROST (PF)	4	
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	4	PA; ST
<i>miostat</i>	2	
MITOSOL	4	
SIMBRINZA	4	
TIMOL-BRIMON-DORZO-LATANOP(PF)	4	
TIMOLOL-BRIMONIDI-DORZOLAM(PF)	4	
TIMOLOL-DORZOLAMID-LATANOP(PF)	4	

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

Drug Name	Drug Tier	Requirements / Limits
TIMOLOL-LATANOPROST(P F)	4	
travoprost	2	ST
TRUSOPT	4	
VYZULTA	4	ST
STEROID-ANTIBIOTIC COMBINATIONS		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	4	
MAXITROL	4	
neomycin-bacitracin-poly-hc	2	
neomycin-polymyxin b-dexameth	2	
neomycin-polymyxin-hc ophthalmic (eye)	2	
neo-polycin hc	2	
PRED-G	4	
PRED-G S.O.P.	4	
PREDNISOLONE SOD PH-MOXIFLOX	4	
PREDNISOLONE-MOXIFLOXACIN HCL	4	
TOBRADEX	4	
tobramycin-dexamethasone	2	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	4	
STEROIDS		

Drug Name	Drug Tier	Requirements / Limits
dexamethasone sodium phosphate ophthalmic (eye)	2	
DEXTENZA	4	
DEXYCU (PF)	4	
difluprednate	2	
EYSUVIS	4	PA; QL
fluorometholone	2	
FML LIQUIFILM	4	
ILUVIEN	5	
INVELTYS	4	
LOTEMAX	4	
LOTEMAX SM	4	
loteprednol etabonate	2	
OZURDEX	5	
PRED FORTE	4	
prednisolone acetate	2	
PREDNISOLONE ACETATE (PF)	4	
prednisolone sodium phosphate ophthalmic (eye)	2	
RETISERT	5	
YUTIQ	5	
STEROID-SULFONAMIDE COMBINATIONS		
BLEPHAMIDE S.O.P.	4	
sulfacetamide-prednisolone	2	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye)	2	

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

Drug Name	Drug Tier	Requirements / Limits
SYMPATHOMIMETICS		
ALPHAGAN P	4	
<i>apraclonidine</i>	2	
<i>brimonidine</i>	2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	4	
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS		
<i>carbinoxamine maleate oral liquid</i>	2	
<i>carbinoxamine maleate oral tablet 4 mg</i>	2	
<i>carbinoxamine maleate oral tablet 6 mg</i>	2	ST
<i>cetirizine oral solution 1 mg/ml</i>	2	
CLARINEX ORAL TABLET	4	QL
<i>clemastine oral syrup</i>	2	
<i>clemastine oral tablet 2.68 mg</i>	2	
<i>cyproheptadine</i>	2	
<i>desloratadine</i>	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>dexchlorpheniramine maleate oral solution</i>	2	
DIPHEN ORAL ELIXIR	4	
<i>epinephrine injection auto- injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	QL
EPIPEN 2-PAK	3	QL
EPIPEN JR 2-PAK	3	QL
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	
<i>hydroxyzine pamoate</i>	2	
KARBINAL ER	4	ST
<i>levocetirizine oral solution</i>	2	
<i>levocetirizine oral tablet</i>	2	QL
<i>promethazine oral</i>	2	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	2	
<i>promethgan</i>	2	
RYCLORA	4	
RYVENT	4	ST
SYMJEPI	3	QL
VISTARIL	4	
COUGH & COLD THERAPY		
<i>benzonatate</i>	2	
BROMFED DM	4	
<i>brompheniramine- pseudoeph-dm</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
CAPCOF	4	
CLARINEX-D 12 HOUR	4	QL
<i>codeine-guaifenesin</i>	2	
CODITUSSIN AC	4	
CODITUSSIN DAC	4	
<i>g tussin ac</i>	2	
<i>guaiaatussin ac</i>	2	
HISTEX-AC	4	
HYCODAN (WITH HOMATROPINE)	4	
<i>hydrocodone-chlorpheniramine</i>	2	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	2	
<i>hydrocodone-homatropine oral tablet</i>	2	
<i>hydromet</i>	2	
MAR-COF CG	4	
<i>maxi-tuss ac</i>	2	
MAXI-TUSS CD	4	
<i>m-clear wc</i>	2	
M-END PE	4	
NINJACOF-XG	4	
OBREDON	4	ST
POLY-TUSSIN AC	4	
<i>promethazine-codeine</i>	2	
<i>promethazine-dm</i>	2	
<i>promethazine-phenyleph-codeine</i>	2	
<i>promethazine-phenylephrine</i>	2	

Drug Name	Drug Tier	Requirements / Limits
RESPA-AR	4	
TUXARIN ER	4	
TUZISTRA XR	4	ST
<i>virtussin ac</i>	2	
<i>virtussin dac</i>	2	
PULMONARY AGENTS		
ACCOLATE	4	
<i>acetylcysteine</i>	1	
ADEMPAS	5	PA; LA
ADRENALIN NASAL	4	
ADVAIR DISKUS	4	ST; QL
ADVAIR HFA	3	ST; QL
<i>albuterol sulfate inhalation hfa aerosol inhaler</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral</i>	1	
ALVESCO	4	QL
<i>alyq</i>	5	PA; QL
<i>ambrisentan</i>	5	PA; LA
<i>aminophylline intravenous solution 250 mg/10 ml</i>	2	
ANORO ELLIPTA	3	QL
<i>arformoterol</i>	1	QL
ARNUITY ELLIPTA	3	QL
ASMANEX HFA	3	QL

