



2025 Prescription Drug List

Effective: September 1, 2025

**UnitedHealthcare
& affiliated companies**



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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	Drug Name	Drug Tier	Requirements & Limits
Analgesics - Drugs for Pain			FIORICET	4	QL
acetaminophen-codeine oral solution 120-12 mg/5ml	1	QL	FIORICET/CODEINE	E	QL
acetaminophen-codeine oral tablet	1	QL	GEN7T EXTERNAL PATCH 3.5 %	E	
ALLZITAL	E	QL	glydo	1	
apap-caff-dihydrocodeine	4	QL	hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	2	QL
ascomp-codeine	1	QL	hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	E	QL
bac	1	QL	hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
BELBUCA	3	PA, QL	hydrocodone-ibuprofen	1	QL
BUPAP ORAL TABLET 50-300 MG	E	QL	hydromorphone hcl oral tablet	1	QL
buprenorphine	3	PA, QL	lidocaine external ointment 5 %	2	QL
butalbital-acetaminophen oral tablet 50-300 mg	E	QL	lidocaine external patch 5 %	3	PA, QL
butalbital-acetaminophen oral tablet 50-325 mg	1	QL	lidocaine hcl urethral/mucosal	1	
butalbital-apap-caff-cod oral capsule 50-300-40-30 mg	E	QL	lidocaine-prilocaine external cream	1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	1	QL	LIDOCAN	E	PA, QL
butalbital-apap-caffeine oral capsule 50-300-40 mg	3	QL	LIDODERM	E	PA, QL
butalbital-apap-caffeine oral capsule 50-325-40 mg	1	QL	LIDOTRAL 1 EXTERNAL PATCH 4.88 %	E	
butalbital-apap-caffeine oral tablet	1	QL	LORTAB ORAL ELIXIR 10-300 MG/15ML	4	QL
butalbital-asa-caff-codeine	1	QL	methadone hcl oral tablet	1	PA, QL
butalbital-aspirin-caffeine	1	QL	morphine sulfate (concentrate)	1	QL
butorphanol tartrate nasal	2	QL	morphine sulfate er oral tablet extended release	1	PA, QL
BUTRANS	E	PA, QL	morphine sulfate oral	1	QL
DILAUDID ORAL TABLET	E	QL	MS CONTIN	E	PA, QL
endocet	1	QL	NALOCET	E	QL
ESGIC	4	QL	NUCYNTA	4	QL
ESGIC ORAL CAPSULE 50-325-40 MG	4	QL	NUCYNTA ER	3	PA, QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	2	PA, QL	OXAYDO ORAL TABLET 5 MG, 7.5 MG	E	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	E	PA, QL	OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	E	PA, 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 capsule	1	QL	diclofenac potassium oral tablet 50 mg	2	
oxycodone hcl oral solution	1	QL	diclofenac sodium er	3	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL	diclofenac sodium external gel 1 %	E	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	E	QL	diclofenac sodium oral	1	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL	diclofenac-misoprostol	3	
OXYCONTIN	E	PA, QL	DICLOFONO	E	
oxymorphone hcl er	3	PA, QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG	3	
PERCOCET	E	QL	EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG	4	
premium lidocaine	2	QL	ec-naproxen	1	
PROLATE ORAL TABLET	E	QL	etodolac	2	
ROXICODONE	E	QL	etodolac er	3	
TENCON	3	QL	FELDENE ORAL CAPSULE 10 MG, 20 MG	4	
tramadol hcl (er biphasic) oral tablet extended release 24 hour	2	(generic for Ryzolt), QL	flurbiprofen oral	1	
tramadol hcl er	2	(generic for Ultram ER), QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
tramadol hcl oral tablet 100 mg, 25 mg, 75 mg	E	QL	indomethacin er	2	
tramadol hcl oral tablet 50 mg	1	QL	indomethacin oral capsule	1	
tramadol-acetaminophen	1	QL	ketorolac tromethamine oral	1	
TREZIX	4	QL	LODINE	E	
TRIDACAIN II	E	PA, QL	LOFENA	E	QL
TRIDACAIN III	E	PA, QL	mefenamic acid oral	3	
XTAMPZA ER	4	PA, QL	meloxicam oral tablet	1	
ZEBUTAL ORAL CAPSULE 50-325-40 MG	4	QL	nabumetone oral	1	
ZTLIDO	3	PA, QL	NAPROSYN	E	
Analgesics - Drugs for Pain and Inflammation			naproxen dr	1	
ANAPROX DS	E		naproxen oral tablet	1	
ARTHROTEC	E		naproxen oral tablet delayed release	1	
CELEBREX	E		naproxen sodium oral tablet 275 mg, 550 mg	2	
celecoxib oral	2		oxaprozin oral tablet	2	
DAYPRO	4		piroxicam oral	2	
diclofenac potassium oral tablet 25 mg	E	QL	RELAFEN DS	E	
			sulindac oral	1	

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Drug Name	Drug Tier	Requirements & Limits
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 sublingual film	2	QL
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	2	QL
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 mouth/throat gum 4 mg	1	H
eq nicotine polacrilex	1	H
eq nicotine step 3	1	H
eq 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 mouth/throat gum 2 mg, 4 mg	1	H
hm nicotine polacrilex mouth/throat lozenge 2 mg	1	H
hm nicotine transdermal patch 24 hour 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

Drug Name	Drug Tier	Requirements & Limits
naltrexone hcl oral	1	
NARCAN	1	QL (includes Narcan OTC)
NICODERM CQ	4	H
NICORETTE MINI	2	H
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		
amoxicillin	1	
amoxicillin-potassium clavulanate	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ampicillin	1		doxycycline hyclate oral tablet 20 mg	1	
AUGMENTIN	E		doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
AUGMENTIN ES-600	E		doxycycline monohydrate oral capsule 150 mg, 75 mg	E	
AVIDOXY	4		doxycycline monohydrate oral suspension reconstituted	3	
azithromycin oral packet 1 gm	1		doxycycline monohydrate oral tablet	1	
BACTRIM	4		E.E.S. GRANULES	3	
BACTRIM DS	4		ERYPED 200	3	
cefadroxil	1		ERYPED 400	4	
cefdinir	1		ERY-TAB	4	
cefixime	3		erythromycin base oral tablet	1	
cefpodoxime proxetil oral tablet	1		erythromycin base oral tablet delayed release	3	
cefprozil	1		erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml	1	
cefuroxime axetil	1		erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml	3	
CENTANY EXTERNAL OINTMENT 2 %	4	QL	erythromycin oral	3	
cephalexin	1		FIRVANQ	4	
CIPRO ORAL TABLET	4		FLAGYL	4	
ciprofloxacin hcl oral	1		fosfomycin tromethamine	3	
clarithromycin er	2		gentamicin sulfate external	1	QL
clarithromycin oral suspension reconstituted	2		HIPREX	4	
clarithromycin oral tablet	1		levofloxacin oral tablet	1	
CLEOCIN ORAL CAPSULE 150 MG, 300 MG	4		LIKMEZ	4	
CLEOCIN ORAL CAPSULE 75 MG	2		linezolid oral tablet	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED	4		LYMEPAK ORAL TABLET 100 MG	E	
CLEOCIN VAGINAL CREAM	4		MACROBID	4	
clindamycin hcl oral	1		MACRODANTIN	4	
clindamycin palmitate hcl	2		methenamine hippurate	1	
clindamycin phosphate vaginal	2		metronidazole oral capsule	1	
CLINDESSE	2		metronidazole oral tablet 125 mg	E	
dicloxacillin sodium	1		metronidazole oral tablet 250 mg, 500 mg	1	
DIFICID ORAL TABLET	3	QL	metronidazole vaginal	2	
doxycycline hyclate oral capsule	2				
doxycycline hyclate oral tablet 100 mg	2				
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	E				

