



2025 Prescription Drug List

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**UnitedHealthcare
& affiliated companies**



**United
Healthcare**

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2025 Prescription Drug List

Introduction

The UnitedHealthcare Prescription Drug List (PDL)¹ provides a list of the most commonly prescribed medications in various therapeutic classes. This list is intended for use with UnitedHealthcare health plans and affiliated companies' pharmacy benefit plan designs. The PDL applies only to prescription medications dispensed to outpatients and does not include inpatient medications or medications obtained or administered in a physician's office. The PDL does not define benefit coverage. Benefit coverage is decided by the member's pharmacy benefit plan.² This means that there may be medications listed on the PDL that are not covered under a particular member's pharmacy benefit plan.

You may also access PDL information by visiting UHCprovider.com.

Prescription Drug List overview

Tier decisions are made by our PDL Management Committee based on clinical, economic and other factors. The PDL Management Committee is comprised of senior UnitedHealth Group physician and business leaders. The UnitedHealthcare Pharmacy & Therapeutics (P&T) Committee, comprising of physicians and pharmacists, reviews new and existing medications. They then provide clinical guidance to the PDL Management Committee. Guidance is based on similarities and differences compared with other medications that treat the same disease or condition.

The tier placement of a medication on the PDL may change. While medications change tiers infrequently, such changes may occur up to 3 times per calendar year. Additionally, when a brand-name medication becomes available as a generic, the tier status and coverage of the brand-name medication and its corresponding generic will be evaluated. When a medication changes tiers, your patient may be required to pay more or less for that medication. These changes may occur without prior notice to you or your patient. However, you may visit our website at UHCprovider.com or use the PreCheck MyScript® app for the most up-to-date information for a particular medication. Your patient can also find the most up-to-date tier status and cost^{3,8} information for a medication by visiting our member website at myuhc.com® and/or calling the toll-free member phone number located on their member ID card.

Tier designations

Prescription medications are categorized within 3 tiers on the PDL.⁴ Each tier is assigned a cost,³ which is determined by the member's pharmacy benefit plan. You may refer to the PDL as a guide to select the most appropriate medication with the lowest member cost for your patients.

Drug Tier	Includes	Helpful Tips
Tier 1	\$ Lowest cost Tier 1 medications are your patient's lowest cost option.	Members can maximize their cost savings when you prescribe Tier 1 medications, if you decide they are appropriate for your patient's treatment.
Tier 2	\$\$ Mid-range cost Tier 2 medications are your patient's mid-range cost option.	Consider Tier 2 medications if no Tier 1 medication is appropriate to treat your patient's condition.
Tier 3	\$\$\$ Highest cost Tier 3 medications are your patient's highest cost option.	If your patient is currently taking a medication in Tier 3, you may want to determine if there is an appropriate alternative in Tier 1 or Tier 2.

You and your patient make decisions about health care and medication treatments.

If the member has a "closed" pharmacy benefit (such as a 2-tier pharmacy benefit plan that does not cover medications classified in Tier 3 of this PDL), medications in Tier 3 are generally not covered, except under certain processes consistent with applicable law.



Some members have a Tier 4 prescription plan, and these medications are noted as T4 throughout the document. Members with a Tier 4 prescription plan should refer to their enrollment materials, check the Medication Pricing/Coverage information on our member website or call the toll-free member phone number provided on their member ID card for more information about their benefit plan.

Not all medications are represented in this PDL. Only the most commonly prescribed medications are included.

Over-the-counter and therapeutically equivalent medications

For some conditions, you and your patient may decide that an over-the-counter (OTC) medication is the best treatment. According to UnitedHealthcare benefit design, OTC medications are defined as medications that do not require a prescription by federal or state law to be dispensed. In some instances, OTC medications are listed on the PDL for reference purposes only. OTC medications may cost less than the member's out-of-pocket expense for prescription medications.

Therapeutically Equivalent means that medications can be expected to produce essentially the same efficacy or adverse event profile. Our benefit designs allow us to exclude a medication if determined to be Therapeutically Equivalent to another covered product or OTC option.

If the patient or physician requests a medication we have excluded based on determination of Therapeutic Equivalent, the patient may be required to pay the entire cost of the medication as it may not be covered under the member's pharmacy benefit. Please refer to the member's pharmacy benefit plan.

Symbols

E	May be excluded from coverage or subject to Prior Authorization in Connecticut, New Jersey and New York
H	May be part of health care reform preventive ⁵
H-PA	May be part of health care reform preventive with prior authorization ⁵
MC	Multiple copay
PA	Prior authorization required ⁶
QL	Quantity limit
RS	May be eligible for the Refill and Save Program
SP	Specialty medication
ST	Step therapy ⁷
T4	May be covered on Tier 4 in select benefits

Generic medication policy

Many generic medications are included on the PDL in Tier 1; however, generic medications can be placed into any tier of the PDL. When a generic medication does not offer significant financial savings, it may be placed in the same tier or a higher tier than the brand medication. Generic medications are noted in italic font.

Note that when a brand-name medication becomes available as a generic, that brand-name product may move to a higher tier or be excluded from coverage by the member's plan. Members may be required to pay more for a prescription when a higher-tier brand-name product is dispensed. The member's cost-share is determined by the pharmacy benefit plan. When generic substitution conflicts with state regulations or restrictions, the pharmacist must obtain approval from the prescribing physician or other health care professional to substitute the generic equivalent.

Specialty medications

Some members may have coverage for self-administered injectable and oral specialty medications through their pharmacy benefit plan. You will find these medications included in the body of this document within the appropriate therapeutic categories. UnitedHealthcare has a specialty pharmacy program that requires most specialty medications to be obtained through a designated specialty pharmacy. These medications are noted by

SP throughout the document. The specialty pharmacy program includes designated specialty pharmacies, each selected based on their clinical expertise for the targeted therapeutic classes, quality of services, and cost. Their pharmacists are trained to help educate patients for these specialty medications, which may help improve treatment adherence.

Participating members should be instructed to call the toll-free member number on their member ID card where a representative will answer questions about our program and then transfer them to a specialty pharmacy based on their particular specialty medication prescription.

Medications requiring prior authorization and other pharmacy programs

Select medications may require prior authorization to be eligible for coverage under the member's pharmacy benefit plan. Such medications are noted with a **PA**. Depending on your patients' benefit and/or medication, a coverage review may apply to determine coverage under the pharmacy benefit. The pharmacy benefit may exclude coverage of medications for certain uses.

Clinical criteria for **PA** medications are available on our website at [UHCprovider.com](https://uhcprovider.com). The criteria reflect UnitedHealthcare's P&T Committee decisions.

Some benefit plans may include our Step Therapy⁷ program. Step Therapy requires prior authorization and offers a "stepwise" approach to therapy for certain high-cost medications and requires that a member first try a more cost-effective medication before another high-cost medication. Step Therapy medications are noted as **ST**.

Quantity limits define the maximum supply of medication per copayment or period of time. Quantity limits are based on several factors that may include FDA-approved dosing guidelines as defined in the product package insert, medical literature, guidelines or supportive data. Quantity limit medications are noted as **QL**.

The Refill and Save Program encourages members to adhere to their treatment regimens by rewarding them with a discounted copayment/coinsurance for refilling their prescription within the defined time period. Eligible medications are noted as **RS**.

How to obtain prior authorization

Use the PreCheck MyScript app on Link. By using the PreCheck MyScript app, you can now run a pharmacy trial claim and get real-time prescription coverage detail for your patients who are UnitedHealthcare benefit plan members. This will allow you to check current prescription coverage and price, including out-of-pocket prescription costs for UnitedHealthcare members at their selected pharmacy, as well as:

- Get information on lower-cost prescription alternatives, if available, to help save members money.
- See which prescriptions currently require prior authorization, or are non-covered or non-preferred.
- Request prior authorization and receive status and results.

The app is now available to all Link users; to access, sign in to [UHCprovider.com](https://uhcprovider.com), then select the Link Marketplace from your Link dashboard and search for the PreCheck MyScript app. Add the app to your dashboard and start using it.

Below are also options to obtain authorization:

- Online: Prior authorizations can also be submitted online by signing in to optumrx.com > Healthcare Professionals > Prior Authorizations.
- By Phone: Call the Optum Rx prior authorization team at **1-800-711-4555**.

¹ In certain documents the Prescription Drug List (PDL) was referred to as the "Preferred Drug List (PDL)." This change in descriptive terms does not affect your patient's benefit coverage.

² Where differences are noted, the benefit plan documents will govern.

³ UnitedHealthcare operates a wide number of benefit programs and products, and some benefit programs may have alternative benefit designs. Physicians should always check the member's specific benefit prior to prescribing medications.

⁴ In certain documents Tier 1 was referred to as "generics," Tier 2 was referred to as "preferred brands" or "brand-name" on the PDL; and Tier 3 was referred to as "non-preferred brands," "not on the PDL," or "brand-name not on the PDL." These changes in descriptive terms do not affect your patient's benefit coverage.

⁵ Health Care Reform drug lists may vary by plan; your patient can find the most up-to-date tier status and cost information for a particular medication by visiting myuhc.com and/or calling the toll-free member phone number on their member ID card.

⁶ Depending on your patients' benefit and/or medication, notification or medical necessity criteria will be applied to determine if covered under the pharmacy benefit.

⁷ For New Jersey fully insured members, this program is referred to as First Start.

⁸ In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access uhcprovider.com > Drug List and Pharmacy > Additional Resources > Patient Protection and Affordable Care Act \$0 Cost-share Preventive Medications Exemption Requests (Commercial members) or call the toll-free number on the member's health plan ID card.



Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain		
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL
acetaminophen-codeine oral tablet	1	QL
ALLZITAL	E	QL
apap-caff-dihydrocodeine	4	QL
ascomp-codeine	1	QL
bac	1	QL
BELBUCA	3	PA, QL
BUPAP ORAL TABLET 50-300 MG	E	QL
buprenorphine	3	PA, QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL
butalbital-apap-caffeine oral tablet	1	QL
butalbital-asa-caff-codeine	1	QL
butalbital-aspirin-caffeine	1	QL
butorphanol tartrate nasal	2	QL
BUTRANS	E	PA, QL
DILAUDID ORAL TABLET	E	QL
endocet	1	QL
ESGIC	4	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL
FIORICET	4	QL

FIORICET/CODEINE	E	QL
GEN7T EXTERNAL PATCH 3.5 % glydo	E	
	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	QL
hydrocodone-ibuprofen	1	QL
hydromorphone hcl oral tablet	1	QL
lidocaine external ointment 5 %	2	QL
lidocaine external patch 5 %	3	PA, QL
lidocaine hcl urethral/mucosal	1	
lidocaine-prilocaine external cream	1	
LIDOCAN	E	PA, QL
LIDODERM	E	PA, QL
LIDOTRAL 1	E	
LORTAB ORAL ELIXIR 10-300 MG/15ML	4	QL
methadone hcl oral tablet	1	PA, QL
morphine sulfate (concentrate)	1	QL
morphine sulfate er oral tablet extended release	1	PA, QL
morphine sulfate oral	1	QL
MS CONTIN	E	PA, QL
NALOCET	E	QL
NUCYNTA	4	QL
NUCYNTA ER	3	PA, QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, QL
oxycodone hcl oral capsule	1	QL
oxycodone hcl oral solution	1	QL

Drugs listed as E or ST are subject to Prior Authorization in CT, NJ and NY.



Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL	diclofenac sodium er	3	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL	diclofenac sodium external gel 1 %	E	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	diclofenac sodium oral	1	
OXYCONTIN	E	PA, QL	diclofenac-misoprostol	3	
oxymorphone hcl er	3	PA, QL	DICLOFONO	E	
PERCOCET	E	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
premium lidocaine	2	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
PROLATE ORAL TABLET	E	QL	ec-naproxen	1	
ROXICODONE	E	QL	etodolac	2	
TENCON	3	QL	etodolac er	3	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL	FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
tramadol hcl er	2	(generic for Ultram ER), QL	flurbiprofen oral	1	
tramadol hcl oral tablet 100 mg, 75 mg, 25 mg	E	QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl oral tablet 50 mg	1	QL	indomethacin er	2	
tramadol-acetaminophen	1	QL	INDOMETHACIN ORAL CAPSULE 20 MG	E	
TREZIX	4	QL	indomethacin oral capsule 25 mg, 50 mg	1	
TRIDACAIN II	E	PA, QL	ketorolac tromethamine oral	1	
TRIDACAIN III	E	PA, QL	LODINE	E	
XTAMPZA ER	4	PA, QL	LOFENA	E	QL
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL	mefenamic acid oral	3	
ZTLIDO	3	PA, QL	meloxicam oral tablet	1	
Analgesics - Drugs for Pain and Inflammation			nabumetone oral	1	
ANAPROX DS	E		NAPROSYN ORAL TABLET	E	
ARTHROTEC	E		naproxen dr	1	
CATAFLAM ORAL TABLET 50 MG	E		naproxen oral tablet	1	
CELEBREX	E	QL	naproxen oral tablet delayed release	1	
celecoxib oral	2	QL	naproxen sodium oral tablet 275 mg, 550 mg	2	
DAYPRO	4		oxaprozin oral tablet	2	
diclofenac potassium oral tablet 25 mg	E	QL	piroxicam oral	2	
diclofenac potassium oral tablet 50 mg	2		RELAFEN DS	E	
			RELAFEN ORAL TABLET 500 MG, 750 MG	E	

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Drug Name	Drug Tier	Requirements & Limits
sulindac oral	1	
Anti-Addiction / Substance Abuse Treatment Agents		
acamprosate calcium	1	
APO-VARENICLINE ORAL TABLET 0.5 MG, 1 MG	E	
buprenorphine hcl sublingual	1	QL
buprenorphine hcl-naloxone hcl	2	
bupropion hcl er (smoking det)	1	H
cvs nicotine	1	H
cvs nicotine polacrilex	1	H
disulfiram oral	1	
eq nicotine	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eql nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	1	H
ft nicotine	1	H
ft nicotine mini	1	H
gnp nicotine mini	1	H
gnp nicotine polacrilex mouth/throat gum 2 mg	1	H
gnp nicotine polacrilex mouth/throat lozenge	1	H
gnp nicotine transdermal	1	H
goodsense nicotine	1	H
habitrol	1	H
hm nicotine polacrilex	1	H
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	1	H
KLOXXADO	1	QL
kls quit2	1	H
kls quit4	1	H
naloxone hcl injection solution prefilled syringe	1	QL
naloxone hcl nasal	1	QL
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H