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

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	QL
ATROVENT HFA	4	QL
<i>azelastine-fluticasone</i>	2	QL
BEVESPI AEROSPHERE	3	QL
<i>bosentan</i>	5	PA
BREO ELLIPTA	3	PA; QL
BREZTRI AEROSPHERE	3	QL
BROVANA	4	QL
<i>budesonide inhalation</i>	1	QL
COMBIVENT RESPIMAT	3	QL
<i>cromolyn inhalation</i>	1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 50-5 MCG/ACTUATION	3	ST; QL
DYMISTA	4	QL
ELIXOPHYLLIN	4	
<i>epinephrine hcl</i>	2	
FASENRA PEN	5	PA
FLOVENT DISKUS	3	QL
FLOVENT HFA	3	QL
<i>flunisolide</i>	2	QL
<i>fluticasone propionate nasal</i>	2	QL
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	ST; QL
<i>formoterol fumarate</i>	1	QL
HAEGARDA	5	PA; LA
<i>icatibant</i>	5	PA
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	QL
KALYDECO	5	PA; QL
<i>levalbuterol hcl</i>	1	
LONHALA MAGNAIR REFILL	4	QL
LONHALA MAGNAIR STARTER	4	QL
<i>metaproterenol oral syrup</i>	1	
<i>mometasone nasal</i>	2	QL
<i>montelukast</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; LA; QL
NUCALA SUBCUTANEOUS SYRINGE	5	PA; LA; QL
OFEV	5	PA; QL
OPSUMIT	5	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; QL
ORKAMBI ORAL TABLET	5	PA; QL
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL
<i>pirfenidone oral tablet 801 mg</i>	5	PA
PULMOZYME	5	
QVAR REDIHALER	3	QL
REVATIO ORAL	5	PA; ST; QL
RUCONEST	5	PA
<i>sajazir</i>	5	ST
SEREVENT DISKUS	3	QL
<i>sildenafil (pulm.hypertension) oral</i>	5	PA; QL
SINUVA	5	
SPIRIVA RESPIMAT	3	QL
SPIRIVA WITH HANDIHALER	3	QL
STIOLTO RESPIMAT	3	QL
SYMBICORT	3	PA; QL

Drug Name	Drug Tier	Requirements / Limits
SYMDEKO	5	PA; QL
<i>tadalafil (pulm. hypertension)</i>	5	PA; QL
TAKHZYRO SUBCUTANEOUS SOLUTION	5	PA; LA
<i>terbutaline oral</i>	1	
THEO-24	4	
<i>theophylline oral elixir</i>	1	
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRACLEER	5	PA; LA
TRELEGY ELLIPTA	3	QL
TRIKAFTA	5	PA; QL
TYVASO	5	PA
TYVASO REFILL KIT	5	PA
TYVASO STARTER KIT	5	PA
VENTAVIS	5	PA; ST
<i>wixela inhub</i>	1	ST; QL
XHANCE	4	QL
XOLAIR	5	PA; LA; QL
XOPENEX	4	
XOPENEX CONCENTRATE	4	
YUPELRI	3	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	ST
ZYFLO	4	ST

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	4	ST
<i>fesoterodine</i>	2	
<i>flavoxate</i>	2	
GELNIQUE TRANSDERMAL GEL IN PACKET	3	QL
MYRBETRIQ	3	
<i>oxybutynin chloride</i>	2	
OXYTROL	4	ST; QL
<i>solifenacin</i>	2	
<i>tolterodine</i>	2	
TOVIAZ	4	
<i>trospium</i>	2	

BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY

<i>alfuzosin</i>	2	
<i>dutasteride</i>	2	PA
<i>dutasteride-tamsulosin</i>	2	ST
<i>finasteride oral tablet 5 mg</i>	2	
FLOMAX	4	ST
JALYN	4	ST
PROSCAR	4	ST

Drug Name	Drug Tier	Requirements / Limits
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL
<i>tamsulosin</i>	2	

CHOLINERGIC STIMULANTS

<i>bethanechol chloride</i>	2	
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MISCELLANEOUS UROLOGICALS

CAVERJECT	3	PA; QL
CAVERJECT IMPULSE	3	PA; QL
CYSTAGON	5	LA
EDEX	4	PA; QL
ELMIRON	3	
<i>hyophen</i>	2	
IFE-BIMIX 30/1	4	
IFE-PG20	4	
K-PHOS NO 2	4	
K-PHOS ORIGINAL	3	
<i>methen-sod phos-meth blue-hyos</i>	2	
ORACIT	4	
<i>phosphasal</i>	2	
<i>potassium citrate oral tablet extended release</i>	2	
RENACIDIN	3	
<i>sildenafil</i>	2	PA; QL
STENDRA	4	PA; QL
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	PA; QL
TRI-MIX (PAPAVRN-PHNTLMN-PGE1)	4	
URELLE	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>uretron d-s</i>	2	
URIBEL	4	
<i>urimar-t</i>	2	
<i>uro-458</i>	2	
UROCIT-K 10	4	
UROCIT-K 15	4	
UROCIT-K 5	4	
<i>urogesic-blue</i>	2	
<i>uro-mp</i>	2	
UROQID-ACID NO.2	4	
<i>uryl</i>	2	
<i>ustell</i>	2	
<i>utira-c</i>	2	
<i>varденаfil</i>	2	PA; QL