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Drug Name	Drug Tier	Requirements & Limits
minocycline hcl oral capsule	1	
MONDOXYNE NL	E	
moxifloxacin hcl oral	3	
mupirocin cream	3	QL
mupirocin ointment	1	QL
neomycin sulfate oral	1	
nitrofurantoin macrocrystal	1	
nitrofurantoin monohydrate macrocrystals	1	
nitrofurantoin oral suspension 25 mg/5ml	3	
NUVESSA	E	
NUZYRA ORAL	4	QL
penicillin v potassium	1	
SEYSARA	E	
SILVADENE	4	
silver sulfadiazine external	1	
ssd	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric	1	
TARGADOX	E	
tetracycline hcl oral capsule	3	
tinidazole oral	3	
trimethoprim oral	1	
VANCOCIN	4	
vancomycin hcl oral	1	
VANDAZOLE	4	
VIBRAMYCIN ORAL CAPSULE 100 MG	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML	4	
XACIATO	2	QL
XENLETA ORAL TABLET 600 MG	3	
XIFAXAN	3	PA, QL
ZITHROMAX ORAL	4	
ZITHROMAX TRI-PAK	4	

Drug Name	Drug Tier	Requirements & Limits
ZITHROMAX Z-PAK	4	
ZYVOX ORAL TABLET	E	
Anticoagulants - Drugs to Treat or Prevent Blood Clots		
dabigatran etexilate mesylate	2	QL
ELIQUIS	2	QL
ELIQUIS DVT/PE STARTER PACK	2	QL
enoxaparin sodium injection solution prefilled syringe	2	QL
fondaparinux sodium	2	QL
jantoven	1	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	E	QL
PRADAXA ORAL CAPSULE	E	QL
warfarin sodium oral	1	
XARELTO	2	QL
XARELTO STARTER PACK	2	QL
Anticonvulsants - Drugs for Seizures		
APTIOM	3	PA
BANZEL	4	PA
BRIVIACT ORAL SOLUTION	4	PA
BRIVIACT ORAL TABLET	3	PA
carbamazepine er oral capsule extended release 12 hour	2	
carbamazepine er oral tablet extended release 12 hour	2	
carbamazepine oral tablet	1	
carbamazepine oral tablet chewable	1	
CARBATROL	4	
clobazam oral suspension	3	PA
clobazam oral tablet	2	PA
DEPAKOTE	4	PA
DEPAKOTE ER	4	PA
DEPAKOTE SPRINKLES	4	PA
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG	4	QL
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG	2	QL
diazepam rectal	1	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DILANTIN INFATABS	3		levetiracetam oral tablet	1	
DILANTIN ORAL CAPSULE	3		LIBERVANT	3	PA, QL
divalproex sodium er	2		MOTPOLY XR	3	PA
divalproex sodium oral capsule delayed release sprinkle	2		MYSOLINE	2	PA
divalproex sodium oral tablet delayed release	1		NAYZILAM	3	PA, QL
ELEPSIA XR	E	PA	NEURONTIN	4	PA
EPIDIOLEX	3	PA, SP	ONFI	4	PA
epitol	1		oxcarbazepine	1	
ethosuximide oral	1		oxcarbazepine er	E	
felbamate	1		OXTELLAR XR	E	
FELBATOL	4	PA	phenobarbital oral	1	
FELBATOL ORAL SUSPENSION 600 MG/5ML	4	PA	phenytek	1	
FINTEPLA	4	PA	phenytoin infatabs	1	
FYCOMPA ORAL SUSPENSION	4	PA	phenytoin oral tablet chewable	1	
FYCOMPA ORAL TABLET	3	PA	phenytoin sodium extended	1	
gabapentin oral capsule	1		primidone oral tablet 125 mg	1	PA
gabapentin oral solution 250 mg/5ml	1		primidone oral tablet 250 mg, 50 mg	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	E	PA	roweepra	1	
gabapentin oral tablet 600 mg, 800 mg	1		rufinamide oral suspension	3	
GABARONE	E	PA	rufinamide oral tablet	3	PA
KEPPRA ORAL	4	PA	subvenite	1	
KEPPRA XR	4	PA	SYMPAZAN	4	PA
lacosamide oral	2		TEGRETOL ORAL TABLET	4	
LAMICTAL	4	PA	TEGRETOL-XR	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	4	PA	TOPAMAX	4	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA	TOPAMAX SPRINKLE	4	PA
lamotrigine er	3		topiramate er oral capsule extended release 24 hour	E	
lamotrigine oral tablet	1		topiramate oral	1	
lamotrigine oral tablet chewable	1		TRILEPTAL	4	PA
lamotrigine oral tablet dispersible	3	PA	TROKENDI XR	E	
levetiracetam er	2		valproic acid oral capsule	1	
levetiracetam oral solution	1		valproic acid oral solution 250 mg/5ml	1	
			VALTOCO	3	PA, QL
			vigabatrin oral packet	2	PA, QL, SP
			VIGADRONE ORAL PACKET	2	PA, QL, SP
			vigpoder	2	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
VIMPAT ORAL	4	PA	citalopram hydrobromide oral tablet	1	
XCOPRI	3	PA	clomipramine hcl oral	3	
ZARONTIN	4		CYMBALTA	E	
ZONEGRAN	4	PA	desipramine hcl oral	1	
zonisamide oral	1		desvenlafaxine succinate er	3	QL
Antidementia Agents - Drugs for Alzheimer's Disease and Dementia			doxepin hcl oral capsule	1	
ARICEPT	E		doxepin hcl oral concentrate	1	
donepezil hcl oral tablet 10 mg, 5 mg	1		duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	2	
donepezil hcl oral tablet 23 mg	1		duloxetine hcl oral capsule delayed release particles 40 mg	E	
EXELON	E		EFFEXOR XR	E	
galantamine hydrobromide er	1		escitalopram oxalate oral solution	2	
memantine hcl er	1		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	
			paroxetine hcl er	3	QL
			paroxetine hcl oral tablet	1	
			PAXIL CR	E	QL
			PAXIL ORAL TABLET	E	

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Drug Name	Drug Tier	Requirements & Limits
PRISTIQ	E	QL
protriptyline hcl	1	
PROZAC	E	
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	
SPRAVATO (56 MG DOSE)	4	PA, QL
SPRAVATO (84 MG DOSE)	4	PA, QL
SYMBYAX	4	QL
tranlycypromine sulfate	1	
trazodone hcl oral	1	
TRINTELLIX	4	ST, QL
venlafaxine hcl	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	E	QL
vilazodone hcl	3	QL
WAINUA	2	PA, QL, SP
WELLBUTRIN SR	E	
WELLBUTRIN XL	E	
ZOLOFT	E	
ZURZUVAE	2	PA, QL, SP
Antiemetics - Drugs for Nausea and Vomiting		
ANTIVERT ORAL TABLET	E	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	2	QL
DICLEGIS	E	PA
doxylamine-pyridoxine	E	PA
dronabinol	1	
EMEND ORAL CAPSULE	E	QL
granisetron hcl oral	2	
MARINOL	E	
meclizine hcl oral tablet	E	
metoclopramide hcl oral solution	1	

Drug Name	Drug Tier	Requirements & Limits
metoclopramide hcl oral tablet	1	
ondansetron hcl oral	1	
ondansetron odt oral tablet dispersible 16 mg	E	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	
perphenazine oral	1	
prochlorperazine	1	
prochlorperazine maleate oral	1	
promethazine hcl oral	1	
promethazine hcl rectal	1	
PROMETHEGAN	3	
REGLAN	4	
scopolamine	3	
TRANSDERM-SCOP	E	
Antifungals - Drugs for Fungal Infections		
ciclodan	1	
ciclopirox external gel	1	
ciclopirox external shampoo	2	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
clotrimazole mouth/throat	1	
CRESEMBA ORAL	3	
DIFLUCAN	E	
econazole nitrate external	2	
EXELDERM EXTERNAL CREAM	3	
fluconazole oral	1	
griseofulvin microsize oral	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
GYNAZOLE-1	3	
itraconazole oral capsule	1	QL
JUBLIA	4	PA, ST, QL
ketoconazole external cream	1	QL
ketoconazole external shampoo	1	
ketoconazole oral	1	
klayesta	1	QL

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Drug Name	Drug Tier	Requirements & Limits
LOPROX EXTERNAL CREAM 0.77 %	E	
LOPROX EXTERNAL SHAMPOO 1 %	E	
NOXAFIL ORAL TABLET DELAYED RELEASE	E	
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, QL
AJOVY	E	PA, ST, QL