Drug Name	Drug Tier	Requirements & Limits
NICORETTE MOUTH/THROAT GUM	4	H
NICORETTE MOUTH/THROAT LOZENGE	2	H
NICORETTE STARTER KIT	4	H
nicotine mini	1	H
nicotine polacrilex mini	1	H
nicotine polacrilex mouth/throat	1	H
nicotine step 1	1	H
nicotine step 2	1	H
nicotine step 3	1	H
nicotine transdermal patch 24 hour	1	H
NICOTROL	4	PA, H
qc nicotine transdermal system	1	H
ra mini nicotine	1	H
ra nicotine mouth/throat gum 4 mg	1	H
ra nicotine polacrilex	1	H
ra nicotine transdermal patch 24 hour 21 mg/24hr	1	H
REXTOVY	1	QL
sm nicotine	1	H
sm nicotine polacrilex	1	H
SUBOXONE	E	PA, QL
THRIVE	4	H
varenicline tartrate	3	PA, H
varenicline tartrate (starter)	3	PA, H
varenicline tartrate(continue)	3	PA, H
ZIMHI	2	QL
ZUBSOLV	2	QL
Antibacterials - Drugs for Infections		
ACTICLATE ORAL TABLET 150 MG, 75 MG	E	
amoxicillin	1	
amoxicillin-potassium clavulanate	1	
ampicillin	1	
AUGMENTIN	E	
AUGMENTIN ES-600	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
AVIDOXY	4		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral suspension reconstituted	3	
BACTRIM	4		doxycycline monohydrate oral tablet	1	
BACTRIM DS	4		E.E.S. GRANULES	3	
cefadroxil	1		ERYPED 200	3	
cefdinir	1		ERYPED 400	4	
cefixime	3		ERY-TAB	4	
cefpodoxime proxetil oral tablet	1		erythromycin base oral tablet	1	
cefprozil	1		erythromycin base oral tablet delayed release	3	
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
CENTANY EXTERNAL OINTMENT 2 %	4	QL	erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
cephalexin	1		erythromycin oral	3	
CIPRO ORAL TABLET	4		FIRVANQ	4	
ciprofloxacin hcl oral	1		FLAGYL	4	
clarithromycin er	2		fosfomycin tromethamine	3	
clarithromycin oral suspension reconstituted	2		gentamicin sulfate external	1	QL
clarithromycin oral tablet	1		HIPREX	4	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 75 MG	2		LIKMEZ	4	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		linezolid oral tablet	2	
CLEOCIN VAGINAL CREAM	4		LYMEPAK ORAL TABLET 100 MG	E	
clindamycin hcl oral	1		MACROBID	4	
clindamycin palmitate hcl	2		MACRODANTIN	4	
clindamycin phosphate vaginal	2		methenamine hippurate	1	
CLINDESSE	2		metronidazole oral	1	
dicloxacillin sodium	1		metronidazole vaginal	2	
DIFICID ORAL TABLET	3	QL	minocycline hcl oral capsule	1	
doxycycline hyclate oral capsule	2		MONDOXYNE NL	4	
doxycycline hyclate oral tablet 100 mg	2		MONUROL ORAL PACKET 3 GM	4	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E		moxifloxacin hcl oral	3	
doxycycline hyclate oral tablet 20 mg	1		mupirocin cream	3	QL
doxycycline monohydrate oral capsule 100 mg, 50 mg	1		mupirocin ointment	1	QL
			neomycin sulfate oral	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
nitrofurantoin macrocrystal	1		enoxaparin sodium injection solution prefilled syringe	2	QL
nitrofurantoin monohydrate macrocrystals	1		fondaparinux sodium	2	QL
nitrofurantoin oral suspension 25 mg/5ml	3		jantoven	1	
NUVESSA	E		LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
NUZYRA ORAL	4	QL	PRADAXA ORAL CAPSULE	2	QL
penicillin v potassium	1		warfarin sodium oral	1	
SEYSARA	E		XARELTO	2	QL
SILVADENE	4		XARELTO STARTER PACK	2	QL
silver sulfadiazine external	1		Anticonvulsants - Drugs for Seizures		
ssd	1		APTIOM	3	PA
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1		BANZEL	4	PA
sulfamethoxazole-trimethoprim oral tablet	1		BRIVIACT ORAL SOLUTION	4	PA
sulfatrim pediatric	1		BRIVIACT ORAL TABLET	3	PA
TARGADOX	E		carbamazepine er oral capsule extended release 12 hour	2	
tetracycline hcl oral capsule	3		carbamazepine er oral tablet extended release 12 hour	2	
tinidazole oral	3		carbamazepine oral tablet	1	
trimethoprim oral	1		carbamazepine oral tablet chewable	1	
VANCOCIN	4		CARBATROL	4	
vancomycin hcl oral	1		clobazam oral suspension	3	PA
VANDAZOLE	4		clobazam oral tablet	2	PA
VIBRAMYCIN ORAL CAPSULE 100 MG	4		DEPAKOTE	4	PA
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4		DEPAKOTE ER	4	PA
XACIATO	2	QL	DEPAKOTE SPRINKLES	4	PA
XENLETA ORAL TABLET 600 MG	3		DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
XIFAXAN	3	PA, QL	DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
ZITHROMAX ORAL	4		diazepam rectal	1	QL
ZITHROMAX TRI-PAK	4		DILANTIN INFATABS	3	
ZITHROMAX Z-PAK	4		DILANTIN ORAL CAPSULE	3	
ZYVOX ORAL TABLET	E		divalproex sodium er	2	
Anticoagulants - Drugs to Treat or Prevent Blood Clots			divalproex sodium oral capsule delayed release sprinkle	2	
dabigatran etexilate mesylate	2	QL	divalproex sodium oral tablet delayed release	1	
ELIQUIS	2	QL	ELEPSIA XR	E	PA
ELIQUIS DVT/PE STARTER PACK	2	QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EPIDIOLEX	3	PA, SP	OXTELLAR XR	E	
epitol	1		phenobarbital oral	1	
ethosuximide oral	1		phenytek	1	
felbamate	1		phenytoin infatabs	1	
FELBATOL	4	PA	phenytoin oral tablet chewable	1	
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA	phenytoin sodium extended	1	
FINTEPLA	4	PA	primidone oral tablet 125 mg	1	PA
FYCOMPA ORAL SUSPENSION	4	PA	primidone oral tablet 250 mg, 50 mg	1	
FYCOMPA ORAL TABLET	3	PA	roweepra	1	
gabapentin oral capsule	1		rufinamide oral suspension	3	
gabapentin oral solution 250 mg/5ml	1		rufinamide oral tablet	3	PA
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	subvenite	1	
gabapentin oral tablet 600 mg, 800 mg	1		SYMPAZAN	4	PA
KEPPRA ORAL	4	PA	TEGRETOL ORAL TABLET	3	
KEPPRA XR	4	PA	TEGRETOL-XR	4	
lacosamide oral	2		TOPAMAX	4	PA
LAMICTAL	4	PA	TOPAMAX SPRINKLE	4	PA
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA	topiramate er oral capsule extended release 24 hour	E	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	topiramate oral	1	
lamotrigine er	3		TRILEPTAL	4	PA
lamotrigine oral tablet	1		TROKENDI XR	E	
lamotrigine oral tablet chewable	1		valproic acid oral capsule	1	
lamotrigine oral tablet dispersible	3	PA	valproic acid oral solution 250 mg/5ml	1	
levetiracetam er	2		VALTOCO	3	PA, QL
levetiracetam oral	1		vigabatrin oral packet	2	PA, QL, SP
LIBERVANT	3	PA, QL	vigadrone oral packet	2	PA, QL, SP
MOTPOLY XR	3	PA	vigpoder	2	PA, QL, SP
MYSOLINE	2	PA	VIMPAT ORAL	4	PA
NAYZILAM	3	PA, QL	XCOPRI	3	PA
NEURONTIN	4	PA	ZARONTIN	4	
ONFI	4	PA	ZONEGRAN	4	PA
oxcarbazepine	1		zonisamide oral	1	
oxcarbazepine er	E		Antidementia Agents - Drugs for Alzheimer's Disease and Dementia		
			ARICEPT	E	
			donepezil hcl oral tablet 10 mg, 5 mg	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
donepezil hcl oral tablet 23 mg	2		duloxetine hcl oral capsule delayed release particles 40 mg	E	
EXELON	E		EFFEXOR XR	E	
galantamine hydrobromide er	1		escitalopram oxalate oral solution	3	
memantine hcl er	3		escitalopram oxalate oral tablet	1	
memantine hcl oral tablet	1		FETZIMA	4	ST, QL
NAMENDA ORAL TABLET 10 MG, 5 MG	E		fluoxetine hcl oral capsule	1	
NAMENDA TITRATION PAK	E		fluoxetine hcl oral capsule delayed release	3	QL
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG, 7 MG	E		fluoxetine hcl oral solution	1	
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 16 MG, 24 MG, 8 MG	4		fluoxetine hcl oral tablet 10 mg	3	QL
rivastigmine	3		fluoxetine hcl oral tablet 20 mg, 60 mg	3	
rivastigmine tartrate	1		fluvoxamine maleate	1	
Antidepressants - Drugs for Depression			fluvoxamine maleate er	3	QL
amitriptyline hcl oral	1		FORFIVO XL	E	QL
ANAFRANIL	E		imipramine hcl oral	1	
AUVELITY	4	ST, QL	LEXAPRO	E	
bupropion hcl er (sr)	1		mirtazapine oral	1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1		NORPRAMIN	4	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	E	QL	nortriptyline hcl oral capsule	1	
bupropion hcl oral	1		olanzapine-fluoxetine hcl	2	QL
CELEXA	E		PAMELOR	E	
citalopram hydrobromide oral solution	1		PARNATE	4	
citalopram hydrobromide oral tablet	1		paroxetine hcl er	3	QL
clomipramine hcl oral	3		paroxetine hcl oral tablet	1	
CYMBALTA	E		PAXIL CR	E	QL
desipramine hcl oral	1		PAXIL ORAL TABLET	E	
desvenlafaxine succinate er	3	QL	PRISTIQ	E	QL
doxepin hcl oral capsule	1		protriptyline hcl	1	
doxepin hcl oral concentrate	1		PROZAC	E	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2		REMERON	E	
			REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG	E	
			SERTRALINE HCL ORAL CAPSULE	E	QL
			sertraline hcl oral concentrate	1	
			sertraline hcl oral tablet	1	

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SPRAVATO (56 MG DOSE)	4	PA, QL	ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
SPRAVATO (84 MG DOSE)	4	PA, QL	perphenazine oral	1	
SYMBYAX	4	QL	prochlorperazine	1	
tranylcypromine sulfate	1		prochlorperazine maleate oral	1	
trazodone hcl oral	1		promethazine hcl oral	1	
TRINTELLIX	4	ST, QL	promethazine hcl rectal	1	
venlafaxine hcl	1		PROMETHEGAN	3	
venlafaxine hcl er oral capsule extended release 24 hour	1		REGLAN	4	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL	scopolamine	3	
VIIBRYD	E	QL	TRANSDERM-SCOP	E	
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG	4		Antifungals - Drugs for Fungal Infections		
vilazodone hcl	3	QL	ciclodan	1	
WAINUA	2	PA, QL, SP	ciclopirox external gel	1	
WELLBUTRIN SR	E		ciclopirox external shampoo	2	
WELLBUTRIN XL	E		ciclopirox external solution	1	
ZOLOFT	E		ciclopirox olamine external cream	1	
ZURZUVAE	2	PA, QL, SP	clotrimazole mouth/throat	1	
Antiemetics - Drugs for Nausea and Vomiting			CRESEMBA ORAL	3	
ANTIVERT ORAL TABLET	E		DIFLUCAN	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL	econazole nitrate external	2	
DICLEGIS	E	PA	EXELDERM EXTERNAL CREAM	3	
doxylamine-pyridoxine	E	PA	fluconazole oral	1	
dronabinol	1		griseofulvin microsize oral	1	
EMEND ORAL CAPSULE	E	QL	griseofulvin ultramicrosize	1	
granisetron hcl oral	2		GYNAZOLE-1	3	
MARINOL ORAL CAPSULE 10 MG, 5 MG	E		itraconazole oral capsule	1	QL
MARINOL ORAL CAPSULE 2.5 MG	E		JUBLIA	4	PA, ST, QL
meclizine hcl oral tablet	E		ketoconazole external cream	1	QL
metoclopramide hcl oral solution	1		ketoconazole external shampoo	1	
metoclopramide hcl oral tablet	1		ketoconazole oral	1	
ondansetron hcl oral	1		klayesta	1	QL
ondansetron odt oral tablet dispersible 16 mg	E		LOPROX EXTERNAL CREAM 0.77 %	E	
			LOPROX EXTERNAL SHAMPOO 1 %	E	
			NOXAFIL ORAL TABLET DELAYED RELEASE	E	

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Drug Name	Drug Tier	Requirements & Limits
nyamyc	1	QL
nystatin external	1	QL
nystatin mouth/throat	1	
nystatin oral	1	
nystatin-triamcinolone	2	
nystop	1	QL
posaconazole oral tablet delayed release	2	
SPORANOX ORAL CAPSULE	4	QL
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
terbinafine hcl oral	1	
terconazole	1	
TOLSURA	E	
VFEND ORAL TABLET 200 MG	4	QL
VFEND ORAL TABLET 50 MG	3	QL
VIVJOA	3	PA, QL
voriconazole oral tablet	1	QL
Antigout Agents - Drugs for Gout		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	E	
colchicine oral	2	
colchicine-probenecid	1	
COLCRYS ORAL TABLET 0.6 MG	E	
febuxostat	3	
MITIGARE	2	
probenecid	1	
ULORIC	E	
ZYLOPRIM ORAL TABLET 100 MG, 300 MG	4	
Antimigraine Agents - Drugs for Migraines		
AIMOVIG	2	PA, ST
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	2	PA, ST, QL
AJOVY	E	PA, ST, QL
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
FROVA	E	QL
frovatriptan succinate	3	QL
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT	4	QL
IMITREX ORAL	E	QL
IMITREX STATDOSE SYSTEM	E	QL
MAXALT	E	QL
MAXALT-MLT	E	QL
naratriptan hcl	1	QL
NURTEC	2	PA, ST, QL
QULIPTA	2	PA, ST, QL
RELPAK	E	QL
REYVOW	4	PA, ST, QL
rizatriptan benzoate oral tablet 10 mg	1	QL
rizatriptan benzoate oral tablet 5 mg	1	
rizatriptan benzoate oral tablet dispersible 10 mg	1	QL
rizatriptan benzoate oral tablet dispersible 5 mg	1	
sumatriptan nasal	2	QL
sumatriptan succinate oral	1	QL
sumatriptan succinate refill subcutaneous solution cartridge	1	QL
sumatriptan succinate subcutaneous	1	QL
TOSYMRA	E	QL
UBRELVY	2	PA, ST, QL
ZAVZPRET	4	PA, ST, QL
ZEMBRACE SYMTOUCH	E	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	E	QL
zolmitriptan nasal solution 5 mg	E	QL
zolmitriptan oral tablet	2	QL
zolmitriptan oral tablet dispersible	3	QL
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL	E	QL