URINARY ANESTHETICS

phenazopyridine oral tablet 100 mg, 200 mg

2

VITAMINS, HEMATINICS & ELECTROLYTES

ELECTROLYTES

calcium 500 + d oral tablet, chewable

2

ACA; OTC

calcium carbonate-vitamin d3 oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)

2

ACA; OTC

calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit)

2

ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>calcium citrate-vitamin d3 oral tablet 315 mg-6.25 mcg (250 unit)</i>	2	OTC
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	4	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	
GALZIN	4	
<i>klor-con</i>	2	
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	2	
<i>klor-con m15</i>	2	
<i>klor-con m20</i>	2	
<i>klor-con/ef</i>	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	4	
<i>lugols oral</i>	2	
<i>oyster shell + d3</i>	2	ACA; OTC
POTABA	4	
<i>potassium chloride oral</i>	2	
<i>strong iodine oral</i>	2	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	5	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	2	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>b complex-vitamin c-folic acid oral tablet</i>	2	ACA; OTC
<i>balanced b-100 oral tablet</i>	2	ACA; OTC
<i>bal-care dha</i>	1	
BAL-CARE DHA ESSENTIAL	4	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	2	ACA; OTC
<i>cholecalciferol (vitamin d3) oral capsule 25 mcg (1,000 unit)</i>	2	ACA; OTC
<i>cholecalciferol (vitamin d3) oral tablet 25 mcg (1,000 unit)</i>	2	OTC
CITRANATAL B-CALM (FE GLUC)	4	
<i>classic prenatal</i>	1	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
CONCEPT DHA	4	
CONCEPT OB	4	
<i>cyanocobalamin (vitamin b-12) injection</i>	2	
<i>dialyvite 800 oral tablet</i>	2	ACA; OTC
<i>dodex</i>	2	
DRISDOL	4	
DUET DHA BALANCED	4	
DUET DHA WITH OMEGA-3	4	
<i>elite-ob</i>	2	

Drug Name	Drug Tier	Requirements / Limits
ENBRACE HR	4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2	
FLORIVA (FLUORIDE-VITAMIN D3)	4	OTC
<i>fluoride (sodium) oral drops</i>	1	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	1	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>folitab</i>	2	ACA; OTC
<i>folivane-ob</i>	2	
<i>foltabs 800</i>	2	ACA; OTC
<i>full spectrum b-vitamin c</i>	2	ACA; OTC
<i>hydroxocobalamin</i>	2	
<i>kobee</i>	2	ACA; OTC
KOSHER PRENATAL PLUS IRON	4	
<i>kpn oral tablet</i>	1	ACA; OTC
<i>ludent fluoride</i>	1	ACA; OTC
MARNATAL-F	4	
MECOBALAMIN (VITAMIN B12) INJECTION	4	
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride oral drops</i>	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>multi-vitamin with fluoride oral tablet,chewable</i>	2	ACA; OTC
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 1 mg</i>	2	ACA; OTC
<i>mvc-fluoride</i>	2	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
NASCOBAL	3	ST; QL
NATACHEW (FE BIS-GLYCINATE)	4	
NEEVODHA (WITH ALGAL OIL)	4	
NEONATAL COMPLETE	4	
NEONATAL FE	4	
NEONATAL PLUS VITAMIN	4	
NEONATAL-DHA	4	
NESTABS	4	
NESTABS ABC	4	
NESTABS DHA	4	
NESTABS ONE	4	
<i>newgen</i>	1	
OB COMPLETE	4	
OB COMPLETE ONE	4	
OB COMPLETE PETITE	4	
OB COMPLETE PREMIER	4	

Drug Name	Drug Tier	Requirements / Limits
OB COMPLETE WITH DHA	4	
<i>one daily prenatal</i>	1	ACA; OTC
<i>perry prenatal</i>	1	ACA; OTC
<i>pnv-dha</i>	2	
<i>pnv-omega</i>	2	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prena1 chew</i>	1	
<i>prena1 pearl</i>	1	
<i>prena1 true</i>	1	
PRENATA	4	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	1	ACA; OTC
<i>prenatal multi-dha (algae oil)</i>	1	ACA; OTC
<i>prenatal multivitamins</i>	1	ACA; OTC
<i>prenatal one daily</i>	1	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
PRENATAL PLUS DHA ORAL COMBO PACK	4	
PRENATAL PLUS VITAMIN-MINERAL	4	

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

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vit no.179-iron-folic</i>	1	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	ACA; OTC
<i>prenatal vitamin with minerals</i>	1	ACA; OTC
<i>prenatal vits96-iron fum-folic</i>	1	ACA; OTC
<i>prenatal-u</i>	2	
PRENATE AM	4	
PRENATE CHEWABLE	4	
PRENATE DHA (FERR ASP GLYCIN)	4	
PRENATE ELITE (IRON ASP GLYC)	4	
PRENATE ENHANCE	4	
PRENATE ESSENTIAL(IRON-ASP-GL)	4	
PRENATE MINI (FERR ASP GLYCIN)	4	
PRENATE PIXIE	4	
PRENATE RESTORE	4	
PRENATE STAR	4	
PRIMACARE	4	
PROVIDA OB	4	
PUREFE OB PLUS	4	
<i>rena-vite</i>	2	ACA; OTC
R-NATAL OB	4	
SELECT-OB	4	

