

2023

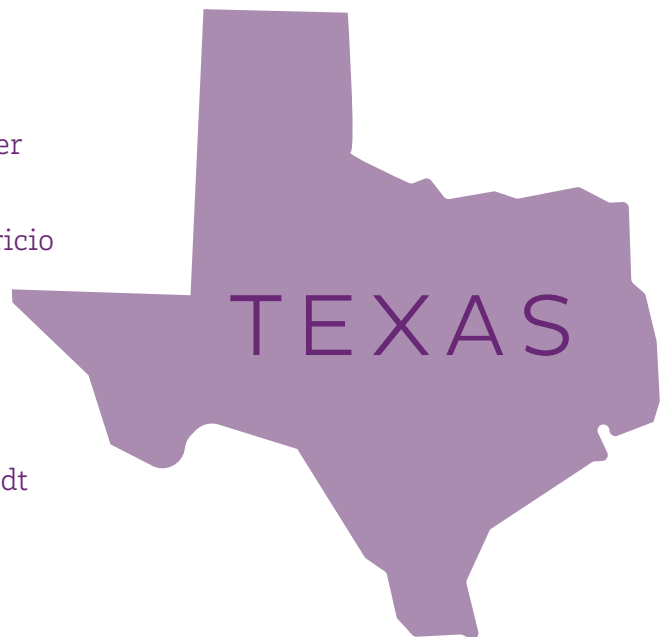


Health Insurance Exchange

# ABRIDGED FORMULARY

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

Anderson	Harrison	Nueces
Aransas	Hays*	Orange
Bee	Hopkins	Rains
Bowie	Jasper	Red River
Brooks	Jefferson	Refugio
Caldwell	Jim Wells	San Patricio
Cass	Karnes	Smith
Cherokee	Kenedy	Titus
Comal	Kleberg	Tyler
Franklin	Live Oak	Upshur
Gregg	Marion	Van Zandt
Guadalupe	Morris	Wood
Hardin	Newton	



\*only zip code: 78666

# **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](http://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 93. 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](http://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 93.

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.

**For your specific copay and coinsurance amounts please refer to your Summary of Benefits or visit our website at [www.christushealthplan.org](http://www.christushealthplan.org)**

<b>Tier Number</b>	<b>Tier Name</b>	<b>Copay for a one-month supply filled at a network pharmacy with standard cost-sharing</b>
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
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
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
<b>ANTIVIRALS</b>		
<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-tenofof</i>	2	
<i>efavirenz-lamivudine-tenofof 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 ORAL PELLETS IN PACKET	5	PA; QL
EPCLUSA ORAL TABLET 200-50 MG	5	PA; QL
EPCLUSA ORAL TABLET 400-100 MG	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

Drug Name	Drug Tier	Requirements / Limits
FLUMADINE ORAL TABLET	4	
<i>fosamprenavir</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN	5	\$
GENVOYA	3	
HARVONI ORAL PELLETS IN PACKET	5	PA; QL
HARVONI ORAL TABLET 45-200 MG	5	PA; QL
HARVONI ORAL TABLET 90-400 MG	5	PA; \$; QL
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	

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>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	
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	

Drug Name	Drug Tier	Requirements / Limits
SUSTIVA	4	
SYMFI	3	
SYMFI LO	3	
SYMTUZA	3	
TAMIFLU	4	QL
TEMIXYS	3	
<i>tenofovir disoproxil fumarate</i>	2	
TIVICAY	3	
TIVICAY PD	3	
TRIUMEQ	3	
TRIUMEQ PD	3	
TRIZIVIR	4	
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	

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
ZOVIRAX ORAL SUSPENSION	4	
<b>CEPHALOSPORINS</b>		
<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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<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	
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	

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
ZITHROMAX TRI-PAK	4	
ZITHROMAX Z-PAK	4	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
AEMCOLO	4	QL
<i>albendazole</i>	2	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	QL
ARAKODA	4	QL
ARIKAYCE	5	PA; LA
<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	

Drug Name	Drug Tier	Requirements / Limits
FLAGYL ORAL CAPSULE	4	
HUMATIN	5	
HYDROXYCHLOROQUINE ORAL TABLET 100 MG, 300 MG, 400 MG	4	
<i>hydroxychloroquine oral tablet 200 mg</i>	2	
<i>imipenem-cilastatin intravenous reconstruction solution 500 mg</i>	2	
IMPAVIDO	3	QL
<i>isoniazid oral</i>	2	
<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

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>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
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
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<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	
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	
<b>QUINOLONES</b>		
BAXDELA ORAL	3	QL
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON	4	
CIPRO ORAL TABLET 250 MG, 500 MG	4	
<i>ciprofloxacin</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>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	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM	4	
BACTRIM DS	4	
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	2	
<i>sulfatrim</i>	2	
<b>TETRACYCLINES</b>		
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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

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>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	
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

Drug Name	Drug Tier	Requirements / Limits
<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	
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	

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
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
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

Drug Name	Drug Tier	Requirements / Limits
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 ORAL CAPSULE	5	PA; \$; QL
IBRANCE ORAL TABLET	5	PA; QL
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	

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>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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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	

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
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
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	

Drug Name	Drug Tier	Requirements / Limits
<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
XALKORI	5	PA; \$; QL
XELODA	5	PA; \$; QL
XERMELO	5	PA; LA; QL
XOSPATA	5	PA; LA; QL
XTANDI ORAL CAPSULE	5	PA; \$; QL
XTANDI ORAL TABLET	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

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
<b>ANTICONVULSANTS</b>		
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
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

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>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>roweepira</i>	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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 oral powder in packet</i>	5	PA; \$; LA
<i>vigabatrin oral tablet</i>	5	PA; LA
<i>vigadrone</i>	5	PA; \$
XCOPRI	4	QL
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
<b>ANTIPARKINSONISM AGENTS</b>		
<i>apomorphine</i>	5	QL
AZILECT	4	ST
<i>benztropine oral</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>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	
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	

Drug Name	Drug Tier	Requirements / Limits
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	
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	3	PA; QL
AJOVY AUTOINJECTOR	3	PA; QL
AJOVY SYRINGE	3	PA; QL
<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

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>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
<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
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
ARICEPT	4	ST
AUSTEDO	5	PA; \$; LA; QL

Drug Name	Drug Tier	Requirements / Limits
<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	
<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

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
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
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet</i>	2	
<i>carisoprodol</i>	2	
<i>carisoprodol-aspirin</i>	2	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<i>pyridostigmine bromide oral tablet extended release</i>	2	
SOMA	4	
<i>tizanidine</i>	2	
<i>vanadom</i>	2	
ZANAFLEX	4	
<b>NARCOTIC ANALGESICS</b>		
<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	

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>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	
<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

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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>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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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>prolax oral tablet</i>	2	ST
ROXICODONE	4	
<i>tencon</i>	2	
TREZIX	4	
<i>vtol lq</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>zebital</i>	2	
<b>NON-NARCOTIC ANALGESICS</b>		
<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
<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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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	

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>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	
<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

Drug Name	Drug Tier	Requirements / Limits
<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
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

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Drug Name	Drug Tier	Requirements / Limits
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	ST; QL
<i>tramadol-acetaminophen</i>	2	QL
ULTRACET	4	QL
ULTRAM	4	QL
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	
DESOPYN	4	ST
DESVENLAFAXIN E	4	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
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	