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Drug Name	Drug Tier	Requirements & Limits
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis		
MESTINON ORAL TABLET	E	
pyridostigmine bromide er	1	
pyridostigmine bromide oral tablet 30 mg	E	
pyridostigmine bromide oral tablet 60 mg	1	
Antimycobacterials - Drugs to Treat Infections		
dapsone oral	2	
ethambutol hcl oral	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET 400 MG	4	
MYCOBUTIN ORAL CAPSULE 150 MG	4	
rifabutin	1	
rifampin oral	1	
Antineoplastics - Drugs for Cancer		
abiraterone acetate oral tablet 250 mg	2	PA, QL, SP
abiraterone acetate oral tablet 500 mg	E	PA, QL, SP
AFINITOR	E	PA, QL, SP
ALECENSA	2	PA, QL
ALUNBRIG	2	PA, QL, SP
anastrozole oral	1	H-PA
ANKTIVA	E	
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO ORAL CAPSULE	2	PA, QL, SP
bicalutamide	1	
BOSULIF ORAL TABLET	2	PA, ST, QL, SP
BRUKINSA	3	PA, ST, QL, SP
CABOMETYX	2	PA, QL, SP
CALQUENCE	2	PA, QL, SP
CALQUENCE ORAL CAPSULE 100 MG	2	PA, QL, SP
capecitabine	1	QL, SP
CASODEX	4	
COTELLIC	2	PA, QL, SP

cyclophosphamide oral capsule	2	
dasatinib	3	PA, ST, QL, SP
ERIVEDGE	2	PA, QL, SP
ERLEADA ORAL TABLET 240 MG	2	PA, QL
ERLEADA ORAL TABLET 60 MG	2	PA, QL, SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	2	PA, QL, SP
exemestane	2	H-PA
EXKIVITY ORAL CAPSULE 40 MG	4	PA, QL, SP
FEMARA	E	
GAVRETO	4	PA, QL, SP
GLEEVEC	E	PA, QL, SP
HYDREA	4	
hydroxyurea oral	1	
IBRANCE	2	PA, QL, SP
ICLUSIG ORAL TABLET 10 MG, 30 MG	3	PA, QL
ICLUSIG ORAL TABLET 15 MG, 45 MG	3	PA, QL, SP
IDHIFA	2	PA, QL, SP
imatinib mesylate	1	PA, QL, SP
IMBRUVICA ORAL CAPSULE	2	PA, QL, SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG	E	PA, QL, SP
IMBRUVICA ORAL TABLET 420 MG	2	PA, QL, SP
IMBRUVICA ORAL TABLET 560 MG	2	PA, SP
INLYTA	3	PA, QL, SP
JAKAFI	2	PA, QL, SP
KISQALI (200 MG DOSE)	4	PA, ST, QL, SP
KISQALI (400 MG DOSE)	4	PA, ST, QL, SP
KISQALI (600 MG DOSE)	4	PA, ST, QL, SP
KOSELUGO	3	PA, QL, SP
lenalidomide	2	PA, QL, SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
letrozole oral	1	H-PA	XELODA	E	QL, SP
leucovorin calcium oral	1		XTANDI	2	PA, QL, SP
LONSURF	4	PA, QL, SP	ZEJULA ORAL CAPSULE 100 MG	2	PA, QL, SP
LUMAKRAS ORAL TABLET	4	PA, QL, SP	ZELBORAF	2	PA, QL, SP
LYNPARZA	2	PA, QL, SP	ZYTIGA	E	PA, QL, SP
MEKINIST ORAL TABLET	4	PA, ST, QL, SP	Antiparasitics - Drugs for Parasitic Infections		
mercaptopurine oral	1		albendazole oral	3	PA, QL
NERLYNX	2	PA, QL, SP	ARAKODA	4	QL
NINLARO	2	PA, QL, SP	atovaquone	2	
NUBEQA	2	PA, QL, SP	atovaquone-proguanil hcl	2	
ODOMZO	2	PA, QL, SP	ELIMITE	4	
ORGOVYX	3	PA, QL, SP	hydroxychloroquine sulfate oral	1	
pazopanib hcl	3	PA, QL, SP	ivermectin oral	1	PA, QL
PIQRAY	2	PA, QL, SP	KRINTAFEL	1	QL
POMALYST	3	PA, QL, SP	MALARONE	4	
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP	mefloquine hcl	1	
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP	MEPRON	E	
REVLIMID	2	PA, QL, SP	nitazoxanide oral	2	QL
ROZLYTREK ORAL CAPSULE	2	PA, QL, SP	permethrin external	1	
ROZLYTREK ORAL PACKET	2	PA, SP	PLAQUENIL	E	
SPRYCEL	E	PA, ST, QL, SP	SOVUNA	E	
STIVARGA	2	PA, QL, SP	STROMECTOL	4	PA, QL
TABRECTA	4	PA, QL, SP	Antiparkinson Agents - Drugs for Parkinson's Disease		
TAFINLAR ORAL CAPSULE	4	PA, ST, QL, SP	amantadine hcl oral	1	
TAGRISSE	3	PA, QL, SP	AZILECT	E	
tamoxifen citrate oral tablet 10 mg	1		benztropine mesylate oral	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA	bromocriptine mesylate oral tablet	1	
TASIGNA	2	PA, ST, QL, SP	carbidopa-levodopa er	1	
TEMODAR ORAL CAPSULE 250 MG	E	PA, SP	carbidopa-levodopa oral tablet	1	
temozolomide	1	PA, SP	carbidopa-levodopa-entacapone	1	
torpenz	2	PA, QL, SP	COMTAN ORAL TABLET 200 MG	4	
TRUQAP ORAL TABLET	2	PA, QL, SP	CREXONT	4	
VENCLEXTA	2	PA, QL, SP	DHIVY	E	
VERZENIO	2	PA, QL, SP	entacapone	1	
VITRAKVI	2	PA, QL, SP	INBRIJA	3	PA, QL, SP
			KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP

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Drug Name	Drug Tier	Requirements & Limits
NEUPRO	3	
PARLODEL ORAL TABLET	E	
pramipexole dihydrochloride	1	
rasagiline mesylate oral	3	
ropinirole hcl	1	
RYTARY	E	
SINEMET	4	
STALEVO 100 ORAL TABLET 25-100-200 MG	4	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4	
STALEVO 200 ORAL TABLET 50-200-200 MG	4	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4	
trihexyphenidyl hcl oral tablet	1	
Antiplatelets - Drugs for Heart Attack and Stroke Prevention		
BRILINTA	4	QL
cilostazol	1	
clopidogrel bisulfate oral	1	
EFFIENT	E	
PLAVIX	E	
prasugrel hcl	3	
Antipsychotics - Drugs for Mood Disorders		
ABILIFY	E	
aripiprazole oral solution	3	
aripiprazole oral tablet	2	
asenapine maleate	3	QL
CAPLYTA	4	PA, ST, QL
chlorpromazine hcl oral tablet	1	QL
clozapine oral tablet	1	
CLOZARIL	4	
fluphenazine hcl oral tablet	1	
GEODON ORAL	E	
haloperidol oral	1	

Drug Name	Drug Tier	Requirements & Limits
INVEGA	E	QL
LATUDA	E	QL
loxapine succinate	1	
lurasidone hcl	2	QL
NUPLAZID ORAL CAPSULE	4	PA
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	2	
paliperidone er	3	QL
pimozide	2	
quetiapine fumarate	1	
quetiapine fumarate er	2	
REXULTI	4	QL
RISPERDAL	E	
risperidone	1	
SAPHRIS	E	QL
SEROQUEL	E	
SEROQUEL XR	E	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	E	
VRAYLAR	4	QL
ziprasidone hcl	2	
ZYPREXA ORAL	E	
ZYPREXA ZYDIS	E	
Antivirals - Drugs for Viral Infections		
abacavir sulfate-lamivudine	2	QL
acyclovir external ointment	3	QL
acyclovir oral	1	
BARACLUDE ORAL TABLET	E	
BIKTARVY	4	QL
CIMDUO	2	QL
COMPLERA	4	QL
darunavir	1	
DELSTRIGO	2	QL
DESCOVY	4	QL
DOVATO	2	QL
efavirenz-emtricitab-tenofo df	2	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	QL	TRIUMEQ	2	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	1	QL, H	TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG	4	QL
entecavir	1		TRUVADA ORAL TABLET 200-300 MG	E	QL
EPCLUSA ORAL TABLET	2	PA, QL, SP	valacyclovir hcl oral	1	QL
etravirine	2		VALCYTE ORAL TABLET	E	
famciclovir oral	2		valganciclovir hcl oral tablet	1	
GENVOYA	4	QL	VALTREX	E	QL
HARVONI ORAL TABLET	2	PA, ST, QL, SP	VEMLIDY	E	PA
INTELENCE ORAL TABLET 100 MG, 200 MG	4		VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	
INTELENCE ORAL TABLET 25 MG	2		VIREAD ORAL TABLET 300 MG	E	
ISENTRESS HD	2		VOSEVI	2	PA, QL, SP
ISENTRESS ORAL TABLET	2		XOFLUZA (40 MG DOSE)	3	
JULUCA	2	QL	XOFLUZA (80 MG DOSE)	3	
LAGEVRIO	2	QL	ZIRGAN	3	
LEDIPASVIR-SOFOSBUVIR	2	PA, ST, QL, SP	ZOVIRAX EXTERNAL OINTMENT	E	QL
MAVYRET	2	PA, QL, SP	ZOVIRAX ORAL SUSPENSION 200 MG/5ML	4	
ODEFSEY	4	QL	Anxiolytics - Drugs for Anxiety		
oseltamivir phosphate oral	2		alprazolam er	1	
PAXLOVID (150/100)	2	QL	alprazolam oral	1	
PAXLOVID (300/100)	2	QL	alprazolam xr	1	
PIFELTRO	3		ATIVAN ORAL	E	
PREVYMIS ORAL	2	PA	buspirone hcl oral	1	
PREZCOBIX	2		chlordiazepoxide hcl	1	
PREZISTA ORAL TABLET 150 MG, 75 MG	2		clonazepam oral	1	
ritonavir	2		clorazepate dipotassium	1	
RUKOBIA	4	PA	diazepam oral solution	1	
SITAVIG	E	QL	diazepam oral tablet	1	
SOFOSBUVIR-VELPATASVIR	2	PA, QL, SP	HALCION	4	
STRIBILD	4	QL	hydroxyzine hcl oral	1	
SYMFI	2	QL	hydroxyzine pamoate oral	1	
SYMFI LO	2	QL	KLONOPIN	E	
TAMIFLU	E		lorazepam intensol	1	
tenofovir disoproxil fumarate	1	H-PA	lorazepam oral concentrate 2 mg/ml	1	
TIVICAY	3		lorazepam oral tablet	1	

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oxazepam	1		atorvastatin calcium oral tablet 40 mg, 80 mg	1	
TRANXENE-T ORAL TABLET 7.5 MG	4		AVALIDE	E	
triazolam	1		AVAPRO	E	
VALIUM	E		AZOR	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	4		benazepril hcl oral	1	
XANAX	E		benazepril-hydrochlorothiazide	1	
XANAX XR	E		BENICAR	E	
Bipolar Agents - Drugs for Mood Disorders			BENICAR HCT	E	
EQUETRO	3		BETAPACE	E	
lithium carbonate er	1		BETAPACE AF	4	
lithium carbonate oral	1		betaxolol hcl oral	1	
LITHOBID	4	PA	bisoprolol fumarate oral	1	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			bisoprolol-hydrochlorothiazide	1	
acebutolol hcl oral	1		bumetanide oral	1	
acetazolamide er	1		BUMEX	3	
acetazolamide oral	1		BYSTOLIC	E	
ALDACTAZIDE ORAL TABLET 25-25 MG	4		CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG	4	
ALDACTONE	E		CAMZYOS	4	PA, QL, SP
aliskiren fumarate	3		candesartan cilexetil	3	
ALTACE	E		candesartan cilexetil-hctz	3	
amiloride hcl oral	1		captopril oral	1	
amiloride-hydrochlorothiazide	1		CARDIZEM	E	
amiodarone hcl oral	1		CARDIZEM CD	E	
amlodipine besylate oral	1		CARDIZEM LA	E	
amlodipine besylate-benazepril hcl	1		CARDURA	4	
amlodipine besylate-valsartan	2		cartia xt	2	
amlodipine-olmesartan	E		carvedilol	1	
ATACAND	E		carvedilol phosphate er	E	
ATACAND HCT	E		CATAPRES-TTS-1	E	
atenolol oral	1		CATAPRES-TTS-2	E	
atenolol-chlorthalidone	1		CATAPRES-TTS-3	E	
ATORVALIQ	4	PA	chlorthalidone	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	cholestyramine light	1	
			cholestyramine oral	1	
			clonidine hcl oral	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
clonidine patch weekly 0.1 mg/24hr transdermal	3		enalapril maleate oral solution	3	PA
clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)	enalapril maleate oral tablet	1	
clonidine patch weekly 0.2 mg/24hr transdermal	3		enalapril-hydrochlorothiazide	1	
clonidine patch weekly 0.2 mg/24hr transdermal	3	(Patch)	ENTRESTO ORAL TABLET	4	PA, QL
clonidine patch weekly 0.3 mg/24hr transdermal	3		EPANED	4	PA
clonidine patch weekly 0.3 mg/24hr transdermal	3	(Patch)	eplerenone	2	
colesevelam hcl oral tablet	2		EXFORGE	E	
COLESTID ORAL TABLET	4		ezetimibe	2	
colestipol hcl oral tablet	1		ezetimibe-simvastatin	3	
COREG	E		felodipine er	1	
COREG CR	E		fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	2	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG	4		FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG	E	
CORLANOR	3	PA, QL	fenofibrate oral capsule 134 mg, 200 mg, 67 mg	2	
COZAAR	E		fenofibrate oral tablet 120 mg, 40 mg	E	
CRESTOR	E		fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	2	
digitek oral tablet 125 mcg, 250 mcg	1		fenofibric acid oral capsule delayed release	3	
digoxin oral tablet	1		FENOGLIDE	E	
diltiazem hcl er beads	2		flecainide acetate	1	
diltiazem hcl er coated beads	2		fluvastatin sodium	1	
diltiazem hcl er oral capsule extended release 12 hour	1		fosinopril sodium	1	
diltiazem hcl er oral capsule extended release 24 hour	1		fosinopril sodium-hctz	1	
diltiazem hcl er oral tablet extended release 24 hour	2		FUROSCIX	4	PA, QL
diltiazem hcl oral	1		furosemide oral	1	
dilt-xr	1		gemfibrozil oral	1	
DIOVAN	E		guanfacine hcl	1	
DIOVAN HCT	E		HEMANGEOL	3	
dofetilide	2		hydralazine hcl oral	1	
doxazosin mesylate oral	1		hydrochlorothiazide oral	1	
EDARBI	E		HYZAAR	E	
EDARBYCLOR	E		icosapent ethyl	E	PA
			indapamide	1	
			INDERAL LA	E	
			INSPIRA	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
irbesartan	1		metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2	
irbesartan-hydrochlorothiazide	1		metoprolol succinate er oral tablet extended release 24 hour 25 mg	1	
ISORDIL TITRADOSE	E		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorb dinitrate-hydralazine	2		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol-hydrochlorothiazide	1	
isosorbide dinitrate oral tablet 40 mg	E		mexiletine hcl oral	1	
isosorbide mononitrate	1		MICARDIS	E	
isosorbide mononitrate er	1		MICARDIS HCT	E	
ivabradine hcl	3	PA, QL	midodrine hcl	1	
KAPSPARGO SPRINKLE	4		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
KERENDIA	4	PA, QL	minoxidil oral	1	
labetalol hcl oral	1		moexipril hcl	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		MULTAQ	4	PA
LANOXIN ORAL TABLET 62.5 MCG	4		nadolol oral	1	
LASIX	4		nebivolol hcl	3	
LIPITOR	E		NEXLETOL	2	PA, ST, QL
lisinopril oral	1		NEXLIZET	2	PA, ST, QL
lisinopril-hydrochlorothiazide	1		niacin er (antihyperlipidemic)	2	
LIVALO	E	ST	nifedipine er	1	
LODOCO	4	QL	nifedipine er osmotic release	1	
LOPID	4		nifedipine oral	1	
LOPRESSOR	4		nisoldipine er	2	
losartan potassium oral	1		NITRO-BID	2	
losartan potassium-hctz	1		NITRO-DUR	3	
LOTENSIN	4		nitroglycerin rectal	3	QL
LOTENSIN HCT	4		nitroglycerin sublingual	1	
LOTREL	E		nitroglycerin transdermal	1	
lovastatin oral	1	H	NITROSTAT	4	
LOVAZA	E		NORLIQVA	4	PA
matzim la	2		NORVASC	E	
MAXZIDE ORAL TABLET 75-50 MG	4		olmesartan medoxomil oral	2	
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		olmesartan medoxomil-hctz	2	
metolazone	1		olmesartan-amlodipine-hctz	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
omega-3-acid ethyl esters	2		spironolactone oral tablet	1	
PACERONE ORAL TABLET 100 MG, 400 MG	3		spironolactone-hctz	1	
PACERONE ORAL TABLET 200 MG	4		SULAR	4	
pentoxifylline er	1		taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
perindopril erbumine	2		TEKTURNA	3	
pindolol	1		TEKTURNA HCT ORAL TABLET 150-12.5 MG, 300-12.5 MG, 300-25 MG	3	
pitavastatin calcium	E	ST	telmisartan	2	
PRALUENT	E	PA, ST, QL	telmisartan-hctz	2	
pravastatin sodium	1		TENORETIC 100	E	
prazosin hcl oral	1		TENORETIC 50	E	
prevalite	1		TENORMIN	E	
PROCARDIA XL	E		THALITONE	E	
propafenone hcl	1		tiadylt er	2	
propafenone hcl er	3		TIAZAC	4	
propranolol hcl er	2		TIKOSYN	4	
propranolol hcl oral	1		TOPROL XL	E	
QUESTRAN	4		toremide	1	
QUESTRAN LIGHT	4		trandolapril	1	
quinapril hcl	1		triamterene oral	3	
ramipril	1		triamterene-hctz	1	
RANEXA ORAL TABLET EXTENDED RELEASE 12 HOUR 1000 MG, 500 MG	E		TRIBENZOR	E	
ranolazine er	2		TRICOR	E	
RECTIV	4	QL	TRILIPIX	E	
REPATHA	2	PA, ST, QL	valsartan oral tablet	2	
REPATHA PUSHTRONEX SYSTEM	2	PA, ST, QL	valsartan-hydrochlorothiazide	1	
REPATHA SURECLICK	2	PA, ST, QL	VASCEPA	E	PA
rosuvastatin calcium oral	2		VASERETIC	E	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG, 425 MG	E		VASOTEC	E	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	H-PA	verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg	3	
simvastatin oral tablet 80 mg	1		verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg	1	
SOAANZ	E	QL	verapamil hcl er oral tablet extended release	1	
sotalol hcl (af)	1				
sotalol hcl oral	1				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
verapamil hcl oral	1		dextroamphetamine sulfate oral tablet 10 mg, 5 mg	2	
VERELAN	4		dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 30 mg, 7.5 mg	E	
VERELAN PM	4		DYANAVEL XR ORAL TABLET EXTENDED RELEASE	E	QL
VERQUVO	4	PA, QL	EVEKEO	E	
VYTORIN	E		FOCALIN	4	
WELCHOL ORAL TABLET	E		FOCALIN XR	E	QL
ZESTORETIC	E		guanfacine hcl er	2	
ZESTRIL	E		INTUNIV	E	
ZETIA	E		JORNAY PM	3	ST, QL
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG	3		KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR 0.1 MG	E	
ZIAC ORAL TABLET 5-6.25 MG	4		lisdexamfetamine dimesylate	3	QL
ZOCOR	E		METADATE CD	E	QL
Central Nervous System Agents - Drugs for Attention Deficit Disorder			METHYLIN	4	
ADDERALL	E		methylphenidate hcl er (cd)	2	QL
ADDERALL XR	E	QL	methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg	2	QL
ADZENYS XR-ODT	E	QL	methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg	2	
amphetamine sulfate	2		methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	2	QL
amphetamine-dextroamphetamine	1		METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	E	QL
amphetamine-dextroamphetamine er	2	QL	methylphenidate hcl er (osm) oral tablet extended release 72 mg	E	QL
amphet-dextroamphet 3-bead er	3	QL	methylphenidate hcl er (xr)	E	QL
APTENSIO XR	E	QL	methylphenidate hcl er oral tablet extended release	2	QL
atomoxetine hcl	3	QL	methylphenidate hcl er oral tablet extended release 24 hour	E	QL
AZSTARYS	3	ST, QL	methylphenidate hcl oral solution	1	
clonidine hcl er	3		methylphenidate hcl oral tablet	1	
CONCERTA	E	QL			
COTEMPLA XR-ODT	E	QL			
DEXEDRINE	E	QL			
dexmethylphenidate hcl	1				
dexmethylphenidate hcl er	2	QL			
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg	3	QL			
dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg	2	QL			