Drug Name	Drug Tier	Requirements / Limits
SELECT-OB (FOLIC ACID)	4	
SELECT-OB + DHA	4	
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>stress formula with iron</i>	2	ACA; OTC
<i>stress formula with iron(sulf)</i>	2	ACA; OTC
<i>super b maxi complex</i>	2	ACA; OTC
<i>super quint</i>	2	ACA; OTC
<i>taron-c dha</i>	2	
THRIVITE RX	4	
TRICARE	4	
TRIFERIC	4	
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
TRISTART DHA	4	
<i>tri-vitamin with fluoride</i>	2	ACA; OTC
<i>virt-nate dha</i>	1	
<i>virt-pn dha</i>	2	
VITAFOL FE PLUS	4	
VITAFOL GUMMIES	4	
VITAFOL NANO	4	
VITAFOL ULTRA	4	
VITAFOL-OB	4	
VITAFOL-OB+DHA	4	
VITAFOL-ONE	4	
VITAMED MD ONE RX	4	

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

Drug Name	Drug Tier	Requirements / Limits
VITAMEDMD REDICHEW RX	4	
<i>vitamin b complex-folic acid oral tablet</i>	2	ACA; OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	2	ACA; OTC
<i>vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)</i>	2	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	2	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
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<i>wescap-pn dha</i>	2	
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<i>westab plus</i>	1	
<i>westgel dha</i>	1	
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EASY TRAK LOW CONTROL	55	ELLA.....	74	EPIDUO FORTE.....	43
EASYGLUCO PLUS NORMAL CONTROL.....	55	ELLUME COVID-19 HOME TEST	53	EPIFOAM.....	41
EASYMAX 15 LEVEL 2	55	ELMIRON.....	86	epinastine.....	79
EASYMAX NORMAL CONTROL	55	ELOCTATE	37	epinephrine	82
EC-NAPROSYN	27	eluryng.....	73	epinephrine hcl	84
econazole	46	EMBRACE EVO LEVEL 1.55 EMBRACE GLUCOSE CONTROL LOW	55	EPIPEN 2-PAK	82
econtra ez.....	74	EMBRACE TALK CONTROL-LOW (L1).....	55	EPIPEN JR 2-PAK.....	82
econtra one-step.....	74	EMCYT.....	17	EPISIL	51
ecotrin.....	27	EMGALITY PEN.....	22	epitol	20
ecotrin low strength.....	27	EMGALITY SYRINGE.....	22	EPIVIR	10
EDECRIN.....	35	EMPAVELI.....	50	EPIVIR HBV	10
EDEX	86	EMSAM	30	eplerenone.....	35
EDLUAR.....	30	emtricitabine	10	eprosartan	35
ed-spaz.....	62	emtricitabine-tenofov (tdf).10 EMTRIVA.....	10	EPZICOM.....	10
EDURANT	9	EMVERM	13	EQUETRO	20
				ergocalciferol (vitamin d2) ...	88
				ergoloid.....	30
				ERGOMAR	22
				ergotamine-caffeine	22
				ERIVEDGE	17
				ERLEADA	17
				erlotinib.....	17
				errin.....	72

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ery pads	43	EXELDERM	46	FIORICET WITH CODEINE	
erygel	43	EXELON PATCH	23		25
ERYPED 200	12	exemestane	17	FIRDAPSE	23
ERYPED 400	12	EXKIVITY	17	flac otic oil	52
ery-tab	12	EXTINA	46	FLAGYL	13
ERY-TAB	12	EYLEA	79	flavoxate	86
erythrocin (as stearate)	12	EYSUVIS	81	flecainide	33
erythromycin	12, 77	ezetimibe	39	FLECTOR	27
erythromycin ethylsuccinate	12	ezetimibe-simvastatin	39	FLOLIPID	39
erythromycin with ethanol ...	43	F		FLOMAX	86
erythromycin-benzoyl peroxide		FACTIVE	14	FLORIVA (FLUORIDE-	
.....	43	falmina (28)	74	VITAMIN D3).....	88
escitalopram oxalate	30	famciclovir.....	10	FLOVENT DISKUS	84
ESGIC	25	famotidine.....	66	FLOVENT HFA	84
esomeprazole magnesium	66	FANAPT	30	FLOWFLEX COVID-19 AG	
ESPEROCT	37	FARESTON	17	HOME TEST	53
estarylla	74	FARXIGA	60	FLUAD QUAD 2022-23(65Y	
estazolam	30	FARYDAK.....	17	UP)(PF).....	69
ESTRACE	72	FASENRA PEN	84	FLUARIX QUAD 2022-2023	
estradiol	72	febuxostat	70	(PF).....	69
estradiol valerate	72	felbamate	20	FLUBLOK QUAD 2022-2023	
estradiol-norethindrone acet.	72	FELBATOL.....	20	(PF).....	69
estrogens-methyltestosterone	72	FELDENE	27	FLUCELVAX QUAD 2022-	
eszopiclone	30	felodipine.....	35	2023	69
ethacrynic acid.....	35	fem ph.....	73	FLUCELVAX QUAD 2022-	
ethambutol	13	FEMARA	17	2023 (PF).....	69
ethosuximide	20	femynor	74	fluconazole	9
ethynodiol diac-eth estradiol	74	fenofibrate	39	flucytosine	9
etodolac	27	fenofibrate micronized	39	fludrocortisone.....	52
etonogestrel-ethinyl estradiol	73	fenofibrate nanocrystallized	39	FLULAVAL QUAD 2022-	
etoposide.....	17	fenofibric acid.....	39	2023 (PF).....	69
etravirine.....	10	fenofibric acid (choline)	39	FLUMADINE.....	10
EUCRISA.....	42	FENOGLIDE.....	39	FLUMIST QUAD 2022-2023	
EURAX	49	fenoprofen	27		69
euthyrox.....	61	fentanyl	25	flunisolide	84
EVEKEO ODT.....	30	fentanyl citrate.....	25	fluocinolone	47
everolimus (antineoplastic) ..	17	FERRIPROX	50	fluocinolone acetone oil	52
everolimus		FERRIPROX (2 TIMES A		fluocinolone and shower cap	47
(immunosuppressive)	17	DAY).....	50	fluocinonide	47
EVERSENSE SENSOR-		fesoterodine	86	fluocinonide-e	48
HOLDER.....	55	FETZIMA.....	30	FLUORESCEIN-	
EVISTA.....	70	FEXMID.....	24	BENOXINATE	79
EVOCLIN	43	FIBRICOR.....	39	fluorescein-proparacaine	79
EVOLUTION NORMAL		FINACEA.....	43	fluoride (sodium).....	51, 88
CONTROL	55	finasteride	86	FLUORIDEX DAILY	
EVOTAZ	10	finzala	74	DEFENSE.....	51
EVOXAC	50	FIORICET	25	FLUORIDEX SENSITIVITY	
EVRYSDI.....	23			RELIEF.....	51