Drug Name	Drug Tier	Requirements & Limits
almotriptan malate	3	QL
eletriptan hydrobromide	2	QL
EMGALITY	2	PA, ST, QL
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

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Drug Name	Drug Tier	Requirements & Limits
ZOMIG NASAL SOLUTION 2.5 MG	3	QL
ZOMIG NASAL SOLUTION 5 MG	2	QL
ZOMIG ORAL TABLET 5 MG	E	QL
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	
ZILBRYSQ	4	PA, QL, SP
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
ARIMIDEX	E	
AROMASIN	E	
AUGTYRO	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

Drug Name	Drug Tier	Requirements & Limits
capecitabine	1	QL, SP
CASODEX	E	
COTELLIC	2	PA, QL, SP
cyclophosphamide oral capsule	2	
dasatinib	2	PA, 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	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

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Drug Name	Drug Tier	Requirements & Limits
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
letrozole oral	1	H-PA
leucovorin calcium oral	1	
LONSURF	4	PA, QL, SP
LUMAKRAS	4	PA, QL, SP
LYNPARZA	2	PA, QL, SP
MEKINIST ORAL TABLET	4	PA, ST, QL, SP
mercaptopurine oral tablet	1	
NERLYNX	2	PA, QL, SP
NINLARO	2	PA, QL, SP
NUBEQA	2	PA, QL, SP
ODOMZO	2	PA, QL, SP
ORGOVYX	3	PA, QL, SP
pazopanib hcl	3	PA, QL, SP
PIQRAY	2	PA, QL, SP
POMALYST	3	PA, QL, SP
RETEVMO ORAL CAPSULE 40 MG	4	PA, QL, SP
RETEVMO ORAL CAPSULE 80 MG	4	PA, SP
REVLIMID	2	PA, QL, SP
ROZLYTREK	2	PA, QL, SP
SPRYCEL	E	PA, ST, QL, SP
STIVARGA	2	PA, QL, SP
TABRECTA	4	PA, QL, SP
TAFINLAR ORAL CAPSULE	4	PA, ST, QL, SP
TAGRISSO	3	PA, QL, SP
tamoxifen citrate oral tablet 10 mg	1	
tamoxifen citrate oral tablet 20 mg	1	H-PA
TASIGNA	2	PA, ST, QL, SP
temozolomide	1	PA, SP
torpenz	2	PA, QL, SP
TRUQAP ORAL TABLET	2	PA, QL, SP
VENCLEXTA	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
VERZENIO	2	PA, QL, SP
VITRAKVI	2	PA, QL, SP
XELODA	E	QL, SP
XTANDI	2	PA, QL, SP
ZEJULA ORAL CAPSULE 100 MG	2	PA, SP
ZELBORAF	2	PA, QL, SP
ZYTIGA	E	PA, QL, SP
Antiparasitics - Drugs for Parasitic Infections		
albendazole oral	3	PA, QL
ARAKODA	4	QL
atovaquone	2	
atovaquone-proguanil hcl	2	
ELIMITE	4	
hydroxychloroquine sulfate oral	1	
ivermectin oral	1	PA, QL
KRINTAFEL	1	QL
MALARONE	4	
mefloquine hcl	1	
MEPRON	E	
nitazoxanide oral	2	QL
permethrin external	1	
PLAQUENIL	E	
SOVUNA	E	
STROMECTOL	4	PA, QL
Antiparkinson Agents - Drugs for Parkinson's Disease		
amantadine hcl oral	1	
AZILECT	E	
benztropine mesylate oral	1	
bromocriptine mesylate oral tablet	1	
carbidopa-levodopa er	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa-entacapone	1	
COMTAN ORAL TABLET 200 MG	4	
CREXONT	4	ST
DHIVY	E	
entacapone	1	
INBRIJA	3	PA, QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	3	SP	fluphenazine hcl oral tablet	1	
NEUPRO	3		GEODON ORAL	E	
PARLODEL ORAL TABLET	E		haloperidol oral	1	
pramipexole dihydrochloride	1		INVEGA	E	QL
rasagiline mesylate oral	3		LATUDA	E	QL
ropinirole hcl	1		loxapine succinate	1	
RYTARY	E	ST	lurasidone hcl	2	QL
SINEMET	4		NUPLAZID ORAL CAPSULE	4	PA, QL
STALEVO 100 ORAL TABLET 25-100-200 MG	4		olanzapine oral tablet	1	
STALEVO 125 ORAL TABLET 31.25-125-200 MG	4		olanzapine oral tablet dispersible	2	
STALEVO 150 ORAL TABLET 37.5-150-200 MG	4		paliperidone er	3	QL
STALEVO 200 ORAL TABLET 50-200-200 MG	4		pimozide	2	
STALEVO 50 ORAL TABLET 12.5-50-200 MG	4		quetiapine fumarate	1	
STALEVO 75 ORAL TABLET 18.75-75-200 MG	4		quetiapine fumarate er	2	
trihexyphenidyl hcl oral tablet	1		REXULTI	4	QL
Antiplatelets - Drugs for Heart Attack and Stroke Prevention			RISPERDAL	E	
BRILINTA	4	QL	risperidone	1	
cilostazol	1		SAPHRIS	E	QL
clopidogrel bisulfate oral	1		SEROQUEL	E	
EFFIENT	E		SEROQUEL XR	E	
PLAVIX	E		VRAYLAR	4	QL
prasugrel hcl	3		ziprasidone hcl	2	
Antipsychotics - Drugs for Mood Disorders			ZYPREXA ORAL	E	
ABILIFY	E		ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG	E	
aripiprazole oral solution	3		Antivirals - Drugs for Viral Infections		
aripiprazole oral tablet	2		abacavir sulfate-lamivudine	2	QL
asenapine maleate	3	QL	acyclovir external ointment	3	QL
CAPLYTA	4	PA, ST, QL	acyclovir oral	1	
chlorpromazine hcl oral tablet	1	QL	BARACLUDE ORAL TABLET	E	
clozapine oral tablet	1		BIKTARVY	4	QL
CLOZARIL	4		CIMDUO	2	QL
			COMPLERA	4	QL
			darunavir	1	
			DELSTRIGO	2	QL
			DESCOVY	4	QL, H
			DOVATO	2	QL

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efavirenz-emtricitab-tenofo df	2	QL	TIVICAY	3	
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	QL
JULUCA	2	QL	XOFLUZA (80 MG DOSE)	3	QL
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 TABLET	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	

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lorazepam oral tablet	1		AZOR	E	
oxazepam	1		benazepril hcl oral	1	
triazolam	1		benazepril-hydrochlorothiazide	1	
VALIUM	E		BENICAR	E	
VISTARIL ORAL CAPSULE 25 MG, 50 MG	4		BENICAR HCT	E	
XANAX	E		BETAPACE	E	
XANAX XR	E		BETAPACE AF	4	
Bipolar Agents - Drugs for Mood Disorders			betaxolol hcl oral	1	
EQUETRO	4		bisoprolol fumarate oral	1	
lithium carbonate er	1		bisoprolol-hydrochlorothiazide	1	
lithium carbonate oral	1		bumetanide oral	1	
LITHOBID	4	PA	BUMEX	3	
Cardiovascular Agents - Drugs for Heart and Circulation Conditions			BYSTOLIC	E	
acebutolol hcl oral	1		CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG	4	
acetazolamide er	1		CAMZYOS	4	PA, QL, SP
acetazolamide oral	1		candesartan cilexetil	3	
ALDACTONE	E		candesartan cilexetil-hctz	3	
aliskiren fumarate	3		captopril oral	1	
ALTACE	E		CARDIZEM	E	
amiloride hcl oral	1		CARDIZEM CD	E	
amiloride-hydrochlorothiazide	1		CARDIZEM LA	E	
amiodarone hcl oral	1		CARDURA	4	
amlodipine besylate oral	1		cartia xt	2	
amlodipine besylate-benazepril hcl	1		carvedilol	1	
amlodipine besylate-valsartan	2		carvedilol phosphate er	E	
amlodipine-olmesartan	E		CATAPRES-TTS-1	E	
ATACAND	E		CATAPRES-TTS-2	E	
ATACAND HCT	E		CATAPRES-TTS-3	E	
atenolol oral	1		chlorthalidone	1	
atenolol-chlorthalidone	1		cholestyramine light	1	
ATORVALIQ	4	PA	cholestyramine oral	1	
atorvastatin calcium oral tablet 10 mg, 20 mg	1	H-PA	clonidine hcl oral	1	
atorvastatin calcium oral tablet 40 mg, 80 mg	1		clonidine patch weekly 0.1 mg/24hr transdermal	3	
AVALIDE	E		clonidine patch weekly 0.1 mg/24hr transdermal	3	(Patch)
AVAPRO	E		clonidine patch weekly 0.2 mg/24hr transdermal	3	