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Drug Name	Drug Tier	Requirements & Limits
methylphenidate hcl oral tablet chewable	3	
MYDAYIS	E	QL
QELBREE	E	PA, QL
QUILLICHEW ER	E	QL
QUILLIVANT XR	E	QL
RELEXXII	E	QL
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	E	QL
VYVANSE	E	QL
ZENZEDI	E	
Central Nervous System Agents - Drugs for Multiple Sclerosis		
AMPYRA	E	PA, QL, SP
AUBAGIO	E	PA, QL, SP
AVONEX PEN	2	PA, QL, SP
AVONEX PREFILLED	2	PA, QL, SP
BAFIERTAM	2	PA, QL, SP
BETASERON	2	PA, QL, SP
COPAXONE	E	PA, QL, SP
dalfampridine er	2	PA, QL, SP
dimethyl fumarate oral	1	PA, QL, SP
EXTAVIA	E	PA, ST, QL, SP
fingolimod hcl	1	PA, QL, SP
GILENYA ORAL CAPSULE 0.25 MG	4	PA, QL, SP
GILENYA ORAL CAPSULE 0.5 MG	E	PA, QL, SP
glatiramer acetate	2	PA, QL, SP
glatopa	2	PA, QL, SP
KESIMPTA	2	PA, QL, SP
MAVENCLAD	3	PA, ST, QL, SP
MAYZENT ORAL TABLET 0.25 MG, 2 MG	3	PA, QL, SP
MAYZENT ORAL TABLET 1 MG	4	PA, QL, SP
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	3	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	4	PA, QL, SP
PLEGRIDY INTRAMUSCULAR	3	PA, QL
PLEGRIDY STARTER PACK	3	PA, QL, SP
PLEGRIDY SUBCUTANEOUS	3	PA, QL, SP
TECFIDERA ORAL CAPSULE DELAYED RELEASE	E	PA, QL, SP
teriflunomide	2	PA, QL, SP
Central Nervous System Agents - Miscellaneous		
AUSTEDO	2	PA, QL, SP
AUSTEDO XR	2	PA, QL, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	2	PA, SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG	2	PA, QL, SP
HORIZANT	E	QL
INGREZZA ORAL CAPSULE 40 MG, 80 MG	2	PA, QL, SP
INGREZZA ORAL CAPSULE 60 MG	2	PA, QL
INGREZZA ORAL CAPSULE SPRINKLE	2	PA, QL, SP
INGREZZA ORAL CAPSULE THERAPY PACK	2	PA, QL, SP
LYRICA ORAL CAPSULE	4	PA
NUDEXTA	2	PA, QL
pregabalin oral capsule	2	
RADICAVA ORS	3	PA, QL, SP
RADICAVA ORS STARTER KIT	3	PA, QL, SP
RELYVRIO ORAL PACKET 3-1 GM	4	PA, QL, SP
riluzole	1	SP
SAVELLA	4	QL
TEGLUTIK	3	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	3	PA
VEOZAH	4	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21)	3	PA, ST, SP

Dental and Oral Agents - Drugs for Mouth and Throat Conditions

cevimeline hcl	1	
chlorhexidine gluconate mouth/throat	1	
CLINPRO 5000	3	
DENTA 5000 PLUS	4	
DENTAGEL	4	
EVOXAC	E	
FLUORIDEX	3	
FLUORIDEX ENHANCED WHITENING	3	
FLUORIMAX 5000	3	
FRAICHE 5000 DENTAL	4	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4	
JUST RIGHT 5000 DENTAL PASTE	3	
kourzeq	3	
lidocaine hcl mouth/throat	1	
lidocaine viscous hcl	1	
ORALONE DENTAL PASTE	3	
PERIDEX	4	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 BOOSTER PLUS	3	
PREVIDENT 5000 DRY MOUTH	4	
PREVIDENT 5000 KIDS	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	4	
PREVIDENT DENTAL	4	

Drug Name	Drug Tier	Requirements & Limits
SALAGEN	4	
sf 5000 plus	1	
sf gel 1.1%	1	
sodium fluoride 5000 plus	1	
sodium fluoride 5000 ppm	1	
sodium fluoride dental	1	
triamcinolone acetonide mouth/throat	1	

Dermatological Agents - Drugs for Skin Conditions

ABSORICA	E	PA
ACANYA	E	QL
accutane	2	
acitretin	1	
ACZONE	E	QL
adapalene-benzoyl peroxide external gel 0.1-2.5 %	3	QL
adapalene-benzoyl peroxide external gel 0.3-2.5 %	E	QL
AKLIEF	4	PA, QL
ALA SCALP	4	
ala-cort	E	
alclometasone dipropionate	1	
amnesteem	2	
AMZEEQ	4	QL
ATRALIN	E	PA, QL
AVAR CLEANSER	4	
AVAR LS CLEANSER	E	
AVAR-E EMOLLIENT	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
AVAR-E LS EXTERNAL CREAM 10-2 %	3	
AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
AVITA EXTERNAL GEL 0.025 %	E	PA
azelaic acid external	3	
AZELEX	3	QL
BENZAMYCIN	2	QL
benzoyl peroxide-erythromycin	1	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
betamethasone dipropionate aug external cream	1		clindamycin phosphate external solution	1	
betamethasone dipropionate aug external lotion	3		clindamycin phosphate external swab	1	
betamethasone dipropionate aug external ointment	3		clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
betamethasone dipropionate external cream	2		clindamycin phosphate gel 1 % external	2	QL
betamethasone dipropionate external lotion	1		clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
betamethasone dipropionate external ointment	2		clobetasol prop emollient base external cream 0.05 %	2	QL
betamethasone valerate external cream	1		clobetasol propionate e	2	QL
betamethasone valerate external lotion	1		clobetasol propionate external cream	2	QL
betamethasone valerate external ointment	1		clobetasol propionate external foam	E	QL
brimonidine tartrate external	3	PA, QL	clobetasol propionate external gel	2	QL
calcipotriene external cream	2	QL	clobetasol propionate external liquid	1	QL
calcipotriene external ointment	2		clobetasol propionate external ointment	2	QL
calcipotriene external solution	1	QL	clobetasol propionate external shampoo	E	QL
CALCITRENE	3		clobetasol propionate external solution	1	QL
CARAC	E		CLOBEX EXTERNAL SHAMPOO	E	QL
CIBINQO	2	PA, QL, SP	CLOBEX SPRAY	E	QL
ciclopirox olamine external suspension	1		clodan	E	QL
claravis	2		clotrimazole external cream	E	
CLEOCIN-T	4		clotrimazole-betamethasone	1	
clindacin	3		CORDRAN	3	QL
clindacin etz external swab	1		dapsone external	3	QL
clindacin-p	1		DERMACINRX UREA	E	
CLINDAGEL	E	QL	DERMA-SMOOTH/FS BODY	4	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL	DERMA-SMOOTH/FS SCALP	4	
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL	desonide external cream	2	QL
clindamycin phosphate external foam	3		desonide external lotion	3	QL
clindamycin phosphate external lotion	3		desonide external ointment	2	QL
			DESOWEN	3	QL
			desoximetasone external cream	1	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
desoximetasone external ointment	3	QL	FLUOROURACIL EXTERNAL CREAM 0.5 %	E	
diclofenac sodium external gel 3 %	2	PA, QL	fluorouracil external cream 5 %	1	
DIPROLENE	4		fluticasone propionate external cream	1	
doxycycline	E		fluticasone propionate external ointment	1	
DRYSOL	4		halobetasol propionate external cream	2	QL
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	halobetasol propionate external ointment	2	QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL	hydrocortisone ace-pramoxine external cream 2.5-1 %	1	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP	hydrocortisone butyrate external cream	1	
EFUDEX	4		hydrocortisone external cream 1 %	E	
ELIDEL	E	QL	hydrocortisone external cream 2.5 %	1	
ENSTILAR	4	QL	hydrocortisone external lotion 2 %	3	
EPIDUO	E	QL	hydrocortisone external lotion 2.5 %	1	
EPIDUO FORTE	E	QL	hydrocortisone external ointment 1 %, 2.5 %	1	
ERYGEL	3		hydrocortisone valerate external cream	2	QL
erythromycin external	1		hydrocortisone valerate external ointment	3	QL
EUCRISA	3	ST, QL	HYDROXYM EXTERNAL CREAM	E	
EVOCLIN EXTERNAL FOAM 1 %	4		imiquimod external cream 3.75 %	E	QL
FINACEA EXTERNAL FOAM	4		imiquimod external cream 5 %	1	
FINACEA EXTERNAL GEL	E		imiquimod pump	E	QL
fluocinolone acetonide body	3	QL	IMPOYZ	E	QL
fluocinolone acetonide external cream	3	QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
fluocinolone acetonide external ointment	2	QL	isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide external solution	3	QL	ivermectin external cream	E	QL
fluocinolone acetonide scalp	3		KLARON	4	
fluocinonide external cream 0.05 %	1		KLISYRI (250 MG)	4	ST, QL
fluocinonide external cream 0.1 %	E	QL	KLISYRI (350 MG)	4	ST, QL
fluocinonide external gel	1				
fluocinonide external ointment	1				
fluocinonide external solution	1				

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Drug Name	Drug Tier	Requirements & Limits
LOPROX EXTERNAL SUSPENSION 0.77 %	E	
METROCREAM	4	
METROGEL	E	
METROLOTION	4	
metronidazole external cream	1	
metronidazole external gel 0.75 %	1	
metronidazole external gel 1 %	E	
metronidazole external lotion	1	
MIRVASO	2	PA, QL
mometasone furoate external	1	
myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
neuac	3	QL
NORITATE	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL
ONEXTON	E	QL
OPZELURA	4	PA, QL, SP
ORACEA	E	
OVACE PLUS WASH EXTERNAL LIQUID	4	
OVACE WASH	4	
PANRETIN	3	
pimecrolimus	3	QL
PLEXION CLEANSER	E	
podofilox external solution	1	
PRAMOSONE EXTERNAL CREAM 1-1 %	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4	
RETIN-A	E	PA, QL
RHOFADE	4	PA, QL
rosadan external cream 0.75 %	1	
rosadan external gel 0.75 %	1	
SANTYL	3	QL
selenium sulfide external lotion	1	
sodium sulfacetamide wash	1	
SOOLANTRA	4	QL
spinosad	3	