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fluorometholone	81	fosinopril-hydrochlorothiazide	35	GE100 CONTROL SOLUTION NORMAL	56
FLUOROPLEX	42	FRAGMIN.....	37	GELCLAIR	51
fluorouracil	42	FREESTYLE CONTROL	56	GELNIQUE	86
fluoxetine.....	30	FREESTYLE FREEDOM....	56	GELX	51
fluphenazine hcl	30	FREESTYLE FREEDOM LITE	56	gemfibrozil	39
flurandrenolide	48	FREESTYLE INSULINX...53, 56		gemmily.....	74
flurazepam.....	30	FREESTYLE INSULINX TEST STRIPS	53	generlac.....	63
flurbiprofen.....	27	FREESTYLE LIBRE 14 DAY READER.....	56	gengraf.....	17
flurbiprofen sodium.....	80	FREESTYLE LIBRE 14 DAY SENSOR.....	56	GENOTROPIN.....	67
flutamide.....	17	FREESTYLE LIBRE 2 READER.....	56	GENOTROPIN MINISQUICK	67
fluticasone propionate	48, 84	FREESTYLE LIBRE 2 SENSOR.....	56	gentak	77
fluticasone propion-salmeterol	84	FREESTYLE LIBRE 3 SENSOR.....	56	gentamicin	45, 77
fluvastatin	39	FREESTYLE LITE METER	56	GENTEEL VACUUM LANCING DEVICE	56
fluvoxamine.....	30	FREESTYLE LITE STRIPS	53	GENVOYA	10
FLUZONE HIGHDOSE QUAD 22-23 PF.....	69	FREESTYLE TEST	53	GEODON	30
FLUZONE QUAD 2022-2023	69	FROVA	22	GILENYA	67
FLUZONE QUAD 2022-2023 (PF).....	69	frovatriptan	22	GILOTTRIF.....	17
FML LIQUIFILM	81	full spectrum b-vitamin c	88	GLASSIA	50
folic acid.....	88	FULPHILA.....	67	glatiramer.....	67
folitab	88	FURADANTIN	15	glatopa	67
folivane-ob	88	furosemide	35	GLEOSTINE	17
foltabs 800	88	FUZEON	10	GLIADEL WAFER.....	17
fondaparinux.....	37	fyavolv.....	72	glimepiride.....	60
FORA GTCL MULTI-FUNCTN MONITOR	55	FYCOMPA.....	20	glipizide	60
FORA KETONE CONTROL SOLN-L1.....	55	G		glipizide-metformin.....	60
FORA NORMAL CONTROL	55	g tussin ac	83	GLOPERBA	70
FORA TN'G ADVANCE PRO MONITOR	56	gabapentin	20	GLUCAGEN DIAGNOSTIC KIT	53
FORA TN'GO ADVANCE MONITOR	56	GABITRIL	20	glucagon emergency kit (human).....	54
FORACARE GDH LOW CONTROL	56	GALAFOLD	59	GLUCAGON HCL.....	53
formoterol fumarate.....	84	galantamine	23	GLUCOCARD 01 NORMAL CONTROL	56
FORTEO	71	GALZIN	87	GLUCOCOM CONTROL NORMAL.....	56
FORTESTA.....	59	GAMMAGARD LIQUID	69	GLUCOSE CONTROL.....	56
FORTISCARE NORMAL ...	56	GARDASIL 9 (PF).....	69	GLUCOTROL XL.....	60
FOSAMAX	71	GASTROCROM	63	glyburide	60
FOSAMAX PLUS D.....	71	gatifloxacin.....	77	glyburide micronized.....	60
fosamprenavir	10	GATTEX 30-VIAL	63	glyburide-metformin.....	60
fosfomycin tromethamine	15	gavilyte-c	63	GLYCATE	62
fosinopril	35	gavilyte-g.....	63	glycopyrrolate.....	62
		GAVRETO	17	glydo	45
				GLYNASE	60
				GLYXAMBI.....	60