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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1		metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	
isosorbide dinitrate oral tablet 40 mg	E		metoprolol tartrate oral tablet 37.5 mg, 75 mg	E	
isosorbide mononitrate	1		metoprolol-hydrochlorothiazide	1	
isosorbide mononitrate er	1		mexiletine hcl oral	1	
ivabradine hcl	3	PA, QL	MICARDIS	E	
KAPSPARGO SPRINKLE	4		MICARDIS HCT	E	
KERENDIA	4	PA, QL	midodrine hcl	1	
labetalol hcl oral	1		MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG	4	
LANOXIN ORAL TABLET 125 MCG, 250 MCG	3		minoxidil oral	1	
LANOXIN ORAL TABLET 62.5 MCG	4		moexipril hcl	1	
LASIX	4		MULTAQ	4	PA
LIPITOR	E		nadolol oral	1	
lisinopril oral	1		nebivolol hcl	3	
lisinopril-hydrochlorothiazide	1		NEXLETOL	2	PA, ST, QL
LIVALO	E	ST	NEXLIZET	2	PA, ST, QL
LODOCO	4	QL	niacin er (antihyperlipidemic)	2	
LOPID	4		nifedipine er	1	
LOPRESSOR	4		nifedipine er osmotic release	1	
losartan potassium oral	1		nifedipine oral	1	
losartan potassium-hctz	1		nisoldipine er	2	
LOTENSIN	4		NITRO-BID	2	
LOTENSIN HCT	4		NITRO-DUR	3	
LOTREL	E		nitroglycerin rectal	3	QL
lovastatin oral	1	H	nitroglycerin sublingual	1	
LOVAZA	E		nitroglycerin transdermal	1	
matzim la	2		NITROSTAT	4	
MAXZIDE ORAL TABLET 75-50 MG	4		NORLIQVA	4	PA
MAXZIDE-25 ORAL TABLET 37.5-25 MG	4		NORVASC	E	
metolazone	1		olmesartan medoxomil oral	2	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 50 mg	2		olmesartan medoxomil-hctz	2	
metoprolol succinate er oral tablet extended release 24 hour 25 mg	1		olmesartan-amlodipine-hctz	E	
			omega-3-acid ethyl esters	2	
			PACERONE ORAL TABLET 100 MG, 400 MG	3	
			PACERONE ORAL TABLET 200 MG	4	

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

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

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Drug Name	Drug Tier	Requirements & Limits
RITALIN	E	
RITALIN LA	E	QL
STRATTERA	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 SUBCUTANEOUS KIT 0.3 MG	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
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

Drug Name	Drug Tier	Requirements & Limits
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	SP
riluzole	1	SP
SAVELLA	4	QL
TEGLUTIK	3	PA
TIGLUTIK	3	PA
VEOZAH	4	PA, QL
ZEPOSIA	3	PA, ST, QL, SP
ZEPOSIA 7-DAY STARTER PACK	3	PA, ST, QL, SP
ZEPOSIA STARTER KIT	3	PA, ST, QL, 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	

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DENTAGEL	4		adapalene-benzoyl peroxide external gel	3	QL
EVOXAC	E		AKLIEF	4	PA, QL
FLUORIDEX	3		ALA SCALP	4	
FLUORIDEX ENHANCED WHITENING	3		ala-cort	E	
FLUORIMAX 5000	3		alclometasone dipropionate	1	
FRAICHE 5000 DENTAL	4		amnestem	2	
JUST RIGHT 5000 DENTAL GEL 1.1 %	4		AMZEEQ	4	QL
JUST RIGHT 5000 DENTAL PASTE	3		ATRALIN	E	PA, QL
KOURZEQ	2		AVAR CLEANSER	4	
lidocaine hcl mouth/throat	1		AVAR LS CLEANSER	E	
lidocaine viscous hcl	1		AVAR-E EMOLLIENT	3	
ORALONE	2		AVAR-E GREEN EXTERNAL CREAM 10-5 %	3	
PERIDEX	4		AVAR-E LS EXTERNAL CREAM 10-2 %	3	
periogard	1		AVITA EXTERNAL CREAM 0.025 %	E	PA, QL
pilocarpine hcl oral	1		AVITA EXTERNAL GEL 0.025 %	E	PA
PREVIDENT 5000 BOOSTER PLUS	3		azelaic acid external	3	
PREVIDENT 5000 DRY MOUTH	4		AZELEX	3	QL
PREVIDENT 5000 KIDS	3		BENZAMYCIN	2	QL
PREVIDENT 5000 ORTHO DEFENSE	3		benzoyl peroxide-erythromycin	1	QL
PREVIDENT 5000 PLUS	4		betamethasone dipropionate aug external cream	1	
PREVIDENT DENTAL	4		betamethasone dipropionate aug external lotion	3	
SALAGEN	4		betamethasone dipropionate aug external ointment	3	
sf 5000 plus	1		betamethasone dipropionate external cream	2	
sf gel 1.1%	1		betamethasone dipropionate external lotion	1	
sodium fluoride 5000 plus	1		betamethasone dipropionate external ointment	2	
sodium fluoride 5000 ppm	1		betamethasone valerate external cream	1	
sodium fluoride dental	1		betamethasone valerate external lotion	1	
triamcinolone acetonide mouth/throat	1		betamethasone valerate external ointment	1	
Dermatological Agents - Drugs for Skin Conditions			brimonidine tartrate external	3	PA, QL
ABSORICA	E	PA			
ACANYA	E	QL			
accutane	2				
acitretin	1				
ACZONE	E	QL			

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Drug Name	Drug Tier	Requirements & Limits
calcipotriene external cream	2	QL
calcipotriene external ointment	2	
calcipotriene external solution	1	QL
CALCITRENE	3	
CARAC EXTERNAL CREAM 0.5 %	E	
CIBINQO	2	PA, QL, SP
ciclopirox olamine external suspension	1	
claravis	2	
CLEOCIN-T	4	
clindacin	3	
clindacin etz external swab	1	
clindacin-p	1	
CLINDAGEL	E	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	3	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %	E	QL
clindamycin phosphate external foam	3	
clindamycin phosphate external lotion	3	
clindamycin phosphate external solution	1	
clindamycin phosphate external swab	1	
clindamycin phosphate gel 1 % external	2	(generic for Cleocin-T), QL
clindamycin phosphate gel 1 % external	2	QL
clindamycin phosphate gel 1 % external	E	(generic for Clindagel), QL
clobetasol prop emollient base external cream 0.05 %	2	QL
clobetasol propionate e	2	QL
clobetasol propionate external cream	2	QL
clobetasol propionate external foam	E	QL
clobetasol propionate external gel	2	QL