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Drug Name	Drug Tier	Requirements / Limits
<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	
<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

Drug Name	Drug Tier	Requirements / Limits
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
<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	

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Drug Name	Drug Tier	Requirements / Limits
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
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

Drug Name	Drug Tier	Requirements / Limits
<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
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

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Drug Name	Drug Tier	Requirements / Limits
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	
<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

Drug Name	Drug Tier	Requirements / Limits
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
<b>CARDIOVASCULAR, HYPERTENSION &amp; LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
<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	

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>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
<b>ANTIHYPERTENSIVE THERAPY</b>		
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
<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-hcthiazyd</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

Drug Name	Drug Tier	Requirements / Limits
<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
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

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
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
<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

Drug Name	Drug Tier	Requirements / Limits
<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
INSPRA	4	ACA
<i>irbesartan</i>	1	ACA
<i>irbesartan-hydrochlorothiazide</i>	1	ACA
<i>isosorbide-hydralazine</i>	2	
<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

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
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 tartrate</i>	1	ACA
<i>metoprolol tartrate oral</i>	1	ACA
<i>metirosine</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
<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-hcthiazyd</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

Drug Name	Drug Tier	Requirements / Limits
<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
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	4	ST; ACA
<i>taztia xt</i>	1	ACA
TEKTURNA 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>torseamide oral</i>	2	ACA
<i>trandolapril</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<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
VERELAN PM	4	ACA
ZESTORETIC	4	ACA
ZESTRIL	4	ACA
ZIAC	4	ST; ACA
<b>CARDIAC GLYCOSIDES</b>		
<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	
<b>COAGULATION THERAPY</b>		
ADVATE	5	PA; \$
ADYNOVATE	5	PA; \$
AFSTYLA	5	PA; \$
ALPROLIX	5	PA; \$
AMICAR	4	
<i>aminocaproic acid oral</i>	2	

Drug Name	Drug Tier	Requirements / Limits
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
<i>dabigatran etexilate</i>	1	PA
<i>dipyridamole oral</i>	1	
DOPTELET (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	

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
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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<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	

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
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 ORAL POWDER IN PACKET	5	PA; LA
PROMACTA ORAL TABLET	5	PA; \$; LA
REBINYN	5	PA; \$
RIXUBIS	5	PA; \$
SEVENFACT	5	PA
TAVALISSE	5	PA; LA; QL
<i>vitamin k</i>	2	
<i>vitamin k1 injection</i>	2	
<i>warfarin</i>	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

Drug Name	Drug Tier	Requirements / Limits
ZONTIVITY	4	PA; ACA
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	1	QL
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CADUET	4	ST; QL
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	ACA
COLESTID FLAVORED ORAL PACKET	4	ST
COLESTID ORAL GRANULES	4	PA; ST
COLESTID ORAL PACKET	4	PA
COLESTID ORAL TABLET	4	ST
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	ST
<i>ezetimibe-simvastatin</i>	1	QL
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	
FENOGLIDE	4	ST
FIBRICOR	4	ST
FLOLIPID	4	ST; QL
<i>fluvastatin</i>	1	ACA; QL
<i>gemfibrozil</i>	1	
<i>icosapent ethyl oral capsule 1 gram</i>	1	PA
JUXTAPID	5	PA; \$; LA
LESCOL XL	4	ST; QL
LIVALO	3	ST; QL
LOPID	4	
<i>lovastatin</i>	1	ACA; QL
NEXLETOL	3	PA
NEXLIZET	3	PA
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
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

Drug Name	Drug Tier	Requirements / Limits
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
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CAMZYOS	5	PA
ENTRESTO	3	QL
<i>ranolazine</i>	2	ACA
VECAMYL	4	
VERQUVO	3	QL
VYNDAMAX	5	PA
VYNDAQEL	5	PA
<b>NITRATES</b>		
GONITRO	4	ACA
ISORDIL	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
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	
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	

Drug Name	Drug Tier	Requirements / Limits
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
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

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
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 SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; \$; QL
VECTICAL	4	
<b>BURN THERAPY</b>		
SILVADENE	4	
<i>silver sulfadiazine</i>	2	
<i>ssd</i>	2	
<b>KERATOLYTICS</b>		
INOVA 4-1	4	ST
INOVA 8-2	4	ST
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY	5	PA; QL
AMELUZ	4	
<i>ammonium lactate</i>	2	
CANTHARIDIN IN ACETONE	4	
CIBINQO	5	PA; QL
CORTANE-B	4	
<i>diclofenac sodium topical gel 3 %</i>	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
<i>doxepin topical</i>	2	PA; QL
DUPIXENT PEN	5	PA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML, 200 MG/1.14 ML	5	PA; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	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>prudoxin</i>	2	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
REGRANEX	3	QL
<i>tacrolimus topical</i>	2	ST; QL
TOLAK	4	
VALCHLOR	5	PA; \$
<i>wintergreen oil</i>	2	
ZONALON	4	ST; QL
<b>THERAPY FOR ACNE</b>		
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>amnesteem</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

Drug Name	Drug Tier	Requirements / Limits
AVAR-E LS	4	ST
<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>benzepro 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

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>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	

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

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
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

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
<b>TOPICAL ANESTHETICS</b>		
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	

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
SYNERA	4	
ZTLIDO	3	PA
<b>TOPICAL ANTIBACTERIALS</b>		
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
<b>TOPICAL ANTIFUNGALS</b>		
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	

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>ketconazole 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

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>nystatin-triamcinolone</i>	2	QL
<i>nystop</i>	2	QL
<i>oxiconazole</i>	2	QL
<i>tavaborole</i>	2	ST
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical</i>	2	PA; QL
DENAVIR	4	
ZOVIRAX TOPICAL CREAM	4	PA; QL
<b>TOPICAL CORTICOSTEROIDS</b>		
<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

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

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
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

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	

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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

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
<b>TOPICAL ENZYMES</b>		
SANTYL	3	QL
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan</i>	2	
ELIMITE	4	
EURAX	4	
<i>lindane topical shampoo</i>	2	
<i>malathion</i>	2	
OVIDE	4	
<i>permethrin</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
SKLICE	4	
<i>spinosad</i>	2	
ULESFIA	4	
<b>DIAGNOSTICS &amp; MISCELLANEOUS AGENTS</b>		
<b>IRRIGATING SOLUTIONS</b>		
<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	
<b>MISCELLANEOUS AGENTS</b>		
<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	

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 ORAL CAPSULE 10 MG, 2 MG, 5 MG	5	PA; LA
ORFADIN ORAL CAPSULE 20 MG	5	PA; §; LA
ORFADIN ORAL SUSPENSION	5	PA; LA

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Drug Name	Drug Tier	Requirements / Limits
<i>pilocarpine hcl oral tablet 5 mg</i>	2	
PYRUKYND	5	PA; LA; QL
RADIOGARDASE	4	
RAVICTI	5	\$
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
<b>SMOKING DETERRENENTS</b>		
<i>bupropion hcl (smoking deter)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
CHANTIX CONTINUING MONTH BOX	4	ACA
CHANTIX ORAL TABLET 1 MG	4	ACA
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
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
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	