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GOJJI GLUCOSE CNTRL	heparin lock flush (porcine) .38	HUMIRA(CF) PEN PSOR-
SOL-NORMAL.....56	heparin lockflush(porcine)(pf)	UV-ADOL HS.....71
GOJJI KETONE CONTROL	38	HUMULIN 70/30 U-100
SOLN-L1.....56	heparin(porcine) in 0.45% nacl	INSULIN58
GOJJI MULTI-FUNCTIONAL	38	HUMULIN 70/30 U-100
METER56	HEPARIN(PORCINE) IN	KWIKPEN.....58
GOLYTELY.....63	0.45% NACL.....38	HUMULIN N NPH INSULIN
GONITRO.....40	heparin, porcine (pf).....38	KWIKPEN.....58
GOPRELTO45	HEPARIN, PORCINE (PF) .38	HUMULIN N NPH U-100
GRALISE20	HEPLISAV-B (PF).....69	INSULIN58
granisetron hcl63	HEPSERA10	HUMULIN R REGULAR U-
griseofulvin microsize9	HETLIOZ30	100 INSULN58
griseofulvin ultramicrosize.....9	HETLIOZ LQ.....30	HUMULIN R U-500 (CONC)
guaiaatussin ac83	HIBERIX (PF).....69	INSULIN58
guanfacine30, 35	HIPREX.....15	HUMULIN R U-500 (CONC)
GVOKE.....54	HISTEX-AC83	KWIKPEN.....58
GVOKE HYPOPEN 2-PACK	homatropaire.....78	HYCANTIN.....17
.....54	HORIZANT.....23	HYCODAN (WITH
GVOKE PFS 2-PACK	HUMALOG JUNIOR	HOMATROPINE).....83
SYRINGE.....54	KWIKPEN U-10058	hydralazine35
GYNAZOLE-1.....73	HUMALOG KWIKPEN	HYDREA17
H	INSULIN58	hydrochlorothiazide35
HAEGARDA84	HUMALOG MIX 50-50	hydrocodone bitartrate.....25
hailey74	INSULN U-10058	hydrocodone-acetaminophen25
hailey 24 fe74	HUMALOG MIX 50-50	hydrocodone-chlorpheniramine
hailey fe 1.5/30 (28)74	KWIKPEN.....58	83
hailey fe 1/20 (28)74	HUMALOG MIX 75-25	hydrocodone-homatropine....83
halcinonide48	KWIKPEN.....58	hydrocodone-ibuprofen25
HALCION30	HUMALOG MIX 75-25(U-	hydrocortisone48, 52, 63
halobetasol propionate.....48	100)INSULN58	hydrocortisone acetate63
HALOG48	HUMALOG U-100 INSULIN	hydrocortisone butyrate48
haloperidol.....30	58	hydrocortisone butyr-emollient
haloperidol lactate30	HUMATIN13	48
HARVONI10	HUMIRA.....71	hydrocortisone valerate48
HAVRIX (PF)69	HUMIRA PEN71	hydrocortisone-acetic acid....52
HEALTHPRO HIGH-LOW	HUMIRA PEN CROHNS-UC-	hydrocortisone-pramoxine...41,
CONTROL56	HS START71	63, 64
heather72	HUMIRA PEN PSOR-	hydromet.....83
HEMLIBRA37	UVEITS-ADOL HS71	hydromorphone.....25
hemmorex-hc.....63	HUMIRA(CF)71	hydroxocobalamin88
hep flush-10 (pf).....37	HUMIRA(CF) PEDI	hydroxychloroquine.....13
heparin (porcine)38	CROHNS STARTER.....71	HYDROXYCHLOROQUINE
HEPARIN (PORCINE) IN	HUMIRA(CF) PEN.....71	13
0.9% NACL.....37	HUMIRA(CF) PEN	hydroxyurea17
heparin (porcine) in 5 % dex 37	CROHNS-UC-HS71	hydroxyzine hcl82
heparin (porcine) in nacl (pf)37	HUMIRA(CF) PEN	hydroxyzine pamoate.....82
heparin flush(porcine)-0.9nacl	PEDIATRIC UC.....71	HYFTOR42
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hyoscyamine sulfate	62	INOVA 8-2.....	41	jantoven	38
hyosyne.....	62	INPEN (FOR HUMALOG)		JANUMET	60
HYSINGLA ER	25	PINK.....	56	JANUMET XR.....	60
I		INPEN (NOVOLOG OR		JANUVIA.....	60
ibandronate	71	FIASP) PINK	56	JARDIANCE.....	60
IBRANCE	17	INSPIRA.....	35	jasmie (28).....	75
ibu.....	27	INTELENCE	10	JATENZO.....	59
ibuprofen	27	INTELISWAB COVID-19		javygtor.....	59
ibuprofen-famotidine.....	27	HOME TEST.....	53	JELMYTO.....	17
icatibant	84	INTRON A.....	68	jencycla.....	72
iclevia	75	INVEGA.....	31	jinteli.....	72
ICLUSIG	17	INVELTYS	81	JIVI.....	38
icosapent ethyl.....	39	INVIRASE	10	jolessa	75
IDELVION.....	38	iodine-sodium iodide.....	42	JORNAY PM.....	31
IDHIFA	17	IODOFLEX.....	42	JUBLIA	46
IFE-BIMIX 30/1.....	86	IODOSORB.....	42	juleber	75
IFE-PG20	86	IOPIDINE.....	82	JULUCA.....	10
IGALMI	30	IPOL	69	june 1.5/30 (21)	75
IHEALTH COVID-19 AG		ipratropium bromide.....	51, 84	june 1/20 (21)	75
HOME TEST.....	53	ipratropium-albuterol.....	84	june fe 1.5/30 (28)	75
ILEVRO	80	irbesartan	35	june fe 1/20 (28)	75
ILUVIEN.....	81	irbesartan-hydrochlorothiazide		june fe 24.....	75
imatinib.....	17		35	JUXTAPID	39
IMBRUVICA	17	IRESSA	17	JYNARQUE	59
imipenem-cilastatin	13	ISENTRESS	10	K	
imipramine hcl.....	30	ISENTRESS HD	10	kaitlib fe.....	75
imipramine pamoate.....	31	isibloom	75	KALETRA	10
imiquimod	68	isoniazid.....	13	kalliga	75
IMOVAX RABIES VACCINE		ISOPTO ATROPINE	78	KALYDECO	84
(PF).....	69	ISOPTO CARPINE.....	78	KAPVAY	31
IMPAVIDO	13	ISORDIL	40	KARBINAL ER	82
IMURAN.....	17	ISORDIL TITRADOSE	40	kariva (28)	75
INBRIJA.....	21	isosorbide dinitrate	40	kelnor 1/35 (28)	75
incassia	72	isosorbide mononitrate	40	kelnor 1-50 (28).....	75
INCRELEX	50	isosorbide-hydralazine.....	35	KENALOG	48
indapamide	35	isotretinoin.....	43	KESIMPTA PEN.....	67
INDICAID COVID-19 AG		isoxsuprine.....	73	KETAMINE	31
HOME TEST.....	53	isradipine	35	ketoconazole	9, 46
indomethacin	27	itraconazole	9	ketodan	46
INFANRIX (DTAP) (PF).....	69	ivermectin.....	13, 44	ketodan kit	46
INFINITY CONTROL		IXIARO (PF).....	69	ketoprofen.....	27
SOLUTION NORM.....	56	IXINITY	38	ketorolac	27, 80
INFINITY VOICE CTRL		J		KEVEYIS	23
SOLN-LVL 2	56	jaimiess.....	75	KINRIX (PF).....	69
INGREZZA.....	23	JAKAFI	17	KITABIS PAK	13
INLYTA	17	JALYN	86	KLARITY-A (AZITHRO-	
INOVA	43	JANSSEN COVID-19		CHONDR)(PF).....	79
INOVA 4-1.....	41	VACCINE (EUA)	69		