Drug Name	Drug Tier	Requirements & Limits
sss 10-5 external cream	1	
sulfacetamide sodium (acne)	1	
sulfacetamide sodium external	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1	
sulfacetamide sodium-sulfur external suspension 10-5 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4 %	1	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	E	
SUMADAN WASH	E	
SYNALAR EXTERNAL OINTMENT	E	QL
SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
TACLONEX EXTERNAL SUSPENSION	3	QL
tacrolimus external	2	QL
tazarotene external cream 0.1 %	3	PA, QL
TAZORAC EXTERNAL CREAM	4	PA, QL
TOLAK	E	
TOPICORT EXTERNAL CREAM	4	QL
TOPICORT EXTERNAL OINTMENT	4	QL
tretinoin external cream	3	QL
tretinoin external gel 0.01 %, 0.025 %	E	QL
tretinoin external gel 0.05 %	E	PA, QL
triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
triamcinolone acetonide external cream 0.5 %	1	QL
triamcinolone acetonide external lotion	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1		ACCU-CHEK GUIDE TEST STRIPS	3	
triamcinolone acetonide external ointment 0.05 %	E		ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL
triamcinolone in absorbase	E		ACCU-CHEK SOFTCLIX LANCET	1	
TRIANEX EXTERNAL OINTMENT 0.05 %	E		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1	
triderm	1	QL	ACCUTREND GLUCOSE	E	QL
TRIDESILON EXTERNAL CREAM 0.05 %	3	QL	ALCOHOL PREP PADS PAD	3	
tritocin external ointment 0.05 %	E		AQ INSULIN SYRINGE	2	QL
urea external cream 20 %, 40 %, 45 %	1		AQINJECT PEN NEEDLE	2	QL
urea external cream 39 %, 41 %, 47 %	E		BD AUTOSHIELD DUO PEN NEEDLES	2	
UREA EXTERNAL CREAM 39.5 %	E		BD BLUNT FILL NEEDLE W/ FILTER	2	
uredeb	E		BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2	
UREMEZ-40	3		BD ECLIPSE NEEDLE 23G X 1" (OTC)	2	
URESOL	E		BD ECLIPSE NEEDLE 23G X 1" (RX)	2	
VANOS	E	QL	BD ECLIPSE SHIELDED NEEDLE	2	
VTAMA	4	PA, QL	BD SAFETYGLIDE NEEDLE 23G X 1-1/2"	2	
WINLEVI	E	PA, QL	BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2"	2	
xurea	E		BD SHARPS COLLECTOR	3	
zenatane	2		BD ULTRA-FINE INSULIN SYRINGES	2	
ZILXI	4	PA, ST, QL	BD ULTRA-FINE PEN NEEDLES	2	QL
ZORYVE EXTERNAL CREAM 0.3 %	4	PA, QL	BD ULTRA-FINE U-500 INSULIN SYRINGES	2	
ZORYVE EXTERNAL FOAM	4	PA, QL	BD VEO ULTRA-FINE INSULIN SYRINGES	2	
ZYCLARA	E	QL	BIGFOOT UNITY PROGRAM	3	
ZYCLARA PUMP	E	QL	BIOTEL CARE TEST STRIPS	E	QL
Diabetes - Glucose Monitoring and Supplies			BLOOD GLUCOSE TEST STRIPS	E	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	E	QL	BLOOD GLUCOSE TEST STRIPS 333	E	QL
ACCU-CHEK FASTCLIX LANCET	1		CAREPOINT POLY HUB NEEDLE 18G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
ACCU-CHEK FASTCLIX LANCET DEVICE KIT	1				
ACCU-CHEK GUIDE KIT W/ DEVICE	3				
ACCU-CHEK GUIDE ME METER	3				
ACCU-CHEK GUIDE TEST	3	QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2		DIABETES MONITOR DIGIT SOLN	3	
CAREPOINT SAFETY 1ST NEEDLE	2		DROPSAFE SAFETY SYRINGE/ NEEDLE	2	QL
CARETOUCH MONITOR SYSTEM	E		EASY COMFORT SHARPS CONTAINER	3	
CARETOUCH TEST	E	QL	EASY MAX BLOOD GLUCOSE TEST	E	QL
CEQUR SIMPLICITY 2U 10PK	3	ST	EASY MAX T1 GLUCOSE SYSTEM	E	
CONTOUR MONITOR KIT W/ DEVICE	E		EASY TOUCH HEALTHPRO GLUCOSE	E	
CONTOUR NEXT EZ KIT W/ DEVICE	2		EASY TOUCH TEST	E	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	2		EASYGLUCO	E	
CONTOUR NEXT GEN TEST STRIPS	2	QL	EASYMAX 15 TEST	E	QL
CONTOUR NEXT LINK KIT W/ DEVICE	E		EASYMAX NG BLOOD GLUCOSE KIT	E	
CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)	EMBRACE BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CONTOUR NEXT ONE DEVICE	2		ENLITE GLUCOSE SENSOR	3	PA
CONTOUR NEXT ONE KIT	2		EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT TEST STRIPS	2		EVERSENSE 365 SENSOR/ HOLDER	E	PA
CONTOUR PLUS BLUE	E		EVERSENSE 365 SMART TRANSMIT	E	PA
CONTOUR PLUS TEST	E	QL	EVERSENSE E3 SENSOR/ HOLDER	E	PA
CONTOUR TEST STRIPS	E	QL	EVERSENSE E3 SMART TRANSMITTER	E	PA
CVS ADVANCED GLUCOSE TEST	E	QL	EVERSENSE SENSOR/HOLDER	E	PA
CVS GLUCOSE METER TEST STRIPS	E	QL	EVERSENSE SMART TRANSMITTER	E	PA
CVS NEEDLE COLLECTION/ DISPOSAL	3		FORA 6 CONNECT/GTEL TEST	E	QL
D-CARE BLOOD GLUCOSE	E	QL	FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
D-CARE GLUCOMETER	E		FORTISCARE TEST IN VITRO STRIP	E	QL
DEXCOM G6 RECEIVER	3	PA, QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
DEXCOM G6 SENSOR	3	PA, QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL			
DEXCOM G7 RECEIVER	3	PA, QL			
DEXCOM G7 SENSOR	3	PA, QL			
DIABETES MONITOR DIGIT ADD-ON	3				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
FREESTYLE LIBRE 2 PLUS SENSOR	3	PA	INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
FREESTYLE LIBRE 2 READER	3	PA, QL	INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST
FREESTYLE LIBRE 2 SENSOR	3	PA, QL	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
FREESTYLE LIBRE 3 PLUS SENSOR	3	PA	INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST
FREESTYLE LIBRE 3 READER	3	PA	INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
FREESTYLE LIBRE 3 SENSOR	3	PA, QL	INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST
FREESTYLE LIBRE READER	3	PA, QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
FREESTYLE PRECISION NEO SYSTEM	E		INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
FREESTYLE PRECISION NEO TEST	E	QL	INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 31G X 5 MM, 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	2	QL
FREESTYLE TEST	E	QL	INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	QL
GLUCOCARD EXPRESSION TEST	E	QL	LANCETS	1	
GLUCOCARD SHINE TEST	E	QL	MICRODOT TEST	E	QL
GLUCOCARD VITAL TEST	E	QL	MINILINK REAL-TIME TRANSMITTER	3	PA
GUARDIAN 4 GLUCOSE SENSOR	3	PA	MINIMED 630G GUARDIAN PRESS	3	PA
GUARDIAN 4 TRANSMITTER	3	PA	MM BLOOD GLUCOSE SYSTEM	E	
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	MM BLOOD GLUCOSE SYSTEM REFILL	E	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	MM BLULINK GLUCOSE TEST	E	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	MM EASY TOUCH GLUCOSE METER	E	
GUARDIAN SENSOR (3)	3	PA, QL	MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
GUARDIAN SENSOR 3	3	PA, QL	NEUTEK 2TEK TEST	E	QL
GVOKE HYPOPEN 1-PACK	2	QL	NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
GVOKE HYPOPEN 2-PACK	2	QL			
GVOKE KIT	2				
GVOKE PFS	2				
HEALTHPRO BLOOD GLUCOSE MONITO	E				
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3				
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST			
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3				
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NOVOFINE PEN NEEDLE	2	QL	PTS PANELS EGLU TEST	E	QL
NOVOFINE PLUS PEN NEEDLE	2	QL	QUINTET AC BLOOD GLUCOSE TEST	E	QL
NOVOPEN ECHO	3		QUINTET BLOOD GLUCOSE TEST	E	QL
OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL	RELION TRUE MET AIR GLUC METER	E	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL	RELION TRUE METRIX TEST STRIPS	E	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL	RELION ULTIMA GLUCOSE SYSTEM	E	
OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL	RELION ULTIMA TEST	E	QL
OMNIPOD 5 LIBRE2 PLUS G6	2	PA	RIGHTEST GT333 GLUCOSE TEST	E	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	SHARPS COLLECTOR	3	
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	SHARPS CONTAINER	3	
ON CALL EXPRESS MONITORING SYS	E		TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH DELICA LANCETS	1	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH ULTRA BLUE TEST	1	QL	TEMPO REFILL	E	
ONETOUCH ULTRA TEST STRIPS	1	QL	TEMPO WELCOME	E	
ONETOUCH ULTRASOFT LANCETS	1	QL	TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO FLEX SYSTEM KIT	1		TRUE METRIX AIR GLUCOSE METER KIT	E	
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TRUE METRIX BLOOD GLUCOSE TEST	E	QL
ONETOUCH VERIO KIT W/ DEVICE	1		TRUE METRIX GO GLUCOSE METER	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TRUE METRIX METER KIT	E	
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX PRO BLOOD GLUCOSE	E	QL
OPTIUMEZ TEST	E	QL	TRUE TRACK TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA	UNISTRIPI1 GENERIC	E	QL
PIP BLOOD GLUCOSE TEST STRIP	E	QL	VERIFINE SHARPS CONTAINER	3	
PRECISION XTRA	3		VIVAGUARD INO GLUCOSE METER KIT	E	
PRECISION XTRA BLOOD GLUCOSE	E	QL	VIVAGUARD INO TEST STRIPS	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	Diabetes - Insulin		
			ADMELOG	E	QL
			ADMELOG SOLOSTAR	E	QL
			BASAGLAR KWIKPEN	E	QL

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BASAGLAR TEMPO PEN	E	
HUMALOG CARTRIDGE	2	QL
HUMALOG INJECTION	E	QL
HUMALOG KWIKPEN	2	QL
HUMALOG MIX 50/50 KWIKPEN	2	QL
HUMALOG MIX 50/50 VIAL	1	QL
HUMALOG MIX 75/25 KWIKPEN	2	QL
HUMALOG MIX 75/25 VIAL	1	QL
HUMALOG SUBCUTANEOUS	2	QL
HUMALOG TEMPO PEN	E	QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL
HUMULIN 70/30 KWIKPEN	2	QL
HUMULIN 70/30 VIAL	1	QL
HUMULIN N KWIKPEN	2	QL
HUMULIN N VIAL	1	QL
HUMULIN R U-500 KWIKPEN	2	QL
HUMULIN R U-500 VIAL	1	QL
HUMULIN R VIAL	1	QL
INSULIN ASPART	E	ST, QL
INSULIN ASPART FLEXPEN	E	ST, QL
INSULIN DEGLUDEC FLEXTOUCH	E	QL
INSULIN GLARGINE	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL
INSULIN GLARGINE SOLOSTAR	E	QL
INSULIN LISPRO	1	QL
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL
LANTUS SOLOSTAR	1	QL
LANTUS U-100 VIAL	1	QL
LYUMJEV KWIKPEN	2	QL
LYUMJEV TEMPO PEN	E	QL
LYUMJEV VIAL	1	QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL

Drug Name	Drug Tier	Requirements & Limits
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL
NOVOLIN 70/30 RELION	E	ST, QL
NOVOLIN 70/30 VIAL	E	ST, QL
NOVOLIN N FLEXPEN	E	ST, QL
NOVOLIN N FLEXPEN RELION	E	ST, QL
NOVOLIN N RELION	E	ST, QL
NOVOLIN N VIAL	E	ST, QL
NOVOLIN R FLEXPEN	E	ST, QL
NOVOLIN R FLEXPEN RELION	E	ST, QL
NOVOLIN R RELION	E	ST, QL
NOVOLIN R VIAL	E	ST, QL
NOVOLOG FLEXPEN	E	ST, QL
NOVOLOG FLEXPEN RELION	E	ST, QL
NOVOLOG RELION	E	ST, QL
NOVOLOG U-100 VIAL	E	ST, QL
TOUJEO MAX SOLOSTAR	2	QL
TOUJEO SOLOSTAR	2	QL
TRESIBA FLEXTOUCH	E	QL
Diabetes - Non-Insulin Agents		
acarbose oral	1	
ACTOPLUS MET	4	QL
ACTOS	E	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML	4	
ADLYXIN SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MCG/0.2ML	4	
ALOGLIPTIN BENZOATE	2	QL
ALOGLIPTIN-METFORMIN HCL	2	QL
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
BAQSIMI ONE PACK	2	QL
BAQSIMI TWO PACK	2	QL
BYDUREON BCISE AUTOINJECTOR	2	PA, QL
BYETTA 10 MCG PEN	2	PA, QL
BYETTA 5 MCG PEN	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CYCLOSET	3		LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	3	PA, QL
DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL	metformin hcl er	1	
DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL	metformin hcl er (mod)	E	PA
FARXIGA	E	ST, QL	metformin hcl er (osm)	E	PA
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1		metformin hcl oral solution	3	
glimepiride oral tablet 3 mg	E		metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
glipizide er	1		metformin hcl oral tablet 625 mg	E	
glipizide oral tablet 10 mg, 5 mg	1		MOUNJARO	2	PA, QL
glipizide oral tablet 2.5 mg	E		nateglinide	2	QL
glipizide xl	1		ONGLYZA	E	QL
glipizide-metformin hcl	2		OZEMPIC	2	PA, QL
glucagon emergency kit 1 mg injection	2	QL	pioglitazone hcl	1	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	pioglitazone hcl-metformin hcl	2	QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	repaglinide	2	QL
GLUCOTROL XL	4		RYBELSUS	2	PA, QL
GLUMETZA	E	PA	saxagliptin hcl	2	QL
glyburide micronized	1		saxagliptin-metformin er	2	QL
glyburide oral	1		SOLIQUA	2	QL
glyburide-metformin	1		SYMLINPEN 120	3	QL
GLYNASE ORAL TABLET 1.5 MG	3		SYMLINPEN 60	3	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	4		SYNJARDY	2	QL
GLYXAMBI	2	ST, QL	SYNJARDY XR	2	QL
INVOKANA	E	ST, QL	TRADJENTA	2	QL
JANUMET	E	ST, QL	TRIJARDY XR	2	QL
JANUMET XR	E	ST, QL	TRULICITY	2	PA, QL
JANUVIA	E	ST, QL	XIGDUO XR	E	ST, QL
JARDIANCE	2	QL	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
JENTADUETO	2	QL	Drugs for Blood Disorders		
JENTADUETO XR	2	QL	ADVATE	2	SP
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	ADYNOVATE	4	PA, SP
LIRAGLUTIDE SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	2	PA, QL	AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
			AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP

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ALPHANATE	2	SP
ALPROLIX	3	SP
ALTUVIIIO	4	PA, SP
ALVAIZ	4	PA, SP
anagrelide hcl	1	
ARANESP (ALBUMIN FREE)	2	QL, SP
aspirin-dipyridamole er	3	
DOPTELET	4	PA, QL, SP
ELOCTATE	4	PA, SP
FABHALTA	2	PA, QL, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML	2	PA, SP
HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML	E	PA, SP
HEMOFIL M	2	SP
heparin sodium (porcine) injection solution	1	
heparin sodium (porcine) pf	1	
HUMATE-P	2	SP
IDELVION	3	SP
KOATE	2	SP
KOATE-DVI	2	SP
KOGENATE FS	2	SP
KOVALTRY	2	SP
LYSTEDA ORAL TABLET 650 MG	3	QL
NEULASTA	2	
NIVESTYM	2	
NOVOEIGHT	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT	2	
NYVEPRIA	E	
PROMACTA ORAL TABLET	E	PA, SP
RECOMBINATE	2	SP