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Drug Name	Drug Tier	Requirements / Limits
FLUORIDEX DAILY DEFENSE	4	
FLUORIDEX SENSITIVITY RELIEF	4	
GELCLAIR	4	
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>perio gard</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	

Drug Name	Drug Tier	Requirements / Limits
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	2	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<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
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRODEX	4	
<i>ciprofloxacin-dexamethasone</i>	2	
CORTISPORIN-TC	4	
<i>neomycin-polymyxin-hc otic (ear)</i>	2	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR	5	PA; \$
CORTEF	4	
<i>dexabliss</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>dexamethasone intensol</i>	2	
<i>dexamethasone oral elixir</i>	2	
<i>dexamethasone oral solution</i>	2	
<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

Drug Name	Drug Tier	Requirements / Limits
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	4	ST
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
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	
<i>potassium iodide oral solution</i>	2	
<i>propylthiouracil</i>	2	
SSKI	4	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
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

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
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
BD VERITOR AT-HOME COVID19 TST	3	OTC; QL
BINAXNOW COVD 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

Drug Name	Drug Tier	Requirements / Limits
MOUNJARO	3	PA
ON-GO COVID-19 AG AT HOME TEST	3	OTC; QL
PILOT COVID-19 AT-HOME TEST	3	OTC; QL
QUICKVUE AT-HOME COVID-19 TEST	3	OTC; QL
<b>GLUCOSE ELEVATING AGENTS</b>		
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
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
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

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
AGAMATRIX CONTROL HIGH	4	ACA; OTC
ASSURE 4 CONTROL SOLUTION	4	ACA; OTC
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

Drug Name	Drug Tier	Requirements / Limits
BREEZE 2 CONTROL SOLUTION,HIGH	4	ACA; OTC
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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EASY TRAK II CTRL SOLN-NORMAL	4	ACA; OTC
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
FORA NORMAL CONTROL	4	ACA; OTC
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

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Drug Name	Drug Tier	Requirements / Limits
GENTEEL VACUUM LANCING DEVICE	4	ACA; OTC
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

Drug Name	Drug Tier	Requirements / Limits
MEDTRONIC EXT INFUSION SET 23"	3	
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

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
ONETOUCH ULTRAMINI	3	ACA; OTC
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

Drug Name	Drug Tier	Requirements / Limits
TELCARE CONTROL	4	ACA; OTC
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
<b>INSULIN THERAPY</b>		
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

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
HUMALOG MIX 75-25(U-100)INSULN	3	ACA
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	

Drug Name	Drug Tier	Requirements / Limits
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	
SOLIQUA 100/33	3	ACA; QL
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
<b>MISCELLANEOUS HORMONES</b>		
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	

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
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
NOCDURNA (MEN)	4	PA; QL
NOCDURNA (WOMEN)	4	PA; QL
ORLISSA	3	PA; QL
<i>oxandrolone</i>	2	
PALYNZIQ	5	PA; \$; LA; QL
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	2	
RAYALDEE	4	

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

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
ZEMPLAR INTRAVENOUS	4	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	4	
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<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

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

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>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
<b>THYROID HORMONES</b>		
ARMOUR THYROID	3	
<i>euthyrox</i>	2	
<i>levo-t</i>	2	
<i>levothyroxine oral tablet</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	
<i>liothyronine oral</i>	2	
<i>np thyroid</i>	2	
<i>unithroid</i>	2	
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS &amp; ANTISPASMODICS</b>		
<i>anaspaz</i>	2	
<i>belladonna alkaloids-opium</i>	2	
<i>chlordiazepoxide-clidinium</i>	2	
<i>dicyclomine oral capsule</i>	2	
<i>dicyclomine oral solution</i>	2	
<i>dicyclomine oral tablet</i>	2	
<i>diphenoxylate-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 oral</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>hyoscyamine sulfate sublingual</i>	2	
<i>hyosyne</i>	2	
LEVBID	4	
LEVSIN ORAL	4	
LEVSIN/SL	4	
LOMOTIL	4	
<i>loperamide oral 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-atropine-scop oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	
<i>phenobarb-hyoscy-atropine-scop oral tablet</i>	2	
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	2	
<i>phenohydro oral 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	
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		

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	

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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	

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

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>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,DELAY ED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700-83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
PANCREAZE ORAL CAPSULE,DELAY ED 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

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

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
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

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
<b>ULCER THERAPY</b>		
<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

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>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

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
<b>IMMUNOLOGY, VACCINES &amp; BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
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; \$

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
ZIEXTENZO	5	PA
<b>GROWTH HORMONES</b>		
EGRIFTA SV	5	PA
GENOTROPIN	5	PA; \$
GENOTROPIN MINIQUICK	5	PA; \$
NORDITROPIN FLEXPRO	5	PA; \$
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	5	PA; \$
<b>INTERFERONS</b>		
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

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 INTRAMUSCULAR	5	PA; QL
PLEGRIDY SUBCUTANEOUS	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

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

Drug Name	Drug Tier	Requirements / Limits
REVLIMID	5	PA; \$; LA; QL
<i>ribavirin oral capsule</i>	5	PA; \$
<i>ribavirin oral tablet 200 mg</i>	5	PA; \$
VUMERITY	5	PA; QL
<b>INTERLEUKINS</b>		
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; \$
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
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

Drug Name	Drug Tier	Requirements / Limits
BOTOX INJECTION RECON SOLN 100 UNIT	5	PA
COMIRNATY TRIS VACCINE(PF)	3	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	3	ACA
DENGVAXIA (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

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
HAVRIX (PF)	3	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	4	ACA
HIBERIX (PF)	3	ACA
IMOVAX RABIES VACCINE (PF)	3	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	ACA
IPOL	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

Drug Name	Drug Tier	Requirements / Limits
PEDIARIX (PF)	3	ACA
PEDVAX HIB (PF)	3	ACA
PENTACEL (PF)	3	ACA
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,DIPHTHERIA TOX PED(PF)	3	ACA
TICOVAC	3	
TRUMENBA	3	ACA
TWINRIX (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
TYPHIM VI	3	ACA
VAQTA (PF)	4	ACA
VARIVAX (PF)	3	ACA
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	

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 MINI	5	PA; \$; QL
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; \$; QL
ENBREL SUBCUTANEOUS SOLUTION	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
ENBREL SUBCUTANEOUS SYRINGE	5	PA; \$; QL
ENBREL SURECLICK	5	PA; \$; QL
HUMIRA PEN	5	PA; \$; QL
HUMIRA PEN CROHNS-UC-HS START	5	PA; \$; QL
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

Drug Name	Drug Tier	Requirements / Limits
<i>penicillamine</i>	2	PA
RASUVO (PF)	3	ST
RIDAURA	3	
RINVOQ	5	PA; QL
SAVELLA	3	ST; QL
SIMPONI ARIA	5	PA; \$
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; \$; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; \$; QL
XELJANZ ORAL SOLUTION	5	PA; QL
XELJANZ ORAL TABLET	5	PA; \$; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG	5	PA; \$; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 22 MG	5	PA; QL

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	3	ACA
PARAGARD T 380A	5	ACA

### ESTROGENS & PROGESTINS

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
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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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
<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	