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KLARITY-L (LOTEPRED-CHOND)(PF)	79	lapatinib	17	lidocaine	45
KLARON	45	larin 1.5/30 (21)	75	lidocaine hcl	45
klor-con	87	larin 1/20 (21)	75	lidocaine hcl-hydrocortison ac	45, 64
klor-con 10	87	larin 24 fe	75	LIDOCAINE HCL- HYDROCORTISON AC	64
klor-con 8	87	larin fe 1.5/30 (28)	75	lidocaine viscous	45
klor-con m10	87	larin fe 1/20 (28)	75	lidocaine-hydrocortisone-aloe	64
klor-con m15	87	LASIX	35	LIDOCAINE- PHENYLEPHRIN-BSS(PF)	79
klor-con m20	87	latanoprost	80	lidocaine-phenylephrn in water	79
klor-con/ef	87	LATANOPROST (PF)	80	lidocaine-prilocaine	45
KLOXXADO	27	LATUDA	31	lidocort	45
kobee	88	laxative peg 3350	64	lindane	49
KOGENATE FS	38	layolis fe	75	linezolid	13
KOSELUGO	17	leena 28	75	LINZESS	64
KOSHER PRENATAL PLUS IRON	88	leflunomide	71	liothyronine	62
KOVALTRY	38	lenalidomide	67	lisinopril	35
K-PHOS NO 2	86	LENVIMA	17	lisinopril-hydrochlorothiazide	35
K-PHOS ORIGINAL	86	LESCOL XL	39	lithium carbonate	31
kpn	88	lessina	75	LITHOBID	31
KRINTAFEL	13	letrozole	17	LITHOSTAT	50
KRISTALOSE	64	leucovorin calcium	16	LIVALO	39
K-TAB	87	LEUKERAN	17	LIVTENCITY	10
kurvelo (28)	75	LEUKINE	67	LODINE	27
KUVAN	59	leuprolide	17	LODOSYN	21
KYNMOBI	21	levalbuterol hcl	84	lofena	27
L		LEVVID	62	lojaimiess	75
l norgest/e.estradiol-e.estrad. 75		LEVEMIR FLEXTOUCH U- 100 INSULN	58	LOKELMA	64
labetalol	35	LEVEMIR U-100 INSULIN	58	LOMOTIL	62
lacosamide	20	levetiracetam	20	LONHALA MAGNAIR REFILL	84
LACRISERT	79	levobunolol	78	LONHALA MAGNAIR STARTER	84
lactated ringers	49	levocarnitine	50	LONSURF	17
lactulose	64	levocarnitine (with sugar)	50	loperamide	62
LAGEVRIO (EUA)	10	levocetirizine	82	LOPID	39
LAMICTAL XR STARTER (BLUE)	20	levofloxacin	14, 77	lopinavir-ritonavir	10
LAMICTAL XR STARTER (GREEN)	20	levonest (28)	75	LOPRESSOR	35
LAMICTAL XR STARTER (ORANGE)	20	levonorgestrel	75	LOPROX	46
lamivudine	10	levonorgestrel-ethinyl estrad 75		LOPROX (AS OLAMINE)	46
lamivudine-zidovudine	10	levonorg-eth estrad triphasic 75		LOPROX KIT	46
lamotrigine	20	levora-28	75	lorazepam	31
LANCETS	56	levorphanol tartrate	25	lorazepam intensol	31
LANCING DEVICE	56	levo-t	61		
LANOXIN	37	levothyroxine	61		
lansoprazole	66	levoxyl	62		
lanthanum	64	LEVSIN	62		
		LEVSIN/SL	62		
		LEVULAN	42		
		LEXIVA	10		
		LICART	27		