Drug Name	Drug Tier	Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	2	QL, SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML	2	
TAVALISSE	4	PA, QL, SP
tranexamic acid oral	2	QL
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
VOYDEYA ORAL TABLET	2	PA, QL, SP
VOYDEYA ORAL TABLET THERAPY PACK	2	PA, SP
WILATE	2	
ZARXIO	2	
Drugs for Sexual Dysfunction		
ADDYI	4	PA, QL
avanafil	3	PA, QL
CIALIS	E	QL
IMVEXXY MAINTENANCE PACK	2	QL
IMVEXXY STARTER PACK	2	QL
INTRAROSA	4	PA, QL
OSPHENA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
varafenil hcl oral tablet	3	QL
VIAGRA	E	QL
VYLEESI	4	PA, QL
Electrolytes / Vitamins		
ACCRUFER	E	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet 667 mg	1	
CARNITOR ORAL SOLUTION	4	
CARNITOR SF	4	
CITRANATAL 90 DHA	3	
CITRANATAL ASSURE	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CITRANATAL DHA ORAL 27-1 & 250 MG	4		multivitamin w/fluoride tablet chewable 0.25 mg oral	1	
COMPLETENATE	3		multivitamin w/fluoride tablet chewable 0.25 mg oral	E	
CO-NATAL FA	2		multivitamin w/fluoride tablet chewable 0.5 mg oral	1	
CONCEPT DHA	4		multivitamin w/fluoride tablet chewable 0.5 mg oral	E	
cyanocobalamin injection solution 1000 mcg/ml	1		multivitamin w/fluoride tablet chewable 1 mg oral	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3		multivitamin w/fluoride tablet chewable 1 mg oral	E	
cyanocobalamin nasal	3		multi-vitamin/fluoride	1	
DAVIMET-FLUORIDE	E		multivitamin/fluoride tablet chewable 0.25 mg oral (rx)	1	
deferasirox oral tablet	2	PA, SP	MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
DENTA 5000 PLUS SENSITIVE	3		multivitamin/fluoride tablet chewable 0.5 mg oral (rx)	1	
DODEX	4		MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
DRISDOL	4		multivitamin/fluoride tablet chewable 1 mg oral (rx)	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2		MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
ELITE-OB	3		MULTI-VIT-FLOR	E	
ergocalciferol oral capsule	1		NAFRINSE CHW 1MG F	1	H
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
FLORIVA PLUS	E		NASCOBAL	3	
FLUORIMAX 5000 SENSITIVE	3		NATALVIT	2	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H	NEONATAL COMPLETE	3	
folic acid oral tablet 1 mg	1		NEONATAL PLUS	3	
FRAICHE 5000 SENSITIVE	E		NIVA-PLUS	3	
klor-con	1		OB COMPLETE	3	
klor-con 10	1		ONE VITE WOMENS PLUS	3	
klor-con m10	1		ORACIT	2	
klor-con m15	1		ORAL CITRATE	2	
klor-con m20	1		PHOSPHA 250 NEUTRAL	2	
kosher prenatal plus iron	1				
K-PHOS-NEUTRAL	2				
K-TAB	3				
levocarnitine oral solution	1				
levocarnitine sf	1				
LOKELMA	3	PA, QL			
M-NATAL PLUS	3				

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phosphorous	1		sodium fluoride 5000 sensitive	1	
phospho-trin 250 neutral	1		sodium fluoride mouth/throat	1	
pnv-dha	3		sodium fluoride oral solution	1	H
POKONZA	E		sodium fluoride oral tablet chewable	1	H
POLY-VI-FLOR ORAL TABLET CHEWABLE	E		SPS (SODIUM POLYSTYRENE SULF)	3	
potassium chloride crys er	1		TARON-C DHA	4	
potassium chloride er	1		THRIVITE RX	3	
potassium chloride oral	1		TRICARE	3	
potassium citrate er	1		TRINATAL RX 1	3	
potassium citrate-citric acid	1		TRINATE	3	
PRENA1 PEARL	3		tri-vite/fluoride	1	
prenatal 19 oral tablet 29-1 mg	1		UROCIT-K 10	4	
prenatal 19 oral tablet chewable	1		UROCIT-K 15	4	
prenatal oral tablet 27-1 mg	1		UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
prenatal plus	1		VELTASSA ORAL PACKET 1 GM	3	PA
prenatal plus vitamin/mineral	1		VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM	3	PA, QL
prenatal vitamin plus low iron oral tablet 27-1 mg	1		virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
PRENATE DHA	3		VITAFOL FE+	3	
PRENATE ENHANCE	3		VITAFOL GUMMIES	3	
PRENATE ESSENTIAL	3		VITAFOL ULTRA	3	
PRENATE MINI	3		VITAFOL-OB	3	
PRENATE PIXIE	3		VITAMEDMD ONE RX/ QUATREFOLIC	3	
PRENATE RESTORE	3		vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
PRENATOL-M	E		VITAPEARL	3	
PRENATRIX	E		VITATHELY WITH GINGER	3	
PRENATRYL	E		WESCAP-C DHA	4	
PREVIDENT 5000 ENAMEL PROTECT	3		WESCAP-PN DHA	4	
PREVIDENT 5000 SENSITIVE	3		wes-phos 250 neutral	1	
PREVIDENT MOUTH/THROAT	3		WESTAB PLUS	E	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E		ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
QUFLORA PEDIATRIC	3				
SE-NATAL 19	3				
sod citrate-citric acid oral solution 500-334 mg/5ml	1				
sod fluoride-potassium nitrate	1				
sodium fluoride 5000 enamel	1				

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Drug Name	Drug Tier	Requirements & Limits
Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer		
ACIPHEX	E	QL
bis subcit-metronid-tetracyc	3	QL
bismuth/metronidaz/tetracyclin	3	QL
CARAFATE	E	
cimetidine oral	1	
CYTOTEC	4	
DEXILANT	E	QL
dexlansoprazole	E	QL
esomeprazole magnesium oral capsule delayed release	E	QL
esomeprazole magnesium oral packet	3	PA, ST, QL
famotidine oral suspension reconstituted	1	
famotidine oral tablet 20 mg, 40 mg	E	
lansoprazole oral capsule delayed release	E	QL
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL
misoprostol oral	1	
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL
NEXIUM ORAL PACKET	4	PA, ST, QL
OMECLAMOX-PAK	3	QL
omeprazole oral capsule delayed release	1	
pantoprazole sodium oral tablet delayed release	1	
PEPCID	E	
PREVACID	E	QL
PREVACID SOLUTAB	E	PA, ST, QL
PROTONIX ORAL TABLET DELAYED RELEASE	E	
PYLERA	4	QL
rabeprazole sodium oral tablet delayed release	2	QL
sucalfate oral suspension	3	
sucalfate oral tablet	1	

Drug Name	Drug Tier	Requirements & Limits
VOQUEZNA	4	PA, QL
VOQUEZNA DUAL PAK	4	ST, QL
VOQUEZNA TRIPLE PAK	4	ST, QL
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions		
alosetron hcl	2	PA, QL
AMITIZA	E	PA, QL
ANASPAZ	2	
BYLVAY	4	PA, QL, SP
BYLVAY (PELLETS)	4	PA, QL, SP
chlordiazepoxide-clidinium	4	
CLENPIQ	3	QL
constulose	1	
cromolyn sodium oral	1	
CUVPOSA	4	
dicyclomine hcl oral	1	
diphenoxylate-atropine oral tablet	1	
ED-SPAZ ORAL TABLET DISPERSIBLE 0.125 MG	3	
enulose	1	
GASTROCROM	E	
gavilyte-c	1	H
gavilyte-g	1	QL, H
gavilyte-n with flavor pack	1	QL, H
generlac	1	
GLYCATE	E	
glycopyrrolate oral solution	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
GOLYTELY	1	QL
hyoscyamine sulfate er	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual	1	
IBSRELA	E	PA, ST, QL

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Drug Name	Drug Tier	Requirements & Limits
IQIRVO	4	PA, ST, QL, SP
KRISTALOSE	3	
lactulose encephalopathy	1	
lactulose oral solution	1	
LEVBIID	4	
LEVSIN	4	
LEVSIN/SL	4	
LIBRAX	E	
LINZESS	2	PA, QL
LOMOTIL	4	
lubiprostone	2	PA, QL
methscopolamine bromide oral	1	
MOTEGRITY	3	PA, QL
MOVIPREP	4	QL
na sulfate-k sulfate-mg sulf	3	QL
NULEV	4	
OALIVA	4	PA, ST, QL, SP
opium	1	
OSCIMIN	4	
peg 3350-kcl-na bicarb-nacl	1	QL, H
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
RELTON	E	
ROBINUL	E	
ROBINUL-FORTE	E	
SUFLAVE	3	QL
SUPREP BOWEL PREP KIT	3	QL
SUTAB	3	
SYMPROIC	2	PA, QL
TRULANCE	E	PA, ST, QL
URSO 250 ORAL TABLET 250 MG	E	
URSO FORTE	E	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	E	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VIBERZI	3	PA, QL

Drug Name	Drug Tier	Requirements & Limits
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG	2	PA, QL, SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG	2	PA, QL
levocarnitine oral tablet	1	
ORFADIN	2	PA, SP
PANCREAZE	3	ST
PERTZYE	4	ST
sapropterin dihydrochloride oral packet	2	PA, QL, SP
STRENSIQ	2	PA, QL, SP
SUCRAID	2	PA, SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	2	PA, QL, SP
VYNDAMAX	2	PA, QL, SP
ZENPEP	2	
Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions		
bethanechol chloride oral	1	
calcium acetate (phos binder) oral capsule	1	
CAVERJECT IMPULSE	3	QL
DETROL	E	
DETROL LA	E	
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG	E	
EDEX	3	QL
ELMIRON	4	ST
GEMTESA	E	
me/naphos/mb/hyo1	1	
mirabegron er	3	ST

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Drug Name	Drug Tier	Requirements & Limits
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	E	
oxybutynin chloride er	2	
oxybutynin chloride oral tablet 2.5 mg	3	
oxybutynin chloride oral tablet 5 mg	1	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
REVELA ORAL TABLET	E	
sevelamer carbonate oral tablet	2	
solifenacin succinate	2	
THIOLA	4	SP
THIOLA EC	4	SP
tiopronin oral tablet delayed release	3	SP
tolterodine tartrate	3	
tolterodine tartrate er	E	
tropium chloride	3	
tropium chloride er	E	
UROGESIC-BLUE	2	
VELPHORO	4	ST
VESICARE	E	
Genitourinary Agents - Drugs for Prostate Conditions		
alfuzosin hcl er	1	
AVODART	E	
dutasteride oral	2	
finasteride oral tablet 5 mg	1	
FLOMAX	E	
PROSCAR	E	
RAPAFLO	E	
silodosin	3	
tamsulosin hcl	1	
terazosin hcl	1	
UROXATRAL	E	

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Hormone Replacement and Birth Control		
ACTIVELLA	4	
afirmelle	1	H
aftera	1	H
ALORA	3	QL
altavera	1	H
alyacen 1/35	1	H
alyacen 7/7/7	1	H
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2	
amethia oral tablet 0.15-0.03 & 0.01 mg	3	
amethyst	3	
ANGELIQ	3	
ANNOVERA	3	QL
apri	1	H
aranelle	1	H
ashlyna	3	
aubra eq	1	H
aubra oral tablet 0.1-20 mg-mcg	1	H
aurovela 1.5/30	1	H
aurovela 1/20	1	H
aurovela 24 fe	1	H
aurovela fe 1.5/30	1	H
aurovela fe 1/20	1	H
aviane	1	H
AYGESTIN ORAL TABLET 5 MG	4	
ayuna	1	H
azurette	2	
balziva	1	H
BEYAZ	E	
BIJUVA	3	
blisovi 24 fe	1	H
blisovi fe 1.5/30	1	H
blisovi fe 1/20	1	H
briellyn	1	H
camila	1	H
camrese	3	

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Drug Name	Drug Tier	Requirements & Limits
camrese lo	3	
charlotte 24 fe	1	H
chateal eq	1	H
chateal oral tablet 0.15-30 mg-mcg	1	H
CLIMARA	E	QL
CLIMARA PRO	3	QL
COMBIPATCH	3	QL
COVARYX	2	
COVARYX HS	3	
cryselle-28	1	H
curae	1	H
cyred eq	1	H
cyred oral tablet 0.15-30 mg-mcg	1	H
dasetta 1/35	1	H
dasetta 7/7/7	1	H
daysee	3	
deblitane	1	H
DELESTROGEN	4	
delyla	1	H
DEPO-ESTRADIOL	3	
DEPO-PROVERA	4	QL
DEPO-SUBQ PROVERA 104	1	QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H
DIVIGEL	3	
dolishale	3	
dotti	2	QL
drospiren-eth estrad-levomefol	1	
drospirenone-ethinyl estradiol	3	
DUAVEE	3	QL
econtra ez oral tablet 1.5 mg	1	H
econtra one-step	1	H
EEMT	2	
EEMT HS	3	

Drug Name	Drug Tier	Requirements & Limits
ELESTRIN	3	
elinest	1	H
ELLA	1	QL, H
eluryng	1	H
emzahh	1	H
enilloring	1	H
enpresse-28	1	H
enskyce	1	H
errin	1	H
est estrogens-methyltest	1	
est estrogens-methyltest ds	1	
est estrogens-methyltest hs	1	
estarylla	1	H
ESTRACE	E	
estradiol oral	1	
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.0375 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.05 mg/24hr transdermal	4	QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
estradiol patch twice weekly 0.075 mg/24hr transdermal	4	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL	her style	1	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL	iclevia	2	H
estradiol patch twice weekly 0.1 mg/24hr transdermal	4	QL	incassia	1	H
estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm	3		introvale	2	H
estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL	isibloom	1	H
estradiol transdermal patch weekly	1	(generic for Climara), QL	jaimiess	3	
estradiol vaginal cream	3		jasmiel	3	
estradiol vaginal tablet	2		jencycla	1	H
estradiol valerate intramuscular	1		jinteli	3	
estradiol-norethindrone acet	2		jolessa	2	H
estratest f.s.	1		juleber	1	H
ESTRATEST H.S.	3		junel 1.5/30	1	H
ESTRING	2	QL	junel 1/20	1	H
ESTROGEL	3	QL	junel fe 1.5/30	1	H
ethynodiol diac-eth estradiol	1	H	junel fe 1/20	1	H
etonogestrel-ethinyl estradiol	1	H	junel fe 24	1	H
EVAMIST	2		kalliga	1	H
falmina	1	H	kariva	2	
fayosim oral tablet 42-21-21-7 days	1	H	kelnor 1/35	1	H
FEMRING	3	QL	kelnor 1/50	1	H
femynor oral tablet 0.25-35 mg-mcg	1	H	kurvelo	1	H
finzala	1	H	larin 1.5/30	1	H
fyavolv	3		larin 1/20	1	H
gallifrey	1		larin 24 fe	1	H
hailey 1.5/30	1	H	larin fe 1.5/30	1	H
hailey 24 fe	1	H	larin fe 1/20	1	H
hailey fe 1.5/30	1	H	leena	1	H
hailey fe 1/20	1	H	lessina	1	H
haloette	1	H	levonest	1	H
heather	1	H	levonorgest-eth est & eth est	1	H
			levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	1	H
			levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	1	H
			levonorgestrel	1	H
			levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg	1	H