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
PROMETRIUM	4	
PROVERA	4	
<i>sharobel</i>	2	ACA
<i>tulana</i>	2	ACA
<i>yuvafem</i>	2	
<b>MISCELLANEOUS OB/GYN</b>		
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	
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

Drug Name	Drug Tier	Requirements / Limits
<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	
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		
<i>afirmelle</i>	2	ACA
AFTERA	4	ACA; OTC; QL
<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

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>ayuna</i>	2	ACA
<i>azurette (28)</i>	2	ACA
<i>balziva (28)</i>	2	ACA
BEYAZ	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
<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

Drug Name	Drug Tier	Requirements / Limits
<i>elinest</i>	2	ACA
ELLA	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
<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

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>l norgest/e.estradiol-e.estrad</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 estrad</i>	2	ACA
<i>levonorg-eth estrad 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>luteru (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
<b>MICROGESTIN 24 FE</b>	4	
<i>microgestin fe 1.5/30 (28)</i>	2	ACA

Drug Name	Drug Tier	Requirements / Limits
<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
<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

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>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>pimtreea (28)</i>	2	ACA
<i>pirmella</i>	2	ACA
PLAN B ONE-STEP	3	ACA; OTC; QL
<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

Drug Name	Drug Tier	Requirements / Limits
<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
<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
YAZ (28)	4	ACA
<i>zarah</i>	2	ACA
<i>zovia 1-35 (28)</i>	2	ACA
<i>zumandimine (28)</i>	2	ACA
<b>OXYTOCICS</b>		
<i>methergine</i>	2	ST; QL
<i>methylergonovine oral</i>	2	ST; QL
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac</i>	2	
AZASITE	3	
<i>bacitracin ophthalmic (eye)</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>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	
<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	

Drug Name	Drug Tier	Requirements / Limits
<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	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	2	
ZIRGAN	4	
<b>BETA-BLOCKERS</b>		
<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	
<b>CHOLINESTERASE INHIBITOR MIOTICS</b>		
PHOSPHOLINE IODIDE	3	
<b>CYCLOPLEGIC MYDRIATICS</b>		

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>atropine ophthalmic (eye) drops</i>	2	
ATROPINE OPTHALMIC (EYE) DROPS, EMULSION	4	
<i>atropine ophthalmic (eye) ointment</i>	2	
CYCLOGYL	4	
<i>cyclopentolate</i>	2	
CYCLOPENTROPIC-PHENYLEPH-WATR	4	
CYCLOPENTROPIC-PHENKETR-WAT	4	
CYCLOP-TROP-PROPA-PHENKET-WAT	4	
<i>homatropaire</i>	2	
ISOPTO ATROPINE	4	
MYDRIACYL	4	
PAREMYD	4	
PHENYLEPH-TROPICAMIDE IN WATER	4	
<i>tropicamide</i>	2	
<b>DIRECT ACTING MIOTICS</b>		
ISOPTO CARPINE OPTHALMIC (EYE) DROPS 2 %	4	
MIOCHOL-E	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<b>MISCELLANEOUS OPTHALMOLOGICS</b>		
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	
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	

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
FLUORESCEIN-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
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	

Drug Name	Drug Tier	Requirements / Limits
PHOTREXA VISCOSUS	4	
PREDNISOL ACE-GATIFLOX-BROMFEN	4	
PREDNISOLN SP-GATIFLOX-BROMFEN	4	
PREDNISOLN SP-MOXIFLOX-BROMFEN	4	
PREDNISOLONE ACETATE-NEPAFENAC	4	
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) OPHTHALMIC (EYE)	4	
XIIDRA	3	PA; QL
ZERVIATE	4	ST
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	4	
ACULAR LS	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>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	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	2	
<i>methazolamide</i>	2	
<b>OTHER GLAUCOMA DRUGS</b>		
<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	

Drug Name	Drug Tier	Requirements / Limits
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	
TIMOLOL-LATANOPROST(P F)	4	
<i>travoprost</i>	2	ST
TRUSOPT	4	
VYZULTA	4	ST
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO	4	
MAXITROL	4	
<i>neomycin-bacitracin-poly-hc</i>	2	
<i>neomycin-polymyxin b-dexameth</i>	2	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	
<i>neo-polycin hc</i>	2	
PRED-G	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
PRED-G S.O.P.	4	
PREDNISOLONE SOD PH-MOXIFLOX	4	
PREDNISOLONE-MOXIFLOXACIN HCL	4	
TOBRADEX	4	
<i>tobramycin-dexamethasone</i>	2	
TRIAMCINOLON-MOXIFLOX-WATR(PF)	4	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	
DEXTENZA	4	
DEXYCU (PF)	4	
<i>difluprednate</i>	2	
EYSUVIS	4	PA; QL
<i>fluorometholone</i>	2	
FML LIQUIFILM	4	
ILUVIEN	5	\$
INVELTYS	4	
LOTEMAX	4	
LOTEMAX SM	4	
<i>loteprednol etabonate</i>	2	
OZURDEX	5	\$
PRED FORTE	4	
<i>prednisolone acetate</i>	2	
PREDNISOLONE ACETATE (PF)	4	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	
RETISERT	5	\$
YUTIQ	5	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		
BLEPHAMIDE S.O.P.	4	
<i>sulfacetamide-prednisolone</i>	2	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P	4	
<i>apraclonidine</i>	2	
<i>brimonidine</i>	2	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
CYCLOMYDRIL	4	
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>		
<i>carbinoxamine maleate oral liquid</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>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
<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

Drug Name	Drug Tier	Requirements / Limits
<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	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate</i>	2	
BROMFED DM	4	
<i>brompheniramine-pseudoeph-dm</i>	2	
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	

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>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	
RESPA-AR	4	
TUXARIN ER	4	
TUZISTRA XR	4	ST
<i>virtussin ac</i>	2	
<i>virtussin dac</i>	2	
<b>PULMONARY AGENTS</b>		
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	

Drug Name	Drug Tier	Requirements / Limits
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
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

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
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
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 ORAL GRANULES IN PACKET 25 MG	5	PA; QL

Drug Name	Drug Tier	Requirements / Limits
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	5	PA; \$; QL
KALYDECO ORAL TABLET	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	
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 REDHALER	3	QL
REVATIO ORAL	5	PA; ST; \$; QL

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

Drug Name	Drug Tier	Requirements / Limits
RUCONEST	5	PA; \$
<i>sajazir</i>	5	ST
SEREVENT DISKUS	3	QL
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	5	PA; QL
<i>sildenafil (pulm.hypertension) oral tablet</i>	5	PA; \$; QL
SINUVA	5	
SPIRIVA RESPIMAT	3	QL
SPIRIVA WITH HANDIHALER	3	QL
STIOLTO RESPIMAT	3	QL
SYMBICORT	3	PA; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N)	5	PA; \$; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N)	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	

Drug Name	Drug Tier	Requirements / Limits
<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 SUBCUTANEOUS RECON SOLN	5	PA; \$; LA; QL
XOLAIR SUBCUTANEOUS SYRINGE	5	PA; LA; QL
XOPENEX	4	
XOPENEX CONCENTRATE	4	
YUPELRI	3	QL
<i>zafirlukast</i>	1	
<i>zileuton</i>	1	ST
ZYFLO	4	ST

## UROLOGICALS

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
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<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	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<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
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; QL
<i>tamsulosin</i>	2	