Drug Name	Drug Tier	Requirements & Limits
clobetasol propionate external liquid	1	QL
clobetasol propionate external ointment	2	QL
clobetasol propionate external shampoo	E	QL
clobetasol propionate external solution	1	QL
CLOBEX EXTERNAL SHAMPOO	E	QL
CLOBEX SPRAY	E	QL
clodan	E	QL
clotrimazole external cream	E	
clotrimazole-betamethasone	1	
CORDRAN	3	QL
dapsone external	3	QL
DERMACINRX UREA	E	
DERMA-SMOOTHIE/FS BODY	4	QL
DERMA-SMOOTHIE/FS SCALP	4	
desonide external cream	2	QL
desonide external lotion	3	QL
desonide external ointment	2	QL
DESOWEN	3	QL
desoximetasone external cream	1	QL
desoximetasone external ointment	3	QL
diclofenac sodium external gel 3 %	2	PA, QL
DIPROLENE	4	
doxycycline	E	
DRYSOL	4	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	2	PA, QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	2	PA, QL, SP
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, QL, SP
EFUDEX EXTERNAL CREAM 5 %	4	
ELIDEL	E	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ENSTILAR	4	QL	hydrocortisone external cream 2.5 %	1	
EPIDUO	E	QL	hydrocortisone external lotion 2 %	3	
EPIDUO FORTE	E	QL	hydrocortisone external lotion 2.5 %	1	
ERYGEL	3		hydrocortisone external ointment 1 %, 2.5 %	1	
erythromycin external	1		hydrocortisone valerate external cream	2	QL
EUCRISA	3	ST, QL	hydrocortisone valerate external ointment	3	QL
EVOClin EXTERNAL FOAM 1 %	4		HYDROXYM EXTERNAL CREAM	E	
FINACEA EXTERNAL FOAM	4		imiquimod external cream 3.75 %	E	QL
FINACEA EXTERNAL GEL	E		imiquimod external cream 5 %	1	
fluocinolone acetonide body	3	QL	imiquimod pump	E	QL
fluocinolone acetonide external cream	3	QL	IMPOYZ	E	QL
fluocinolone acetonide external ointment	2	QL	isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
fluocinolone acetonide external solution	3	QL	isotretinoin oral capsule 25 mg, 35 mg	E	PA
fluocinolone acetonide scalp	3		ivermectin external cream	E	QL
fluocinonide external cream 0.05 %	1		KLARON	4	
fluocinonide external cream 0.1 %	E	QL	KLISYRI (250 MG)	4	ST, QL
fluocinonide external gel	1		KLISYRI (350 MG)	4	ST, QL
fluocinonide external ointment	1		LOPROX EXTERNAL SUSPENSION 0.77 %	E	
fluocinonide external solution	1		METROCREAM	4	
FLUOROURACIL EXTERNAL CREAM 0.5 %	E		METROGEL	E	
fluorouracil external cream 5 %	1		METROLOTION	4	
fluticasone propionate external cream	1		metronidazole external cream	1	
fluticasone propionate external ointment	1		metronidazole external gel 0.75 %	1	
halobetasol propionate external cream	2	QL	metronidazole external gel 1 %	E	
halobetasol propionate external ointment	2	QL	metronidazole external lotion	1	
hydrocortisone ace-pramoxine external cream 2.5-1 %	1		MIRVASO	2	PA, QL
hydrocortisone butyrate external cream	1		mometasone furoate external	1	
hydrocortisone external cream 1 %	E		myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg	2	
			neuac	3	QL

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
NORITATE	E		SUMADAN WASH	E	
OLUX EXTERNAL FOAM 0.05 %	E	QL	SYNALAR EXTERNAL OINTMENT	E	QL
ONEXTON	E	QL	SYNALAR EXTERNAL SOLUTION 0.01 %	E	QL
OPZELURA	4	PA, QL, SP	TACLONEX EXTERNAL OINTMENT 0.005-0.064 %	E	QL
ORACEA	E		TACLONEX EXTERNAL SUSPENSION	3	QL
OVACE PLUS WASH EXTERNAL LIQUID	4		tacrolimus external	2	QL
OVACE WASH	4		tazarotene external cream 0.1 %	3	PA, QL
PANRETIN	3		TAZORAC EXTERNAL CREAM	4	PA, QL
pimecrolimus	3	QL	TOLAK	E	
PLEXION CLEANSER	E		TOPICORT EXTERNAL CREAM	4	QL
podofilox external solution	1		TOPICORT EXTERNAL OINTMENT	4	QL
PRAMOSONE EXTERNAL CREAM 1-1 %	2		tretinoin external cream	3	QL
PRAMOSONE EXTERNAL CREAM 1-2.5 %	4		tretinoin external gel 0.01 %, 0.025 %	E	QL
RETIN-A	E	PA, QL	tretinoin external gel 0.05 %	E	PA, QL
RHOFADE	4	PA, QL	triamcinolone acetonide external cream 0.025 %, 0.1 %	1	
rosadan external cream 0.75 %	1		triamcinolone acetonide external cream 0.5 %	1	QL
rosadan external gel 0.75 %	1		triamcinolone acetonide external lotion	1	
SANTYL	3	QL	triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	1	
selenium sulfide external lotion	1		triamcinolone acetonide external ointment 0.05 %	E	
sodium sulfacetamide wash	1		triamcinolone in absorbase	E	
SOOLANTRA	4	QL	TRIANEX EXTERNAL OINTMENT 0.05 %	E	
spinosad	3		triderm	1	QL
sss 10-5 external cream	1		TRIDESILON EXTERNAL CREAM 0.05 %	3	QL
sulfacetamide sodium (acne)	1		tritocin external ointment 0.05 %	E	
sulfacetamide sodium external	1		urea external cream 20 %, 40 %, 45 %	1	
sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %	1		urea external cream 39 %, 41 %, 47 %	E	
sulfacetamide sodium-sulfur external liquid 10-2 %, 9-4.5 %, 9.8-4.8 %	E		UREA EXTERNAL CREAM 39.5 %	E	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4 %	1		uredeb	E	
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				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
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		CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
ACCU-CHEK GUIDE KIT W/ DEVICE	3		CAREPOINT SAFETY 1ST NEEDLE	2	
ACCU-CHEK GUIDE ME METER	3		CARETOUCH MONITOR SYSTEM	E	
ACCU-CHEK GUIDE TEST	3	QL	CARETOUCH TEST	E	QL
ACCU-CHEK GUIDE TEST STRIPS	3		CEQUR SIMPLICITY 2U 8PK	3	ST
ACCU-CHEK SMARTVIEW TEST STRIPS	E	QL	CONTOUR MONITOR KIT W/ DEVICE	E	
ACCU-CHEK SOFTCLIX LANCET	1		CONTOUR NEXT EZ KIT W/ DEVICE	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	1		CONTOUR NEXT GEN MONITOR KIT	2	
ACCUTREND GLUCOSE	E	QL	CONTOUR NEXT GEN TEST STRIPS	2	QL
AGAMATRIX PRESTO TEST	E	QL	CONTOUR NEXT LINK KIT W/ DEVICE	E	
ALCOHOL PREP PADS PAD	3		CONTOUR NEXT LINK KIT W/ DEVICE	E	(Contour Next Link 24)
AQ INSULIN SYRINGE	2	QL			
AQINJECT PEN NEEDLE	2	QL			
BD AUTOSHIELD DUO PEN NEEDLES	2				
BD BLUNT FILL NEEDLE W/ FILTER	2				
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" , 27G X 1/2"	2				

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CONTOUR NEXT MONITOR KIT W/DEVICE	2		EMBRACE BLOOD GLUCOSE TEST	E	QL
CONTOUR NEXT ONE KIT	2		EMBRACE WAVE BLOOD GLUCOSE IN VITRO	E	QL
CONTOUR NEXT TEST STRIPS	2		ENLITE GLUCOSE SENSOR	3	PA
CONTOUR PLUS BLUE KIT W/ DEVICE	E		EQ BLOOD GLUCOSE TEST	E	QL
CONTOUR PLUS TEST STRIP	E	QL	EVERSENSE 365 SENSOR/HOLDER	E	PA
CONTOUR TEST STRIPS	E	QL	EVERSENSE 365 SMART TRANSMIT	E	PA
CVS ADVANCED GLUCOSE TEST	E	QL	EVERSENSE E3 SENSOR/HOLDER	E	PA
CVS GLUCOSE METER TEST STRIPS	E	QL	EVERSENSE E3 SMART TRANSMITTER	E	PA
CVS NEEDLE COLLECTION/DISPOSAL	3		EVERSENSE SENSOR/HOLDER	E	PA
CVS TRUE METRIX GLUCOSE TEST	E	QL	EVERSENSE SMART TRANSMITTER	E	PA
D-CARE BLOOD GLUCOSE	E	QL	FORA 6 CONNECT/GTEL TEST	E	QL
D-CARE GLUCOMETER	E		FORTISCARE G1 TEST STRIP IN VITRO STRIP	E	QL
DEXCOM G6 RECEIVER	3	PA, QL	FORTISCARE TEST IN VITRO STRIP	E	QL
DEXCOM G6 SENSOR	3	PA, QL	FREESTYLE LIBRE 14 DAY READER	3	PA, QL
DEXCOM G6 TRANSMITTER	3	PA, QL	FREESTYLE LIBRE 14 DAY SENSOR	3	PA, QL
DEXCOM G7 RECEIVER	3	PA, QL	FREESTYLE LIBRE 2 PLUS SENSOR	3	PA
DEXCOM G7 SENSOR	3	PA, QL	FREESTYLE LIBRE 2 READER	3	PA, QL
DIABETES CARE	E		FREESTYLE LIBRE 2 SENSOR	3	PA, QL
DIABETES MONITOR DIGIT ADD-ON	3		FREESTYLE LIBRE 3 PLUS SENSOR	3	PA
DIABETES MONITOR DIGIT SOLN	3		FREESTYLE LIBRE 3 READER	3	PA
DROPSAFE SAFETY SYRINGE/NEEDLE	2	QL	FREESTYLE LIBRE 3 SENSOR	3	PA, QL
EASY COMFORT SHARPS CONTAINER	3		FREESTYLE LIBRE 3 READER	3	PA, QL
EASY MAX BLOOD GLUCOSE TEST	E	QL	FREESTYLE PRECISION NEO SYSTEM	E	
EASY MAX T1 GLUCOSE SYSTEM	E		FREESTYLE PRECISION NEO TEST	E	QL
EASY TOUCH HEALTHPRO GLUCOSE	E		FREESTYLE TEST	E	QL
EASY TOUCH TEST	E	QL	GLUCOCARD EXPRESSION TEST	E	QL
EASYGLUCO	E		GLUCOCARD SHINE TEST	E	QL
EASYMAX 15 TEST	E	QL			
EASYMAX NG BLOOD GLUCOSE KIT	E				