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Drug Name	Drug Tier	Requirements & Limits
levonorgestrel-ethinyl estrad oral tablet 90-20 mcg	1	
levonorg-eth estrad triphasic	1	H
levora 0.15/30 (28)	1	H
LO LOESTRIN FE	1	H
LOESTRIN 1.5/30 (21)	E	
LOESTRIN 1/20 (21)	E	
LOESTRIN FE 1.5/30	E	
LOESTRIN FE 1/20	E	
lojaimiess	3	
loryna	3	
LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	4	
low-ogestrel	1	H
lo-zumandimine	3	
lutura	1	H
lyleq	1	H
lyllana	2	QL
lyza	1	H
marlissa	1	H
medroxyprogesterone acetate intramuscular	1	QL, H
medroxyprogesterone acetate oral	1	
megestrol acetate oral tablet	1	
MENOSTAR	3	QL
mibelas 24 fe	1	H
microgestin 1.5/30	1	H
microgestin 1/20	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H
microgestin fe 1.5/30	1	H
microgestin fe 1/20	1	H
mili	1	H
mimvey	2	
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E	
MINIVELLE	E	QL
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E	

Drug Name	Drug Tier	Requirements & Limits
mono-lynah	1	H
my choice	1	H
my way	1	H
MYFEMBREE	2	PA, QL
NATAZIA	1	
necon 0.5/35 (28)	1	H
new day	1	H
NEXTSTELLIS	E	
nikki	3	
nora-be	1	H
norelgestromin-eth estradiol	3	H
norethin ace-eth estrad-fe oral tablet	1	H
norethin ace-eth estrad-fe oral tablet chewable	1	H
norethindrone acetate oral	1	
norethindrone acet-ethinyl est	1	H
norethindrone oral	1	H
norethindrone-eth estradiol	2	
norethindron-ethinyl estrad-fe	1	H
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
norlyroc	1	H
nortrel 0.5/35 (28)	1	H
nortrel 1/35 (21)	1	H
nortrel 1/35 (28)	1	H
nortrel 7/7/7	1	H
NUVARING	E	
nylia 1/35	1	H
nylia 7/7/7	1	H
nymyo oral tablet 0.25-35 mg-mcg	1	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ocella	3		tarina fe 1/20 oral tablet 1-20 mg-mcg	1	H
opcicon one-step	1	H	tilia fe	1	H
option 2	1	H	tri femynor	1	H
PHEXXI	E	PA	tri-estarylla	1	H
philith	1	H	tri-legest fe	1	H
pimtrex	2		tri-linyah	1	H
pirmella 1/35 oral tablet 1-35 mg-mcg	1	H	tri-lo-estarylla	2	
pirmella 7/7/7	1	H	tri-lo-marzia	2	
PLAN B ONE-STEP	1	H	tri-lo-mili	2	
portia-28	1	H	tri-lo-sprintec	2	
PREMARIN ORAL	3		tri-mili	1	H
PREMARIN VAGINAL	3		tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
PREMPHASE	3		tri-sprintec	1	H
PREMPRO	3		trivora (28)	1	H
progesterone intramuscular	1		tri-vylibra	1	H
progesterone oral	2		tri-vylibra lo	2	
PROMETRIUM	E		turqoz	1	H
PROVERA	4		TWIRLA	E	
QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E		TYBLUME	1	
react	1	H	tydemy	E	
reclipsen	1	H	VAGIFEM	E	
rivelsa	1	H	velivet	1	H
SAFYRAL	E		vestura	3	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E		vienva	1	H
setlakin	2	H	vioarele	2	
sharobel	1	H	VIVELLE-DOT	E	QL
simliya	2		volnea	2	
simpesse	3		vyfemla	1	H
SLYND	4	PA, ST	vylibra	1	H
sprintec 28	1	H	wera	1	H
sronyx	1	H	wymzya fe	1	H
syeda	3		xulane	3	H
take action	1	H	YASMIN 28	2	
tarina 24 fe	1	H	YAZ	2	
tarina fe 1/20 eq	1	H	yuvafem	2	
			zafemy	3	H

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Drug Name	Drug Tier	Requirements & Limits
zovia 1/35 (28)	1	H
zumandimine	3	
Hormonal Agents - Oral Steroids		
CORTEF	4	
DEXABLISS	E	
dexamethasone intensol	1	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	3	
DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
fludrocortisone acetate oral	1	
HEMADY	E	
HIDEX 6-DAY	E	
hydrocortisone oral	1	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
MEDROL ORAL TABLET 2 MG	2	
MEDROL ORAL TABLET THERAPY PACK	4	
methylprednisolone oral	1	
ORAPRED ODT	4	
PEDIAPRED	2	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	E	
prednisolone sodium phosphate oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 20 mg/5ml	E	QL
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone oral	1	
TAPERDEX 12-DAY	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21)	3	

Drug Name	Drug Tier	Requirements & Limits
TAPERDEX 7-DAY	3	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)	E	
Hormonal Agents - Other		
cabergoline	2	
DDAVP ORAL	E	
desmopressin acetate oral	1	
desmopressin acetate spray	1	
leuprolide acetate injection	1	PA
megestrol acetate oral suspension 40 mg/ml	1	
METHERGINE	4	QL
methylergonovine maleate oral	1	QL
NGENLA	4	PA, QL, SP
NOC DURNA	3	PA, QL
NORDITROPIN FLEXPPO	2	PA, QL, SP
NUTROPIN AQ NUSPIN 10	E	PA, QL, SP
NUTROPIN AQ NUSPIN 20	E	PA, QL, SP
NUTROPIN AQ NUSPIN 5	E	PA, QL, SP
OMNITROPE	2	PA, QL, SP
ORIAHNN	2	PA, QL
ORILISSA	2	PA, QL
SKYTROFA	4	PA, QL, SP
Hormonal Agents - Testosterone Replacement		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR	2	PA, QL
ANDROGEL PUMP	E	PA, QL
ANDROGEL TRANSDERMAL GEL 25 MG/2.5GM (1%)	E	PA, QL
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML	4	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%)	E	PA, QL
KYZATREX	4	PA, QL
NATESTO	E	PA, QL
TESTIM	2	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
TESTOSTERONE CYPIONATE INJECTION	E	
testosterone cypionate intramuscular	1	
testosterone enanthate intramuscular	1	
testosterone gel 12.5 mg/act (1%) transdermal	4	PA, QL
testosterone gel 12.5 mg/act (1%) transdermal	E	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	2	PA, QL
testosterone gel 20.25 mg/act (1.62%) transdermal	E	PA, QL
testosterone transdermal gel 1.62 %	2	PA, QL
testosterone transdermal gel 10 mg/act (2%), 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	E	PA, QL
VOGELXO	E	PA, QL
VOGELXO PUMP	E	PA, QL
XYOSTED	E	PA, QL
Hormonal Agents - Thyroid		
ADTHYZA	E	
ARMOUR THYROID	3	
CYTOMEL	E	
ERMEZA	2	PA
euthyrox	1	
levo-t	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	E	
levothyroxine sodium oral tablet	1	
levoxyl	2	
liothyronine sodium oral	2	
methimazole oral	1	
NIVA THYROID	3	
np thyroid	1	
propylthiouracil oral	1	
SYNTHROID	E	
THYQUIDITY	E	PA

Drug Name	Drug Tier	Requirements & Limits
thyroid oral	1	
TIROSINT	E	
TIROSINT-SOL	2	PA
unithroid	1	
Immunological Agents - Drugs for Immune System Stimulation or Suppression		
ABRILADA (1 PEN)	E	PA, QL, SP
ABRILADA (2 PEN)	E	PA, QL, SP
ABRILADA (2 SYRINGE)	E	PA, QL, SP
ACTEMRA ACTPEN	3	PA, ST, QL, SP
ACTEMRA SUBCUTANEOUS	3	PA, ST, QL, SP
ADALIMUMAB-AACF (2 PEN)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF (2 SYRINGE)	E	PA, (manufactured by Fresenius), QL, SP
ADALIMUMAB-AACF(CD/UC/HS STRT)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AACF(PS/UV STARTER)	E	PA, (manufactured by Fresenius), SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, (manufactured by Celltrion), SP
ADALIMUMAB-AATY (2 PEN)	E	PA, (manufactured by Celltrion), QL, SP
ADALIMUMAB-AATY (2 SYRINGE)	E	PA, (manufactured by Celltrion), QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADAZ	2	PA, (manufactured by Sandoz), QL, SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, (manufactured by Boehringer), QL, SP	CIMZIA-STARTER	2	PA, QL, SP
ADALIMUMAB-ADBIM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, (manufactured by Boehringer), SP	CINRYZE	E	PA, QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE)	E	PA, (manufactured by Boehringer), QL, SP	COSENTYX (300 MG DOSE)	2	PA, QL, SP
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	E	PA, (manufactured by Boehringer), SP	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
ADALIMUMAB-ADBIM(PS/UV STARTER)	E	PA, (manufactured by Boehringer), SP	COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (manufactured by Biocon), QL, SP	COSENTYX SENSOREADY PEN	2	PA, QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (manufactured by Biocon), QL, SP	COSENTYX UNOREADY	2	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	cyclosporine modified oral capsule	1	
AMJEVITA FOR NUVAIRA	2	PA, QL, SP	cyclosporine oral	1	
ARAVA	E		CYLTEZO (2 PEN)	E	PA, QL, SP
AZASAN	4		CYLTEZO (2 SYRINGE)	E	PA, QL, SP
azathioprine oral tablet 100 mg, 75 mg	3		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
azathioprine oral tablet 50 mg	1		CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, SP
BIMZELX	3	PA, ST, QL, SP	CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	E	PA, QL, SP
CELLCEPT ORAL CAPSULE	E		EMPAVELI	2	PA, QL, SP
CELLCEPT ORAL TABLET	E		ENBREL	2	PA, QL, SP
CIMZIA	E	PA	ENBREL MINI	2	PA, QL, SP
			ENBREL SURECLICK	2	PA, QL, SP
			ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
			ENVARUS XR	E	
			everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
			gengraf oral capsule	1	
			GRASTEK	4	PA, QL
			HADLIMA	E	PA, QL, SP
			HADLIMA PUSHTOUCH	E	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
HAEGARDA	2	PA, QL, SP	IMURAN	E	
HULIO (2 PEN)	E	PA, QL, SP	JYLAMVO	4	PA
HULIO (2 SYRINGE)	E	PA, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
HUMIRA (2 PEN)	2	PA, QL, SP	KINERET	3	PA, ST, QL, SP
HUMIRA (2 SYRINGE)	2	PA, QL, SP	leflunomide oral	1	
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	LITFULO	3	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP	LUPKYNIS	4	PA, QL, SP
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP	methotrexate sodium (pf)	1	
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP	methotrexate sodium injection solution	1	
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	methotrexate sodium oral	1	
HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP	mycophenolate mofetil oral	1	
HYFTOR	4	PA, QL	mycophenolate sodium	2	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML	E	PA, QL, SP	mycophenolic acid	2	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP	MYFORTIC	E	
HYRIMOZ-CROHNS/UC STARTER	E	PA, QL, SP	MYHIBBIN	1	
HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP	NEORAL ORAL CAPSULE	E	
HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP	OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP	OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
IDACIO (2 PEN)	E	PA, QL, SP	OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, (SUBCUTANEOUS), QL, SP
IDACIO (2 SYRINGE)	E	PA, QL, SP	ORENCIA CLICKJECT	3	PA, ST, QL, SP
IDACIO-CROHNS/UC STARTER	E	PA, QL, SP	ORENCIA SUBCUTANEOUS	3	PA, ST, QL, SP
IDACIO-PSORIASIS STARTER	E	PA, QL, SP	OTEZLA ORAL TABLET 20 MG	2	PA, QL
			OTEZLA ORAL TABLET 30 MG	2	PA, QL, SP
			OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	2	PA, QL, SP
			OTREXUP	E	QL
			PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG, 2 X 1 MG & 10 MG, 2 X 100 MG, 2 X 20 MG, 2 X 20 MG & 2 X 100 MG, 20 MG, 20 MG & 100 MG, 3 X 1 MG, 3 X 20 MG & 100 MG, 4 X 20 MG, 6 X 1 MG	3	PA, QL, SP
			PROGRAF ORAL CAPSULE	4	
			RAPAMUNE ORAL SOLUTION	4	
			RAPAMUNE ORAL TABLET	E	
			RASUVO	2	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
RINVOQ	2	PA, QL, SP	YUFLYMA (2 PEN)	E	PA, QL, SP
RUCONEST	4	PA, QL, SP	YUFLYMA (2 SYRINGE)	E	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP	YUFLYMA-CD/UC/HS STARTER	E	PA, SP
SIMLANDI (2 PEN)	E	PA, QL, SP	YUSIMRY	E	PA, QL, SP
SIMPONI	2	PA, QL, SP	ZORTRESS	E	
sirolimus oral solution	2		Immunological Agents - Drugs for Vaccination		
sirolimus oral tablet	1		ABRYSCO	3	H
SKYRIZI PEN	2	PA, QL, SP	ADACEL	3	H
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP	AREXVY	3	H
SOTYKTU	2	PA, QL, SP	BEXSERO	3	H
STELARA SUBCUTANEOUS	2	PA, QL, SP	BOOSTRIX	2	H
tacrolimus oral	1		BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H
TAKHZYRO	2	PA, QL, SP	COMIRNATY	3	H
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP	ENGERIX-B	2	H
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP	GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA	HAVRIX	3	H
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP	HEPLISAV-B	3	H
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA	IPOL	2	H
TREXALL	2		MENQUADFI	3	H
XELJANZ	2	PA, QL, SP	MENVEO	3	H
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP	M-M-R II	2	H
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL	MODERNA COVID-19 VAC 6M-11Y	3	H
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	PFIZER COVID-19 VAC-TRIS 5-11Y	3	H
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP	PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML	E	PA, SP	PNEUMOVAX 23	2	H
			PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H
			PREVNAR 20	3	H
			RECOMBIVAX HB	2	H
			SHINGRIX	3	H
			SPIKEVAX	3	H
			TENIVAC	3	H
			TRUMENBA	3	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
TWINRIX	3	H	ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
VAQTA	2	H	AZULFIDINE	4	
VARIVAX	3	H	AZULFIDINE EN-TABS	4	
Infertility Agents			balsalazide disodium	1	
cetrorelix acetate	3	PA, ST, QL, SP	budesonide oral	2	
CETROTIDE	4	PA, ST, QL, SP	budesonide rectal	2	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP	CANASA	E	
CLOMID	4		COLAZAL	E	
clomiphene citrate oral tablet 50 mg	2		CORTENEMA	4	
ENDOMETRIN	2		CORTIFOAM	2	
FOLLISTIM AQ	2	QL, SP	DIPENTUM	3	
FYREMADEL	3	QL, SP	HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP	HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	(manufactured by Ferring), QL, SP	hydrocortisone (perianal) external cream 1 %	E	
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP	hydrocortisone (perianal) external cream 2.5 %	1	
GONAL-F	4	ST, SP	hydrocortisone ace-pramoxine external cream 1-1 %	1	
GONAL-F RFF	4	ST, SP	hydrocortisone acetate rectal	2	
GONAL-F RFF REDIJECT	4	ST, SP	hydrocortisone rectal	1	
MENOPUR	4	QL, SP	hydrocort-pramoxine (perianal)	1	
NOVAREL	3	SP	LIALDA	E	
OVIDREL	4	SP	mesalamine er oral capsule 0.375 gm	E	
PREGNYL	3	SP	mesalamine oral tablet delayed release 1.2 gm	2	
Inflammatory Bowel Disease Agents			mesalamine oral tablet delayed release 800 mg	E	
ANALPRAM HC	4		mesalamine rectal enema	1	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4		mesalamine rectal suppository	2	QL
ANALPRAM-HC EXTERNAL CREAM	4		mesalamine-cleanser	1	QL
ANUCORT-HC	2		PROCORT	E	
ANUSOL-HC EXTERNAL	4		PROCTOCORT	E	
ANUSOL-HC RECTAL	E		PROCTOFOAM HC	2	
APRISO	1		procto-med hc	1	
			PROCTOSOL HC	4	