Drug Name	Drug Tier	Requirements / Limits
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	2	
<b>MISCELLANEOUS UROLOGICALS</b>		
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	
<i>uretron d-s</i>	2	
URIBEL	4	
<i>urimar-t</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>uro-458</i>	2	
UROCID-K 10	4	
UROCID-K 15	4	
UROCID-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>vardenafil</i>	2	PA; QL

### URINARY ANESTHETICS

<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	2	
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### VITAMINS, HEMATINICS & ELECTROLYTES

#### ELECTROLYTES

<i>calcium 500 + d oral tablet, chewable</i>	2	ACA; OTC
<i>calcium carbonate-vitamin d3 oral tablet 600 mg-10 mcg (400 unit), 600 mg-5 mcg (200 unit)</i>	2	ACA; OTC
<i>calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit)</i>	2	ACA; OTC
<i>calcium citrate-vitamin d3 oral tablet 315 mg-6.25 mcg (250 unit)</i>	2	OTC

Drug Name	Drug Tier	Requirements / Limits
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
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### VITAMINS & HEMATINICS

<i>b complex 1 (with folic acid)</i>	2	ACA; OTC
<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	

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
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	
ENBRACE HR	4	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	2	

Drug Name	Drug Tier	Requirements / Limits
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
<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

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>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	
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	

Drug Name	Drug Tier	Requirements / Limits
<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>prenal chew</i>	1	
<i>prenal pearl</i>	1	
<i>prenal 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 (algal 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	
<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

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-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	
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

Drug Name	Drug Tier	Requirements / Limits
<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	
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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<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
VITAPEARL	4	
VITATRUE	4	
<i>wescap-c dha</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>wescap-pn dha</i>	2	
<i>wesnate dha</i>	1	
<i>westab plus</i>	1	
<i>westgel dha</i>	1	
<i>zatean-pn dha</i>	2	
<i>zatean-pn plus</i>	2	
<i>zingiber</i>	2	

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CLEOCIN PEDIATRIC.....	13	colchicine.....	71	cryselle (28).....	75
CLEOCIN T .....	43	colesevelam .....	39	cyanocobalamin (vitamin b-12)	
CLEVER CHOICE LEVEL 2		COLESTID.....	39	.....	89
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CLIMARA .....	73	colestipol .....	39	CYCLOGYL .....	79
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CLINDACIN ETZ.....	43	COMBIPATCH.....	73	cyclopentolate.....	79
clindacin p .....	43	COMBIVENT RESPIMAT .	85	CYCLOPEN-TROPIC-	
CLINDACIN PAC .....	43	COMBIVIR .....	9	PHENYLEPH-WATR.....	79
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clindamycin pediatric .....	13	COMIRNATY TRIS		PHEN-KETR-WAT .....	79
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74		COMPAZINE.....	63	CYCLOPHOSPHAMIDE ....	17
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.....	44	compro.....	63	PHEN-KET-WAT .....	79
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CLINPRO 5000.....	51	constulose .....	64	KLARITY .....	79
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CLOBEX.....	47	CONTROL SOL.....	55	cyred eq .....	75
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clodan .....	47	SOLUTION .....	55	CYSTARAN.....	79
CLODAN KIT.....	47	COPAXONE .....	68	CYTOTEC.....	66
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clomipramine.....	29	CORDRAN .....	47, 48	dabigatran etexilate.....	37
clonazepam.....	20	CORDRAN TAPE LARGE		dalfampridine.....	23
clonidine .....	34	ROLL.....	47	danazol.....	59
clonidine hcl .....	29, 34	COREG CR .....	34	DANTRIUM.....	24
clopidogrel.....	37	coremino .....	15	dantrolene .....	24
clorazepate dipotassium .....	29	CORGARD .....	34	dapsone .....	13, 44
clotrimazole.....	9, 46	CORTANE-B .....	42	DAPTACEL (DTAP	
clotrimazole-betamethasone.	46	CORTEF.....	52	PEDIATRIC) (PF).....	69
clozapine.....	29	CORTENEMA .....	64	DARAPRIM .....	13
CLOZARIL .....	29	CORTISPORIN-TC .....	52	darifenacin .....	87
c-nate dha .....	89	COTELLIC.....	17	dasetta 1/35 (28) .....	75
COAGADEX .....	37	COTEMPLA XR-ODT .....	29	dasetta 7/7/7 (28) .....	75
COARTEM .....	13	covaryx .....	73	DAURISMO.....	17
COCAINE .....	45	covaryx h.s.....	73	DAYPRO.....	27
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CODITUSSIN AC.....	83	CRESEMBA .....	9	DDAVP .....	59
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DELESTROGEN .....	73	DEXCOM G6		(AUGMENTED) .....	48
demeclocycline .....	15	TRANSMITTER .....	55	dipyridamole .....	37
DEMSEER .....	35	DEXEDRINE SPANSULE ..	30	DISALCID .....	27
DENAVIR .....	47	dexmethylphenidate .....	30	diskets .....	25
DENGVAXIA (PF) .....	69	DEXTENZA .....	82	disopyramide phosphate .....	33
denta 5000 plus .....	51	dextroamphetamine sulfate ..	30	disulfiram .....	50
dentagel .....	51	dextroamphetamine-		DITROPAN XL .....	87
DEPAKOTE .....	20	amphetamine .....	30	DIURIL .....	35
DEPAKOTE ER .....	20	DEXYCU (PF) .....	82	divalproex .....	20
DEPAKOTE SPRINKLES ..	20	DIACOMIT .....	20	dodex .....	89
DEPEN TITRATABS .....	71	dialyvite 800 .....	89	dofetilide .....	33
DEPO-ESTRADIOL .....	73	DIASTAT .....	20	DOJOLVI .....	88
DEPO-PROVERA .....	73	DIASTAT ACUDIAL .....	20	dolishale .....	75
DEPO-SUBQ PROVERA	104	DIATRUE CONTROL SOLN		donepezil .....	23
.....	73	NORMAL .....	55	DONNATAL .....	62
DEPO-TESTOSTERONE ..	59	diazepam .....	20, 30	DOPTELET (15 TAB PACK)	
DERMA-SMOOTH/FS		diazepam intensol .....	30	.....	37
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DERMA-SMOOTH/FS		DIBENZYLINE .....	35	DORZOLAMIDE (PF) .....	81
SCALP OIL .....	48	DICLEGIS .....	64	dorzolamide-timolol .....	81
DERMOTIC OIL .....	52	diclofenac potassium .....	27	dorzolamide-timolol (pf) .....	81
DESCOVY .....	9	diclofenac sodium .....	27, 42, 81	DORZOLAMIDE-TIMOLOL	
desipramine .....	29	diclofenac-misoprostol .....	27	(PF) .....	81
desloratadine .....	83	dicloxacillin .....	14	dotti .....	73
desmopressin .....	59, 60	dicyclomine .....	62	DOVATO .....	9
DESMOPRESSIN .....	60	didanosine .....	9	DOVONEX .....	41
desog-e.estradiol/e.estradiol .	75	DIFFERIN .....	44	doxazosin .....	35
desogestrel-ethinyl estradiol .	75	DIFICID .....	12	doxepin .....	30, 42
desonide .....	48	diflorasone .....	48	doxercalciferol .....	60
desoximetasone .....	48	DIFLUCAN .....	9	doxycycline hyclate .....	15
DESOXYN .....	29	diflunisal .....	27	doxycycline monohydrate ....	15
desrx .....	48	difluprednate .....	82	doxylamine-pyridoxine (vit b6)	
DESVENLAFAXINE .....	29	digitek .....	37	.....	64
desvenlafaxine succinate .....	30	digox .....	37	DRISDOL .....	89
dexabliss .....	52	digoxin .....	37	dronabinol .....	64
dexamethasone .....	53	dihydroergotamine .....	22	drosiprenone-e.estradiol-lm.fa	
dexamethasone intensol .....	53	DILANTIN .....	20	.....	75
dexamethasone sodium		DILANTIN EXTENDED .....	20	drosiprenone-ethinyl estradiol	
phosphate .....	82	DILANTIN INFATABS .....	20	.....	75
DEXAMETH-		DILANTIN-125 .....	20	DROXIA .....	17
MOXIFLOX(PF)-		DILAUDID .....	25	droxidopa .....	50
NACL,ISO .....	81	diltiazem .....	35	DSUVIA .....	25
DEXAMET-MOXIFL-		dilt-xr .....	35	DUAVEE .....	73
KETORO-NACL(PF) .....	79	dimethyl fumarate .....	68	DUET DHA BALANCED ..	89
dexchlorpheniramine maleate		DIPENTUM .....	64	DUET DHA WITH OMEGA-3	
.....	83	DIPHEN .....	83	.....	89
DEXCOM G6 RECEIVER ..	55	diphenoxylate-atropine .....	62	DUETACT .....	61