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LORBRENA	17	MACRODANTIN	16	medroxyprogesterone	72, 73
LORTAB ELIXIR.....	25	mafenide acetate	45	MEDTRONIC EXT	
loryna (28).....	75	magnesium citrate.....	64	INFUSION SET 23	56
LORZONE	24	MALARONE	13	mefenamic acid.....	27
losartan	35	MALARONE PEDIATRIC	13	mefloquine.....	13
losartan-hydrochlorothiazide	35	malathion	49	megestrol	18
LOTEMAX	81	maraviroc.....	10	MEKINIST	18
LOTEMAX SM.....	81	MAR-COF CG	83	MEKTOVI.....	18
LOTENSIN	35	MARINOL	64	meloxicam	28
LOTENSIN HCT	35	marlissa (28).....	75	melphalan	18
loteprednol etabonate	81	MARNATAL-F.....	88	memantine	23
lovastatin	39	MARPLAN	31	MEMANTINE.....	23
low-ogestrel (28)	75	MATULANE.....	18	MENACTRA (PF).....	69
loxapine succinate	31	matzim la	35	M-END PE	83
lo-zumandimine (28).....	75	MAVENCLAD (10 TABLET		MENOSTAR	73
lta pre-attached	45	PACK).....	68	MENQUADFI (PF).....	69
LUCENTIS.....	79	MAVENCLAD (4 TABLET		MENTAX	46
ludent fluoride	88	PACK).....	68	MENVEO A-C-Y-W-135-DIP	
lugols	45, 87	MAVENCLAD (5 TABLET		(PF).....	69
LUMIGAN	80	PACK).....	68	meperidine	25
LUPRON DEPOT	17	MAVENCLAD (6 TABLET		MEPHYTON.....	38
LUPRON DEPOT (3		PACK).....	68	meprobamate	24
MONTH).....	17	MAVENCLAD (7 TABLET		MEPRON	13
LUPRON DEPOT (4		PACK).....	68	mercaptapurine	18
MONTH).....	17	MAVENCLAD (8 TABLET		merzee.....	75
LUPRON DEPOT (6		PACK).....	68	mesalamine	64
MONTH).....	17	MAVENCLAD (9 TABLET		mesalamine with cleansing	
LUPRON DEPOT-PED	17	PACK).....	68	wipe	64
LUPRON DEPOT-PED (3		MAXITROL.....	81	MESNEX.....	16
MONTH).....	17	maxi-tuss ac.....	83	metaproterenol.....	84
lutra (28)	75	MAXI-TUSS CD.....	83	metaxalone.....	24
LUXIQ	48	MAXZIDE.....	35	metformin	61
LUZU	46	MAXZIDE-25MG.....	35	methadone.....	25
lyleq.....	72	MAYZENT	68	methadose	25
lyllana	72	MAYZENT STARTER(FOR		methamphetamine.....	31
LYNPARZA.....	17	1MG MAINT).....	68	methazolamide.....	80
LYSODREN.....	17	MAYZENT STARTER(FOR		methenamine hippurate	16
LYSTEDA.....	73	2MG MAINT)	68	methenamine mandelate	16
LYUMJEV KWIKPEN U-100		m-clear wc	83	methen-sod phos-meth blue-	
INSULIN	58	meclizine	64	hyos.....	86
LYUMJEV KWIKPEN U-200		meclofenamate.....	27	methergine	77
INSULIN	58	MECOBALAMIN (VITAMIN		methimazole	53
LYUMJEV U-100 INSULIN		B12).....	88	METHITEST	59
.....	58	MEDISENSE.....	56	methocarbamol	24
lyza	72	MEDISENSE GLUCOSE		methotrexate sodium	18
M		KETONE	56	methotrexate sodium (pf)	18
MACRILEN.....	67	MEDROL	52	methoxsalen.....	42
MACROBID	16	MEDROL (PAK)	52	methscopolamine.....	62

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methyl salicylate.....	42	MINIMED QUICK SET 43 ..	57	MOXIFLOXACIN (PF)-BSS	77
methyl dopa	35	MINIMED SILHOUETTE 23	57	MOXIFLOXACIN-SOD	
methyl dopa-				CHLOR,ISO(PF)	77
hydrochlorothiazide.....	35	MINIMED SURE T 32	57	MOZOBIL	67
methylergonovine.....	77	MINIPRESS	35	MS CONTIN	26
METHYLIN	31	minocycline	15	MUGARD	51
methylphenidate	31	MINOLIRA ER.....	15	MULTAQ	33
methylphenidate hcl	31	minoxidil	35	multi-vitamin with fluoride .88,	
METHYLPHENIDATE HCL	31	MIOCHOL-E.....	78	89	
		miostat	80	multivitamins with fluoride ..	89
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