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Drug Name	Drug Tier	Requirements & Limits
PROCTOZONE-HC	4	
ROWASA	4	QL
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	
Metabolic Bone Disease Agents - Drugs for Osteoporosis		
ACTONEL	E	QL
alendronate sodium oral tablet	1	
calcitonin (salmon) injection	3	
calcitonin (salmon) nasal	2	
EVISTA	E	
FORTEO	E	PA, ST, SP
FOSAMAX	4	
ibandronate sodium oral	2	
MIACALCIN	3	
raloxifene hcl	2	H
risedronate sodium oral tablet 150 mg, 35 mg	3	QL
risedronate sodium oral tablet 30 mg, 5 mg	3	
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	E	PA, ST, SP
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA, SP
TYMLOS	3	PA, SP
Metabolic Bone Disease Agents - Other		
calcitriol oral	1	
cinacalcet hcl	3	PA
paricalcitol oral	1	
ROCALTROL	4	
SENSIPAR	E	PA
ZEMPLAR ORAL	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	

Drug Name	Drug Tier	Requirements & Limits
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	4	QL
AZASITE	3	
azelastine hcl ophthalmic	1	
bacitracin-polymyxin b	1	
BESIVANCE	3	
bromfenac sodium (once-daily)	3	
bromfenac sodium ophthalmic solution 0.07 %	E	
bromfenac sodium ophthalmic solution 0.075 %	E	QL
BROMSITE	E	QL
ciprofloxacin hcl ophthalmic	1	
dexamethasone sodium phosphate ophthalmic	1	
diclofenac sodium ophthalmic	1	
erythromycin ophthalmic	1	H-PA
EYSUVIS	4	QL
FLAREX	2	
fluorometholone	1	
FML FORTE	3	
FML LIQUIFILM	4	
gatifloxacin ophthalmic	3	
gentamicin sulfate ophthalmic	1	QL
ILEVRO	E	
INVELTYS	3	
ketorolac tromethamine ophthalmic	1	
KLARITY-A	E	
LOTEMAX OPHTHALMIC GEL	E	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL
LOTEMAX SM	3	QL
loteprednol etabonate ophthalmic gel	E	
loteprednol etabonate ophthalmic suspension	3	QL

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Drug Name	Drug Tier	Requirements & Limits
MAXITROL	4	
moxifloxacin hcl (2x day)	3	
moxifloxacin hcl ophthalmic	3	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
NEVANAC	4	
OCUFLOX	4	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic solution 0.1 %	3	
POLYCIN	3	
polymyxin b-trimethoprim	1	
PRED FORTE	E	
PRED MILD	3	
prednisolone acetate ophthalmic	1	
PREDNISOLONE ACETATE P-F	E	
PROLENSA	E	
sulfacetamide sodium ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
TOBRADEX ST	E	
tobramycin ophthalmic	1	QL
tobramycin-dexamethasone	2	
VIGAMOX	E	
XDEMZY	4	PA, QL
ZYLET	3	
ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	
Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
bacitracin ophthalmic	1	
neomycin-bacitracin zn-polymyx	1	
neomycin-polymyxin-hc ophthalmic	1	

Drug Name	Drug Tier	Requirements & Limits
NEO-POLYCIN	3	
sulfacetamide-prednisolone	1	
Ophthalmic Agents - Drugs for Glaucoma		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL	4	QL
bimatoprost ophthalmic	2	QL
brimonidine tartrate ophthalmic solution 0.1 %	E	QL
brimonidine tartrate ophthalmic solution 0.15 %	2	QL
brimonidine tartrate ophthalmic solution 0.2 %	1	
brimonidine tartrate-timolol	E	QL
brinzolamide	2	QL
COMBIGAN	2	QL
COSOPT	4	
COSOPT PF	E	QL
dorzolamide hcl solution 2 % ophthalmic	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
dorzolamide hcl-timolol mal	2	
dorzolamide hcl-timolol mal pf	E	QL
ISTALOL	4	
IYUZEH	E	QL
latanoprost ophthalmic	1	
LUMIGAN	2	
methazolamide oral	1	
pilocarpine hcl ophthalmic	1	
RHOPRESSA	3	QL
ROCKLATAN	3	QL
tafluprost (pf)	3	ST, QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	

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Drug Name	Drug Tier	Requirements & Limits
TIMOPTIC OCUDOSE	4	
TIMOPTIC OPHTHALMIC SOLUTION 0.25 %, 0.5 %	4	
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION 0.25 %, 0.5 %	4	
TRAVATAN Z	E	ST, QL
travoprost (bak free)	3	QL
TRUSOPT OPHTHALMIC SOLUTION 2 %	4	
VYZULTA	E	ST, QL
XALATAN	E	
ZIOPTAN	3	ST, QL

Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions

ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %, 0.025 %, 0.05 %	E	
atropine sulfate ophthalmic solution 1 %	1	
CEQUA	E	PA, QL
cromolyn sodium ophthalmic	1	
CYCLOGYL	4	
cyclopentolate hcl ophthalmic	1	
cyclosporine ophthalmic	E	PA, QL
difluprednate	3	
DUREZOL	E	
ISOPTO ATROPINE OPHTHALMIC SOLUTION 1 %	3	
KLARITY-C DROPS	E	PA
MIEBO	4	PA, QL
RESTASIS	4	PA, QL
RESTASIS MULTIDOSE	E	PA, QL
TYRVAYA	4	PA, QL
VERKAZIA	4	PA, QL
VEVYE	E	PA, QL
XIIDRA	4	PA, QL

Otic Agents - Drugs for Ear Conditions

acetic acid otic	1	
CETRAXAL	3	

Drug Name	Drug Tier	Requirements & Limits
CIPRO HC	3	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E	
ciprofloxacin hcl otic	1	
ciprofloxacin-dexamethasone	3	
DERMOTIC	4	
flac	1	
fluocinolone acetonide otic	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc otic	1	
ofloxacin otic	2	

Respiratory - Drugs for Anaphylaxis

AUVI-Q	2	QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL
EPIPEN 2-PAK	E	QL
EPIPEN JR 2-PAK	E	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2	QL

Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold

azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2	
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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
azelastine hcl nasal solution 0.15 %	E		promethazine-dm	1	
azelastine-fluticasone	E	QL	pseudoephedrine-bromphen-dm	1	
benzonatate oral capsule 100 mg, 200 mg	1		PULMOSAL	2	
benzonatate oral capsule 150 mg	E		RYALTRIS	E	QL
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3		ryvent	E	
carbinoxamine maleate oral tablet 4 mg	1		sodium chloride inhalation	1	
carbinoxamine maleate oral tablet 6 mg	E		XHANCE	E	ST, QL
cetirizine hcl oral solution	E		ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL
CLARINEX	E		Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD		
cyproheptadine hcl oral	1		ACCOLATE	4	
desloratadine oral tablet	E		ADVAIR DISKUS	E	QL
DYMISTA	E	QL	ADVAIR HFA	3	QL, RS
flunisolide nasal	3		AEROCHAMBER HOLDING CHAMBER	3	
fluticasone propionate nasal	2	QL	AEROCHAMBER PLS FLOVU MTHPIECE	3	
HYCODAN ORAL SOLUTION	E	PA, QL	AEROCHAMBER PLUS FLO-VU	3	
hydrocod poli-chlorphe poli er	3	PA, QL	AEROCHAMBER PLUS FLO-VU INTERM	3	
hydrocodone bit-homatrop mbr oral solution	1	PA, QL	AEROCHAMBER PLUS FLO-VU LARGE	3	
hydromet	1	PA, QL	AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3	
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ipratropium bromide nasal	1		AEROCHAMBER PLUS FLO-VU W/MASK	3	
levocetirizine dihydrochloride oral solution	3		AIRDUO RESPICLICK 113/14	E	QL
levocetirizine dihydrochloride oral tablet	1		AIRDUO RESPICLICK 232/14	E	QL
mometasone furoate nasal	3	QL	AIRDUO RESPICLICK 55/14	E	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3		AIRSUPRA	3	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL
ODACTRA	4	PA, QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
olopatadine hcl nasal	3				
PATANASE NASAL SOLUTION 0.6 %	E				
promethazine-codeine	1	PA, QL			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL	EASIVENT MASK SMALL	3	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	E	(generic for Ventolin HFA), QL	FASENRA PEN	4	PA, QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	1		FLEXICHAMBER	3	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1		FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3		FLUTICASONE FUROATE-VILANTEROL	E	QL, RS
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E		FLUTICASONE PROPIONATE HFA	E	QL
albuterol sulfate oral syrup	1		FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS
ANORO ELLIPTA	3	QL	fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS
arformoterol tartrate	3	QL	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL
ARNUITY ELLIPTA	1	QL	formoterol fumarate inhalation	3	QL
ATROVENT HFA	3	QL	INSPIREASE	3	
BEVESPI AEROSPHERE	2	QL	ipratropium bromide inhalation	1	
BREATHE COMFORT CHAMBER/ADULT	3		ipratropium-albuterol	2	
BREATHE COMFORT CHAMBER/CHILD	3		levalbuterol hcl inhalation	3	QL
BREO ELLIPTA	3	QL, RS	LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL
breynda	E	QL, RS	MICROCHAMBER	3	
BREZTRI AEROSPHERE	3	QL, RS	montelukast sodium oral packet	2	
BROVANA	4	QL	montelukast sodium oral tablet	1	
budesonide inhalation	2	QL	montelukast sodium oral tablet chewable	1	
budesonide-formoterol fumarate	E	QL, RS	NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
COMBIVENT RESPIMAT	3	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP
DALIRESP	E	QL	NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL
DULERA	E	ST, QL	PERFOROMIST	4	QL
EASIVENT	3		PROCHAMBER VHC	3	
EASIVENT MASK LARGE	3				
EASIVENT MASK MEDIUM	3				

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Drug Name	Drug Tier	Requirements & Limits
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
PULMICORT FLEXHALER	E	QL
PULMICORT SUSPENSION	E	QL
QVAR REDHALER	1	QL
roflumilast	2	QL
SEREVENT DISKUS	2	QL
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	E	
SINGULAIR ORAL TABLET CHEWABLE	E	
SPIRIVA HANDIHALER	2	QL
SPIRIVA RESPIMAT	2	QL
STIOLTO RESPIMAT	2	QL
STRIVERDI RESPIMAT	2	QL
SYMBICORT	3	QL, RS
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
theophylline er	1	
tiotropium bromide monohydrate	E	QL
TRELEGY ELLIPTA	3	QL, RS
VENTOLIN HFA	E	QL
VORTEX HOLD CHMBR/MASK/CHILD	2	
VORTEX HOLD CHMBR/MASK/TODDLER	2	
VORTEX VALVED HOLDING CHAMBER	2	
wixela inhub	3	QL, RS
XOPENEX CONCENTRATE INHALATION NEBULIZATION SOLUTION 1.25 MG/0.5ML	E	QL
XOPENEX HFA	3	QL
XOPENEX INHALATION NEBULIZATION SOLUTION 0.31 MG/3ML, 0.63 MG/3ML, 1.25 MG/3ML	E	QL
YUPELRI	4	PA, QL
zafirlukast	1	

Drug Name	Drug Tier	Requirements & Limits
Respiratory Tract / Pulmonary Agents - Drugs for Cystic Fibrosis		
BRONCHITOL	3	PA, ST, QL, SP
BRONCHITOL TOLERANCE TEST	3	PA, ST, QL, SP
PULMOZYME	2	PA, QL, SP
TOBI PODHALER	3	PA, QL, SP
tobramycin inhalation nebulization solution 300 mg/4ml	2	PA, QL, SP
TRIKAFTA ORAL TABLET THERAPY PACK	2	PA, QL, SP
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Fibrosis		
OFEV	4	PA, QL, SP
pirfenidone oral tablet 267 mg, 801 mg	2	PA, QL, SP
pirfenidone oral tablet 534 mg	2	PA, QL
Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension		
ADCIRCA	E	PA, QL, SP
ADEMPAS	2	PA, QL, SP
alyq	2	PA, QL, SP
ambrisentan	2	PA, QL, SP
OPSUMIT	2	PA, QL, SP
ORENITRAM	4	PA, QL, SP
REMODULIN	E	PA
REVATIO ORAL	E	QL, SP
sildenafil citrate oral tablet 20 mg	1	QL
tadalafil (pah)	1	PA, QL, SP
TADLIQ	3	PA, QL, SP
TRACLEER 62.5 MG, 125 MG	2	PA, QL, SP
treprostinil	E	PA
TYVASO	2	PA
TYVASO DPI INSTITUTIONAL KIT	2	PA, QL, SP
TYVASO DPI MAINTENANCE KIT	2	PA, QL, SP
TYVASO DPI TITRATION KIT	2	PA, QL, SP
TYVASO REFILL KIT	2	PA
TYVASO STARTER KIT	2	PA
UPTRAVI ORAL	4	PA, QL

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Drug Name	Drug Tier	Requirements & Limits
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	
baclofen oral tablet 15 mg	E	
carisoprodol oral tablet 250 mg	E	
carisoprodol oral tablet 350 mg	1	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	E	
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1	
cyclobenzaprine hcl oral tablet 7.5 mg	E	
DANTRIUM ORAL	4	
dantrolene sodium oral	1	
FEXMID	E	
LORZONE ORAL TABLET 375 MG, 750 MG	E	
metaxalone	3	
methocarbamol oral tablet 1000 mg	E	
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate er	2	
SOMA	E	
TANLOR	3	
tizanidine hcl oral capsule	3	
tizanidine hcl oral tablet	1	
VANADOM ORAL TABLET 350 MG	E	
ZANAFLEX	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL
doxepin hcl oral tablet	E	QL
estazolam	1	

Drug Name	Drug Tier	Requirements & Limits
eszopiclone	2	
LUMRYZ	4	PA, QL, SP
LUNESTA	E	
modafinil oral	2	QL
NUVIGIL	E	QL
PROVIGIL	E	QL
ramelteon	3	ST, QL
RESTORIL	4	
ROZEREM	E	ST, QL
SILENOR	E	QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	4	PA, (manufactured by Hikma), QL, SP
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	E	PA, (manufactured by Amneal), QL, SP
SUNOSI	2	PA, QL
temazepam	1	
WAKIX	4	PA, QL, SP
XYREM	E	PA, QL, SP
XYWAV	4	PA, QL, SP
zaleplon	1	
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