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DUEXIS .....	27	eemt .....	73	enalapril maleate.....	35
dulcolax (magnesium hydroxide) .....	64	eemt hs.....	73	enalapril-hydrochlorothiazide .....	35
DULERA.....	85	efavirenz .....	10	ENBRACE HR .....	89
duloxetine .....	30	efavirenz-emtricitabin-tenofov .....	10	ENBREL.....	71, 72
DUOBRII .....	48	efavirenz-lamivu-tenofov disop .....	10	ENBREL MINI .....	71
DUOPA .....	22	effer-k .....	88	ENBREL SURECLICK .....	72
DUPIXENT PEN .....	42	EFFER-K.....	88	endocet.....	25
DUPIXENT SYRINGE.....	42	EFFIENT .....	37	ENGERIX-B (PF) .....	69
dutasteride .....	87	EFUDEX .....	42	ENGERIX-B PEDIATRIC (PF).....	69
dutasteride-tamsulosin.....	87	EGRIFTA SV .....	68	ENLITE SYSTEM .....	56
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DYMISTA.....	85	eletriptan.....	22	enskyce .....	75
DYRENIUM .....	35	ELIGARD .....	17	ENSPRYNG .....	17
<b>E</b>		ELIGARD (3 MONTH) .....	17	ENSTILAR.....	41
e.e.s. 400.....	12	ELIGARD (4 MONTH) .....	17	entacapone .....	22
E.E.S. GRANULES .....	12	ELIGARD (6 MONTH) .....	17	entecavir .....	10
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EASY STEP HIGH CONTROL SOLN.....	55	elinest.....	75	ENTRESTO.....	40
EASY TALK HIGH CONTROL.....	55	ELIQUIS .....	37	enulose.....	64
EASY TALK PLUS II LOW CONTROL.....	55	ELIQUIS DVT-PE TREAT 30D START .....	37	ENZOCLEAR .....	44
EASY TOUCH BLU CTRL SOLN-L1,L3 .....	55	elite-ob.....	89	EPCLUSA .....	10
EASY TRAK II CTRL SOLN- NORMAL.....	56	ELIXOPHYLLIN.....	85	EPIDIOLEX .....	20
EASY TRAK LOW CONTROL.....	56	ELLA.....	75	EPIDUO FORTE.....	44
EASYGLUCO PLUS NORMAL CONTROL.....	56	ELLUME COVID-19 HOME TEST .....	54	EPIFOAM.....	41
EASYMAX 15 LEVEL 2 ...	56	ELMIRON.....	87	epinastine.....	79
EASYMAX NORMAL CONTROL.....	56	ELOCTATE .....	37	epinephrine .....	83
EC-NAPROSYN.....	27	eluryng.....	74	epinephrine hcl .....	85
econazole.....	46	EMBRACE EVO LEVEL 1.....	56	EPIPEN 2-PAK .....	83
econtra ez.....	75	EMBRACE GLUCOSE CONTROL LOW .....	56	EPIPEN JR 2-PAK .....	83
econtra one-step.....	75	EMBRACE TALK CONTROL-LOW (L1).....	56	EPISIL .....	51
ecotrin.....	27	EMCYT .....	17	epitol.....	20
ecotrin low strength.....	27	EMGALITY PEN.....	22	EPIVIR .....	10
EDECRIN.....	35	EMGALITY SYRINGE.....	22	EPIVIR HBV .....	10
EDEX .....	87	EMPAVELI.....	50	eplerenone.....	35
EDLUAR.....	30	EMSAM .....	30	eprosartan .....	35
ed-spaz.....	62	emtricitabine.....	10	EPZICOM.....	10
EDURANT.....	9	emtricitabine-tenofovir (tdf).....	10	EQUETRO .....	20
		EMTRIVA.....	10	ergocalciferol (vitamin d2) ...	89
		EMVERM .....	13	ergoloid.....	30
				ERGOMAR .....	22
				ergotamine-caffeine .....	22
				ERIVEDGE .....	17
				ERLEADA .....	17
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				errin.....	73