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GLUCOCARD VITAL TEST	E	QL	INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	ST
GUARDIAN 4 GLUCOSE SENSOR	3	PA, 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
GUARDIAN 4 TRANSMITTER	3	PA, 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
GUARDIAN CONNECT TRANSMITTER	3	PA, QL	LANCETS	1	
GUARDIAN LINK 3 TRANSMITTER	3	PA, QL	MICRODOT TEST	E	QL
GUARDIAN REAL-TIME REPLACE PED	3	PA	MINILINK REAL-TIME TRANSMITTER	3	PA
GUARDIAN SENSOR 3	3	PA, QL	MINIMED 630G GUARDIAN PRESS	3	PA
GVOKE HYPOPEN 1-PACK	2	QL	MM BLOOD GLUCOSE SYSTEM	E	
GVOKE HYPOPEN 2-PACK	2	QL	MM BLOOD GLUCOSE SYSTEM REFILL	E	
GVOKE KIT	2		MM BLULINK GLUCOSE TEST	E	QL
GVOKE PFS	2		MM EASY TOUCH GLUCOSE METER	E	
HEALTHPRO BLOOD GLUCOSE MONITO	E		MONOJECT HYPODERMIC NEEDLE 18G X 1"	2	
IHEALTH BLOOD GLUCOSE TEST STR	E	QL	NEUTEK 2TEK TEST	E	QL
IHEALTH GLUCO+ KIT 10	E		NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	2	QL
IHEALTH GLUCO+ KIT 100	E		NOVOFINE PEN NEEDLE	2	QL
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3		NOVOFINE PLUS PEN NEEDLE	2	QL
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	ST	NOVOPEN ECHO	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 DEXG7G6 INTRO GEN 5	2	PA, QL
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3		OMNIPOD 5 DEXG7G6 PODS GEN 5	2	PA, QL
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	ST	OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	PA, QL
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3		OMNIPOD 5 G7 PODS (GEN 5)	2	PA, QL
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	ST	OMNIPOD 5 LIBRE2 PLUS G6	2	PA
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3				
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	ST			
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3				

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OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	PA	RELION TRUE METRIX TEST STRIPS	E	QL
ON CALL EXPRESS BLOOD GLUCOSE	E	QL	RELION ULTIMA GLUCOSE SYSTEM	E	
ON CALL EXPRESS MONITORING SYS	E		RELION ULTIMA TEST	E	QL
ONETOUCH DELICA LANCETS	1	QL	RIGHTEST GT333 GLUCOSE TEST	E	QL
ONETOUCH ULTRA 2 KIT W/ DEVICE	1		SHARPS COLLECTOR	3	
ONETOUCH ULTRA BLUE TEST	1	QL	SHARPS CONTAINER	3	
ONETOUCH ULTRA TEST STRIPS	1	QL	TECHLITE INSULIN SYRINGES	2	QL (Arkay)
ONETOUCH ULTRASOFT LANCETS	1	QL	TECHLITE PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO FLEX SYSTEM KIT	1		TECHLITE PLUS PEN NEEDLES	2	QL (Arkay)
ONETOUCH VERIO IQ SYSTEM KIT W/DEVICE	1		TEMPO REFILL	E	
ONETOUCH VERIO KIT W/ DEVICE	1		TEMPO WELCOME	E	
ONETOUCH VERIO REFLECT KIT W/DEVICE	1		TRUE FOCUS BLOOD GLUCOSE STRIP	E	QL
ONETOUCH VERIO TEST STRIPS	1	QL	TRUE METRIX AIR GLUCOSE METER KIT	E	
OPTIUMEZ TEST	E	QL	TRUE METRIX BLOOD GLUCOSE TEST	E	QL
PARADIGM REAL-TIME TRANSMITTER	3	PA	TRUE METRIX GO GLUCOSE METER	E	
PIP BLOOD GLUCOSE TEST STRIP	E	QL	TRUE METRIX METER	E	
PRECISION XTRA	E		TRUE METRIX PRO BLOOD GLUCOSE	E	QL
PRECISION XTRA BLOOD GLUCOSE	E	QL	UNISTRIPI1 GENERIC	E	QL
PREMIUM BLOOD GLUCOSE TEST	E	QL	VERIFINE SHARPS CONTAINER	3	
PTS PANELS EGLU TEST	E	QL	VIVAGUARD INO GLUCOSE METER KIT	E	
QUICK TOUCH BLOOD GLUCOSE	E		VIVAGUARD INO TEST STRIPS	E	QL
QUICK TOUCH BLOOD GLUCOSE TEST	E	QL	Diabetes - Insulin		
QUINTET AC BLOOD GLUCOSE TEST	E	QL	ADMELOG	E	QL
QUINTET BLOOD GLUCOSE TEST	E	QL	ADMELOG SOLOSTAR	E	QL
RELION GLUCOSE TEST STRIPS	E	QL	BASAGLAR KWIKPEN	E	QL
RELION TRUE MET AIR GLUC METER	E		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 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	1	QL