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erygel.....	44	EXELDERM .....	46	FIRDAPSE .....	23
ERYPED 200 .....	12	EXELON PATCH.....	23	flac otic oil.....	52
ERYPED 400 .....	12	exemestane .....	17	FLAGYL .....	13
ery-tab.....	12	EXKIVITY .....	17	flavoxate .....	87
ERY-TAB.....	12	EXTINA .....	46	flecainide .....	33
erythrocin (as stearate) .....	12	EYLEA.....	79	FLECTOR .....	27
erythromycin .....	12, 78	EYSUVIS .....	82	FLOLIPID .....	40
erythromycin ethylsuccinate	12	ezetimibe .....	39	FLOMAX .....	87
erythromycin with ethanol ...	44	ezetimibe-simvastatin.....	39	FLORIVA (FLUORIDE-	
erythromycin-benzoyl peroxide		<b>F</b>		VITAMIN D3).....	89
.....	44	FACTIVE .....	15	FLOVENT DISKUS .....	85
escitalopram oxalate.....	30	falmina (28) .....	75	FLOVENT HFA .....	85
ESGIC .....	25	famciclovir.....	10	FLOWFLEX COVID-19 AG	
esomeprazole magnesium ...	66,	famotidine.....	67	HOME TEST.....	54
67		FANAPT .....	30	FLUAD QUAD 2022-23(65Y	
ESPEROCT.....	37	FARESTON .....	17	UP)(PF).....	69
estarylla .....	75	FARXIGA .....	61	FLUARIX QUAD 2022-2023	
estazolam.....	30	FARYDAK.....	17	(PF) .....	69
ESTRACE .....	73	FASENRA PEN .....	85	FLUBLOK QUAD 2022-2023	
estradiol .....	73	febuxostat .....	71	(PF) .....	69
estradiol valerate .....	73	felbamate .....	20	FLUCELVAX QUAD 2022-	
estradiol-norethindrone acet.	73	FELBATOL.....	20	2023 .....	69
estrogens-methyltestosterone	73	FELDENE .....	27	FLUCELVAX QUAD 2022-	
eszopiclone .....	30	felodipine.....	35	2023 (PF) .....	69
ethacrynic acid.....	35	fem ph.....	74	fluconazole .....	9
ethambutol.....	13	FEMARA .....	17	flucytosine .....	9
ethosuximide .....	20	femynor .....	75	fludrocortisone.....	53
ethynodiol diac-eth estradiol	75	fenofibrate .....	39, 40	FLULAVAL QUAD 2022-	
etodolac .....	27	fenofibrate micronized .....	39	2023 (PF) .....	69
etonogestrel-ethinyl estradiol	74	fenofibrate nanocrystallized	39	FLUMADINE.....	10
etoposide.....	17	fenofibric acid.....	40	FLUMIST QUAD 2022-2023	
etravirine.....	10	fenofibric acid (choline) .....	40	.....	69
EUCRISA.....	42	FENOGLIDE.....	40	flunisolide .....	85
EURAX .....	49	fenopufen .....	27	fluocinolone .....	48
euthyrox.....	62	fentanyl.....	25	fluocinolone acetamide oil ...	52
EVEKEO ODT.....	30	fentanyl citrate.....	25	fluocinolone and shower cap	48
everolimus (antineoplastic) ..	17	FERRIPROX .....	50	fluocinonide.....	48
everolimus		FERRIPROX (2 TIMES A		fluocinonide-e.....	48
(immunosuppressive) .....	17	DAY) .....	50	FLUORESCEIN-	
EVERSENSE SENSOR-		fesoterodine .....	87	BENOXINATE .....	80
HOLDER.....	56	FETZIMA.....	30	fluorescein-propraracaine .....	80
EVISTA.....	71	FEXMID.....	24	fluoride (sodium).....	51, 89
EVOCLIN .....	44	FIBRICOR.....	40	FLUORIDEX DAILY	
EVOLUTION NORMAL		FINACEA.....	44	DEFENSE.....	52
CONTROL .....	56	finasteride .....	87	FLUORIDEX SENSITIVITY	
EVOTAZ.....	10	finzala .....	75	RELIEF.....	52
EVOXAC .....	50	FIORICET .....	25		

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fluorometholone .....	82	fosinopril-hydrochlorothiazide		GE100 CONTROL	
FLUOROPLEX.....	42	.....	35	SOLUTION NORMAL....	56
fluorouracil .....	42	FRAGMIN.....	37	GELCLAIR .....	52
fluoxetine.....	30	FREESTYLE CONTROL....	56	GELNIQUE.....	87
fluphenazine hcl .....	30	FREESTYLE FREEDOM....	56	GELX .....	52
flurandrenolide .....	48	FREESTYLE FREEDOM		gemfibrozil .....	40
flurazepam.....	30	LITE .....	56	gemmily.....	75
flurbiprofen.....	27	FREESTYLE INSULINX...53,		generlac.....	64
flurbiprofen sodium.....	81	56		gengraf.....	17
flutamide.....	17	FREESTYLE INSULINX		GENOTROPIN.....	68
fluticasone propionate ....	48, 85	TEST STRIPS .....	53	GENOTROPIN MINIQUICK	
fluticasone propion-salmeterol		FREESTYLE LIBRE 14 DAY		.....	68
.....	85	READER .....	56	gentak .....	78
fluvastatin .....	40	FREESTYLE LIBRE 14 DAY		gentamicin .....	46, 78
fluvoxamine.....	31	SENSOR.....	56	GENTEEL VACUUM	
FLUZONE HIGHDOSE		FREESTYLE LIBRE 2		LANCING DEVICE .....	57
QUAD 22-23 PF.....	69	READER .....	56	GENVOYA .....	10
FLUZONE QUAD 2022-2023		FREESTYLE LIBRE 2		GEODON .....	31
.....	69	SENSOR.....	56	GILENYA .....	68
FLUZONE QUAD 2022-2023		FREESTYLE LIBRE 3		GILOTRIF .....	17
(PF).....	69	SENSOR.....	56	GLASSIA .....	50
FML LIQUIFILM .....	82	FREESTYLE LITE METER	56	glatiramer.....	68
folic acid.....	89	FREESTYLE LITE STRIPS	53	glatopa .....	68
folitab .....	89	FREESTYLE TEST .....	53	GLEOSTINE .....	17
folivane-ob .....	89	FROVA .....	22	GLIADEL WAFER.....	17
foltabs 800.....	89	frovatriptan .....	22	glimepiride.....	61
fondaparinux.....	37	full spectrum b-vitamin c ....	89	glipizide .....	61
FORA GTEL MULTI-		FULPHILA.....	67	glipizide-metformin.....	61
FUNCTN MONITOR .....	56	FURADANTIN .....	16	GLOPERBA .....	71
FORA KETONE CONTROL		furosemide .....	35	GLUCAGEN DIAGNOSTIC	
SOLN-L1.....	56	FUZEON .....	10	KIT .....	54
FORA NORMAL CONTROL		fyavolv.....	73	glucagon emergency kit	
.....	56	FYCOMPA.....	20	(human).....	54
FORA TN'G ADVANCE PRO		<b>G</b>		GLUCAGON HCL.....	54
MONITOR .....	56	g tussin ac .....	83	GLUCOCARD 01 NORMAL	
FORA TN'GO ADVANCE		gabapentin .....	20	CONTROL .....	57
MONITOR .....	56	GABITRIL .....	20	GLUCOCOM CONTROL	
FORACARE GDH LOW		GALAFOLD .....	60	NORMAL.....	57
CONTROL.....	56	galantamine .....	23	GLUCOSE CONTROL.....	57
formoterol fumarate.....	85	GALZIN .....	88	GLUCOTROL XL.....	61
FORTEO .....	71	GAMMAGARD LIQUID ....	69	glyburide.....	61
FORTESTA.....	60	GARDASIL 9 (PF).....	69	glyburide micronized.....	61
FORTISCARE NORMAL ...	56	GASTROCROM .....	64	glyburide-metformin.....	61
FOSAMAX .....	71	gatifloxacin.....	78	GLYCATE .....	62
FOSAMAX PLUS D.....	71	GATTEX 30-VIAL .....	64	glycopyrrolate.....	62
fosamprenavir.....	10	gavilyte-c .....	64	glydo .....	45
fosfomycin tromethamine ....	16	gavilyte-g.....	64	GLYNASE .....	61
fosinopril .....	35	GAVRETO.....	17	GLYXAMBI.....	61