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HUMALOG MIX 75/25 KWIKPEN	2	QL	NOVOLIN N VIAL	E	ST, QL
HUMALOG MIX 75/25 VIAL	1	QL	NOVOLIN R FLEXPEN	E	ST, QL
HUMALOG SUBCUTANEOUS	2	QL	NOVOLIN R FLEXPEN RELION	E	ST, QL
HUMALOG TEMPO PEN	E	QL	NOVOLIN R RELION	E	ST, QL
HUMALOG U-100 JUNIOR KWIKPEN	2	QL	NOVOLIN R VIAL	E	ST, QL
HUMULIN 70/30 KWIKPEN	2	QL	NOVOLOG FLEXPEN	E	ST, QL
HUMULIN 70/30 VIAL	1	QL	NOVOLOG FLEXPEN RELION	E	ST, QL
HUMULIN N KWIKPEN	2	QL	NOVOLOG RELION	E	ST, QL
HUMULIN N VIAL	1	QL	NOVOLOG U-100 VIAL	E	ST, QL
HUMULIN R U-500 KWIKPEN	2	QL	TOUJEO MAX SOLOSTAR	2	QL
HUMULIN R U-500 VIAL	1	QL	TOUJEO SOLOSTAR	2	QL
HUMULIN R VIAL	1	QL	TRESIBA FLEXTOUCH	E	QL
INSULIN ASPART	E	ST, QL	Diabetes - Non-Insulin Agents		
INSULIN ASPART FLEXPEN	E	ST, QL	acarbose oral	1	
INSULIN DEGLUDEC FLEXTOUCH	E	QL	ACTOPLUS MET	4	QL
INSULIN GLARGINE	E	QL	ACTOS	E	QL
INSULIN GLARGINE MAX SOLOSTAR	E	QL	ALOGLIPTIN BENZOATE	2	QL
INSULIN GLARGINE SOLOSTAR	E	QL	ALOGLIPTIN-METFORMIN HCL	2	QL
INSULIN LISPRO	1	QL	AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG	E	
INSULIN LISPRO (1 UNIT DIAL)	2	(Insulin Lispro Kwikpen), QL	BAQSIMI ONE PACK	2	QL
INSULIN LISPRO JUNIOR KWIKPEN	2	QL	BAQSIMI TWO PACK	2	QL
INSULIN LISPRO PROT & LISPRO	2	QL	BYDUREON BCISE AUTOINJECTOR	2	PA, QL
LANTUS SOLOSTAR	1	QL	BYETTA 10 MCG PEN	2	PA, QL
LANTUS U-100 VIAL	1	QL	BYETTA 5 MCG PEN	2	PA, QL
LYUMJEV KWIKPEN	2	QL	CYCLOSET	3	
LYUMJEV TEMPO PEN	E	QL	DAPAGLIFLOZIN PRO-METFORMIN ER	E	ST, QL
LYUMJEV VIAL	1	QL	DAPAGLIFLOZIN PROPANEDIOL	E	ST, QL
NOVOLIN 70/30 FLEXPEN	E	ST, QL	FARXIGA	E	ST, QL
NOVOLIN 70/30 FLEXPEN RELION	E	ST, QL	glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
NOVOLIN 70/30 RELION	E	ST, QL	glimepiride oral tablet 3 mg	E	
NOVOLIN 70/30 VIAL	E	ST, QL	glipizide er	1	
NOVOLIN N FLEXPEN	E	ST, QL	glipizide oral tablet 10 mg, 5 mg	1	
NOVOLIN N FLEXPEN RELION	E	ST, QL	glipizide oral tablet 2.5 mg	E	
NOVOLIN N RELION	E	ST, QL	glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
glipizide-metformin hcl	2		nateglinide	2	QL
glucagon emergency kit 1 mg injection	2	QL	ONGLYZA	E	QL
GLUCAGON EMERGENCY KIT 1 MG INJECTION	E	QL	OZEMPIC	2	PA, QL
GLUCAGON EMERGENCY KIT for LOW BLOOD SUGAR	2	QL (Fresenius)	pioglitazone hcl	1	QL
GLUCOTROL XL	4		pioglitazone hcl-metformin hcl	2	QL
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG	E	PA	repaglinide	2	QL
glyburide micronized	1		RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA, QL
glyburide oral	1		saxagliptin hcl	2	QL
glyburide-metformin	1		saxagliptin-metformin er	2	QL
GLYNASE ORAL TABLET 1.5 MG	3		SOLQUA	2	QL
GLYNASE ORAL TABLET 3 MG, 6 MG	4		SYMLINPEN 120	3	QL
GLYXAMBI	2	ST, QL	SYMLINPEN 60	3	QL
INVOKANA	E	ST, QL	SYNJARDY	2	QL
JANUMET	E	ST, QL	SYNJARDY XR	2	QL
JANUMET XR	E	ST, QL	TRADJENTA	2	QL
JANUVIA	E	ST, QL	TRIARDY XR	2	QL
JARDIANCE	2	QL	TRULICITY	2	PA, QL
JENTADUETO	2	QL	XIGDUO XR	E	ST, QL
JENTADUETO XR	2	QL	ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	QL
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	E	QL	Drugs for Blood Disorders		
liraglutide solution pen-injector 18 mg/3ml subcutaneous	2	PA, QL	ADVATE	2	SP
liraglutide solution pen-injector 18 mg/3ml subcutaneous	3	PA, QL	ADYNOVATE	4	PA, SP
metformin hcl er	1		AFSTYLA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	4	PA
metformin hcl er (mod)	E	PA	AFSTYLA INTRAVENOUS KIT 1500 UNIT, 2500 UNIT	4	PA, SP
metformin hcl er (osm)	E	PA	ALPHANATE	2	SP
metformin hcl oral solution	3		ALPROLIX	3	SP
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1		ALTUVIIIO	4	PA, SP
metformin hcl oral tablet 625 mg, 750 mg	E		ALVAIZ	4	PA, SP
MOUNJARO	2	PA, QL	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

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Drug Name	Drug Tier	Requirements & Limits
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
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
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	

Drug Name	Drug Tier	Requirements & Limits
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
OSPHERA	3	PA, QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	2	QL
STENDRA	4	PA, QL
tadalafil oral	2	QL
varafenafil 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	
CITRANATAL DHA ORAL 27-1 & 250 MG	4	
COMPLETENATE	3	
CO-NATAL FA	2	
CONCEPT DHA	4	
cvs prenatal	E	
cyanocobalamin injection solution 1000 mcg/ml	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
cyanocobalamin nasal	3	
DAVIMET-FLUORIDE	E	
deferaxirox oral tablet	2	PA, SP
DENTA 5000 PLUS SENSITIVE	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
DODEX INJECTION SOLUTION 1000 MCG/ML	4		multivitamin w/fluoride tablet chewable 1 mg oral	E	
DRISDOL	4		multi-vitamin/fluoride	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	2		multivitamin/fluoride oral tablet chewable	1	
ELITE-OB	3		MULTI-VIT-FLOR	E	
ergocalciferol oral capsule	1		nafrinse drops oral solution 0.275 (0.125 f) mg/drop	1	H
FLORAFOL PEDIATRIC ORAL SOLUTION	3		NAFRINSE ORAL TABLET CHEWABLE 2.2 (1 F) MG	1	H
FLORAFOL PEDIATRIC ORAL TABLET CHEWABLE	E		NASCOBAL	3	
FLORIVA PLUS	E		NATALVIT	2	
FLUORIMAX 5000 SENSITIVE	3		NEONATAL COMPLETE	3	
fluoritab oral solution 0.275 (0.125 f) mg/drop	1	H	NEONATAL PLUS	3	
folic acid oral tablet 1 mg	1		NEONATAL PRENATAL	E	
FRAICHE 5000 SENSITIVE DENTAL GEL 1.1-4.5 %	E		NEONATAL VITAMIN	E	
klor-con	1		NIVA-PLUS	3	
klor-con 10	1		OB COMPLETE	3	
klor-con m10	1		ONE VITE WOMENS	E	
klor-con m15	1		ONE VITE WOMENS PLUS	3	
klor-con m20	1		ORACIT	2	
kosher prenatal plus iron	1		ORAL CITRATE	2	
K-PHOS-NEUTRAL	2		PHOSPHA 250 NEUTRAL	2	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3		phosphorous	1	
levocarnitine oral solution	1		phospho-trin 250 neutral	1	
levocarnitine sf	1		pnv-dha	3	
LOKELMA	3	PA, QL	POKONZA	E	
M-NATAL PLUS	3		POLY-VI-FLOR ORAL TABLET CHEWABLE	E	
multivitamin w/fluoride tablet chewable 0.25 mg oral	1		potassium chloride crys er	1	
multivitamin w/fluoride tablet chewable 0.25 mg oral	E		potassium chloride er	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	1		potassium chloride oral	1	
multivitamin w/fluoride tablet chewable 0.5 mg oral	E		potassium citrate er	1	
multivitamin w/fluoride tablet chewable 1 mg oral	1		potassium citrate-citric acid	1	
			PRENA1 PEARL	3	
			prenatal 19 oral tablet 29-1 mg	1	
			prenatal 19 oral tablet chewable	1	
			prenatal oral tablet 27-0.8 mg	E	
			prenatal oral tablet 27-1 mg	1	

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Drug Name	Drug Tier	Requirements & Limits
prenatal plus	1	
prenatal plus vitamin/mineral	1	
prenatal vitamins oral tablet 27-0.8 mg	E	
PRENATE DHA	3	
PRENATE ENHANCE	3	
PRENATE ESSENTIAL	3	
PRENATE MINI	3	
PRENATE PIXIE	3	
PRENATE RESTORE	3	
PRENATOL-M	E	
PRENATRIX	E	
PRENATRYL	E	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT MOUTH/THROAT	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE 0.125 MG	E	
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	
sodium fluoride 5000 sensitive	1	
sodium fluoride mouth/throat	1	
sodium fluoride oral solution	1	H
sodium fluoride oral tablet chewable	1	H
SPS (SODIUM POLYSTYRENE SULF)	3	
TARON-C DHA	4	
THRIVITE RX	3	
TRICARE ORAL TABLET	3	
TRINATAL RX 1	3	
TRINATE	3	
tri-vite/fluoride	1	
UROCIT-K 10	4	
UROCIT-K 15	4	