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GOJJI GLUCOSE CNTRL	heparin lock flush (porcine) .38	HUMIRA(CF) PEN PSOR-
SOL-NORMAL.....57	heparin lockflush(porcine)(pf)	UV-ADOL HS.....72
GOJJI KETONE CONTROL	.....38	HUMULIN 70/30 U-100
SOLN-L1.....57	heparin(porcine) in 0.45% nacl	INSULIN .....59
GOJJI MULTI-FUNCTIONAL	.....38	HUMULIN 70/30 U-100
METER .....57	HEPARIN(PORCINE) IN	KWIKPEN.....59
GOLYTELY.....64	0.45% NACL.....38	HUMULIN N NPH INSULIN
GONITRO.....40	heparin, porcine (pf).....38	KWIKPEN.....59
GOPRELTO.....45	HEPARIN, PORCINE (PF) .38	HUMULIN N NPH U-100
GRALISE.....20	HEPLISAV-B (PF).....70	INSULIN .....59
granisetron hcl.....64	HEPSERA .....10	HUMULIN R REGULAR U-
griseofulvin microsize.....9	HETLIOZ.....31	100 INSULN .....59
griseofulvin ultramicrosize.....9	HETLIOZ LQ.....31	HUMULIN R U-500 (CONC)
guaiaatussin ac .....83	HIBERIX (PF).....70	INSULIN .....59
guanfacine .....31, 35	HIPREX.....16	HUMULIN R U-500 (CONC)
GVOKE.....54	HISTEX-AC.....83	KWIKPEN.....59
GVOKE HYPOPEN 2-PACK	homatropaire.....79	HYCAMTIN.....17
.....54	HORIZANT.....23	HYCODAN (WITH
GVOKE PFS 2-PACK	HUMALOG JUNIOR	HOMATROPINE).....83
SYRINGE.....54	KWIKPEN U-100 .....58	hydralazine .....35
GYNAZOLE-1.....74	HUMALOG KWIKPEN	HYDREA .....17
<b>H</b>	INSULIN .....58	hydrochlorothiazide.....35
HAEGARDA .....85	HUMALOG MIX 50-50	hydrocodone bitartrate.....25
hailey.....75	INSULN U-100 .....58	hydrocodone-acetaminophen25
hailey 24 fe.....75	HUMALOG MIX 50-50	hydrocodone-chlorpheniramine
hailey fe 1.5/30 (28).....75	KWIKPEN.....58	.....83
hailey fe 1/20 (28).....75	HUMALOG MIX 75-25	hydrocodone-homatropine....83
halcinonide .....48	KWIKPEN.....58	hydrocodone-ibuprofen .....25
HALCION.....31	HUMALOG MIX 75-25(U-	hydrocortisone ....48, 49, 53, 64
halobetasol propionate.....48	100)INSULN .....59	hydrocortisone acetate .....64
HALOG.....48	HUMALOG U-100 INSULIN	hydrocortisone butyrate .....48
haloperidol.....31	.....59	hydrocortisone butyr-emollient
haloperidol lactate .....31	HUMATIN .....13	.....48
HARVONI .....10	HUMIRA.....72	hydrocortisone valerate .....49
HAVRIX (PF) .....70	HUMIRA PEN .....72	hydrocortisone-acetic acid...52
HEALTHPRO HIGH-LOW	HUMIRA PEN CROHNS-UC-	hydrocortisone-pramoxine...41,
CONTROL.....57	HS START .....72	64
heather .....73	HUMIRA PEN PSOR-	hydromet.....83
HEMLIBRA .....37	UVEITS-ADOL HS .....72	hydromorphone.....25
hemmorex-hc.....64	HUMIRA(CF) .....72	hydroxocobalamin .....89
hep flush-10 (pf).....37	HUMIRA(CF) PEDI	hydroxychloroquine.....13
heparin (porcine).....38	CROHNS STARTER.....72	HYDROXYCHLOROQUINE
HEPARIN (PORCINE) IN	HUMIRA(CF) PEN.....72	.....13
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.....	65	PHYSIOLYTE .....	50	pr natal 430 .....	90
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phenelzine.....	32	pnv-select.....	90	(PF) .....	82
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scop.....	63	polycin .....	78	NEPAFENAC.....	80
phenobarbital.....	21	polymyxin b sulf-trimethoprim		PREDNISOLONE SOD PH-	
phenohydro.....	63	.....	78	MOXIFLOX .....	82
phenoxybenzamine.....	36	POLYTRIM.....	78	prednisolone sodium phosphate	
phenylephrine hcl .....	82	POLY-TUSSIN AC.....	84	.....	53, 82
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philith .....	77	POTABA .....	88	MOXIFLOX-BROMFEN	80
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PREMARIN .....	73	PREVIDENT 5000 PLUS ....	52	propafenone .....	33
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prenal pearl.....	90	PREVNAR 13 (PF) .....	70	propranolol .....	36
prenal true.....	90	PREVNAR 20 (PF) .....	70	propranolol-hydrochlorothiazid .....	36
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prenatal multivitamins.....	90	PRIMSOL.....	16	PROVERA .....	74
prenatal one daily .....	90	PRIORIX (PF).....	70	PROVIDA OB.....	91
prenatal plus .....	90	probenecid .....	71	prudoxin.....	42
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PRENATAL PLUS DHA.....	90	PROCARDIA XL.....	36	PUREFE OB PLUS.....	91
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PRENATE STAR.....	91	PROGRAF.....	18	QUILLIVANT XR .....	32
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PRESTALIA .....	36	PROLENSA .....	81	quinapril-hydrochlorothiazide .....	36
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prevalite.....	40	PROMACTA.....	39	quinidine sulfate .....	34
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RADICAVA ORS STARTER		RETISERT .....	82	RUCONEST .....	86
KIT SUSP.....	24	RETROVIR .....	11	rufinamide.....	21
RADIOGARDASE .....	51	REVATIO .....	85	RYBELSUS.....	62
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ramelteon.....	32	REXULTI.....	32	RYDAPT .....	18
ramipril.....	36	REYATAZ .....	11	RYTARY.....	22
ranolazine .....	40	REYVOW .....	23	RYTHMOL SR .....	34
RAPAMUNE .....	18	REZUROCK .....	18	RYVENT.....	83
rasagiline .....	22	RHOFADE .....	44	<b>S</b>	
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REBINYN .....	39	rimantadine.....	11	SANDOSTATIN .....	18
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RECTIV .....	65	RIOMET.....	62	SAVELLA.....	72
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SILVADENE .....	42	spironolactone .....	36	.....	45
silver sulfadiazine.....	42	spironolacton-hydrochlorothiaz		sulfacleanse 8-4 .....	45
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sirolimus .....	18	sronyx .....	77	SUMADAN XLT .....	45
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SIVEXTRO .....	14	SSKI .....	53	sumatriptan succinate .....	23
SKLICE.....	50	sss 10-5 .....	45	sumatriptan-naproxen .....	23
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sodium fluoride 5000 plus....	52	STALEVO 50.....	22	super quints.....	91
sodium fluoride-pot nitrate...	52	STALEVO 75.....	22	SUPPRELIN LA .....	19
sodium phenylbutyrate .....	51	STAMARIL (PF) .....	70	SUPRAX .....	12
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SYNALAR OINTMENT KIT	49	tazarotene.....	45	thiothixene .....	33
SYNALAR TS .....	49	taztia xt .....	36	THRIVITE RX .....	91
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SYNERA.....	46	TEGRETOL .....	21	TIAZAC .....	36
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TRANXENE T-TAB.....	33	trimipramine .....	33	ULESFIA.....	50
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XIGDUO XR .....	62	zatean-pn plus .....	92	ZOKINVY .....	51
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