Drug Name	Drug Tier	Requirements & Limits
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG)	4	
VELTASSA	3	PA, QL
virt-pn dha oral capsule 27-0.6-0.4-300 mg	3	
VITAFOL FE+	3	
VITAFOL GUMMIES	3	
VITAFOL ULTRA	3	
VITAFOL-OB	3	
VITAMEDMD ONE RX/ QUATREFOLIC	3	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	1	
VITAPEARL	3	
VITATHELY WITH GINGER	3	
WESCAP-C DHA	4	
WESCAP-PN DHA	4	
wes-phos 250 neutral	1	
WESTAB PLUS	E	
ZATEAN-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	

Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer

Drug Name	Drug Tier	Requirements & Limits
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	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
lansoprazole oral capsule delayed release	E	QL	enulose	1	
lansoprazole oral tablet delayed release dispersible	3	PA, ST, QL	GASTROCROM	E	
misoprostol oral	1		gavilyte-c	1	H
NEXIUM ORAL CAPSULE DELAYED RELEASE	E	QL	gavilyte-g	1	QL, H
NEXIUM ORAL PACKET	4	PA, ST, QL	gavilyte-n with flavor pack	1	QL, H
OMECLAMOX-PAK	3	QL	generlac	1	
omeprazole oral capsule delayed release	1		GLYCATE	E	
pantoprazole sodium oral tablet delayed release	1		glycopyrrolate oral solution	3	
PEPCID	E		glycopyrrolate oral tablet 1 mg, 2 mg	1	
PREVACID	E	QL	GLYCOPYRROLATE ORAL TABLET 1.5 MG	E	
PREVACID SOLUTAB	E	PA, ST, QL	GOLYTELY	1	QL, H
PROTONIX ORAL TABLET DELAYED RELEASE	E		hyoscyamine sulfate er	1	
PYLERA	4	QL	hyoscyamine sulfate oral tablet	1	
rabeprazole sodium oral tablet delayed release	2	QL	hyoscyamine sulfate oral tablet dispersible	1	
sucralfate oral suspension	3		hyoscyamine sulfate sublingual	1	
sucralfate oral tablet	1		IBSRELA	E	PA, ST, QL
VOQUEZNA	4	PA, QL	IQIRVO	4	PA, ST, QL, SP
VOQUEZNA DUAL PAK	4	ST, QL	KRISTALOSE	3	
VOQUEZNA TRIPLE PAK	4	ST, QL	lactulose encephalopathy	1	
Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions			lactulose oral solution	1	
alosetron hcl	2	PA, QL	LEVBIID	4	
AMITIZA	E	PA, QL	LEVSIN	4	
ANASPAZ	2		LEVSIN/SL	4	
BYLVAY	4	PA, QL, SP	LIBRAX	E	
BYLVAY (PELLETS)	4	PA, QL, SP	LINZESS	2	PA, QL
chlordiazepoxide-clidinium	4		LIVDELZI	4	PA, ST, QL, SP
CLENPIQ	3	QL	LOMOTIL	4	
constulose	1		lubiprostone	2	PA, QL
cromolyn sodium oral	1		methscopolamine bromide oral	1	
CUVPOSA	4		MOVIPREP	4	QL
dicyclomine hcl oral	1		na sulfate-k sulfate-mg sulf	3	QL
diphenoxylate-atropine oral tablet	1		NULEV	4	
			OCALIVA	4	PA, ST, QL, SP
			opium	1	
			OSCIMIN	4	
			peg 3350-kcl-na bicarb-nacl	1	QL, H

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Drug Name	Drug Tier	Requirements & Limits
peg-3350/electrolytes	1	QL, H
peg-3350/electrolytes/ascorbat	3	QL
peg-kcl-nacl-nasulf-na asc-c	3	QL
PLENVU	3	QL
prucalopride succinate	3	PA, QL
RELTONE	E	
ROBINUL ORAL TABLET 1 MG	E	
ROBINUL-FORTE ORAL TABLET 2 MG	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
Genetic or Enzyme Disorder - Drugs for Replacement, Modification, Treatment		
CARNITOR ORAL TABLET	4	
CERDELGA	2	PA, SP
CREON	2	
DEPEN TITRATABS	2	SP
EVRYSDI ORAL SOLUTION RECONSTITUTED	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

Drug Name	Drug Tier	Requirements & Limits
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 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG	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
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

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
tolterodine tartrate	3		ashlyna	3	
tolterodine tartrate er	E		aubra eq	1	H
tropium chloride	3		aurovela 1.5/30	1	H
tropium chloride er	E		aurovela 1/20	1	H
UROGESIC-BLUE	2		aurovela 24 fe	1	H
VELPHORO	4	ST	aurovela fe 1.5/30	1	H
VENXXIVA	E	SP	aurovela fe 1/20	1	H
VESICARE	E		aviane	1	H
Genitourinary Agents - Drugs for Prostate Conditions			AYGESTIN ORAL TABLET 5 MG	4	
alfuzosin hcl er	1		ayuna	1	H
AVODART	E		azurette	2	
dutasteride oral	2		balziva	1	H
finasteride oral tablet 5 mg	1		BEYAZ	E	
FLOMAX	E		BIJUVA	3	
PROSCAR	E		blisovi 24 fe	1	H
RAPAFLO	E		blisovi fe 1.5/30	1	H
silodosin	3		blisovi fe 1/20	1	H
tamsulosin hcl	1		briellyn	1	H
terazosin hcl	1		camila	1	H
UROXATRAL	E		camrese	3	
Hormonal Agents - Hormone Replacement and Birth Control			camrese lo	3	
ACTIVELLA	4		charlotte 24 fe	1	H
afirmelle	1	H	chateal eq	1	H
aftera	1	H	CLIMARA	E	QL
ALORA	3	QL	CLIMARA PRO	3	QL
altavera	1	H	COMBIPATCH	3	QL
alyacen 1/35	1	H	COVARYX	2	
alyacen 7/7/7	1	H	COVARYX HS	3	
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	2		cryselle-28	1	H
amethia oral tablet 0.15-0.03 & 0.01 mg	3		curae	1	H
amethyst	1	H	cyred eq	1	H
ANGELIQ	3		cyred oral tablet 0.15-30 mg-mcg	1	H
ANNOVERA	3	QL	dasetta 1/35 (28)	1	H
apri	1	H	dasetta 7/7/7	1	H
aranelle	1	H	daysee	3	
			deblitane	1	H
			DELESTROGEN	4	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
delyla	1	H	estradiol patch twice weekly 0.025 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
DEPO-ESTRADIOL	3		estradiol patch twice weekly 0.025 mg/24hr transdermal	2	QL
DEPO-PROVERA	4	QL	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Minivelle), QL
DEPO-SUBQ PROVERA 104	1	QL, H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	H	estradiol patch twice weekly 0.0375 mg/24hr transdermal	2	QL
desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Minivelle), QL
DIVIGEL	3		estradiol patch twice weekly 0.05 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
dolishale	1	H	estradiol patch twice weekly 0.05 mg/24hr transdermal	2	QL
dotti	2	QL	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Minivelle), QL
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg	E		estradiol patch twice weekly 0.075 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
drospiren-eth estrad-levomefol oral tablet 3-0.03-0.451 mg	1	H	estradiol patch twice weekly 0.075 mg/24hr transdermal	2	QL
drospirenone-ethinyl estradiol	3		estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Minivelle), QL
DUAVEE	3	QL	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	(generic for Vivelle-Dot), QL
econtra ez oral tablet 1.5 mg	1	H	estradiol patch twice weekly 0.1 mg/24hr transdermal	2	QL
econtra one-step	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	
EEMT	2		estradiol transdermal gel 0.75 mg/1.25 gm (0.06%)	3	QL
EEMT HS	3		estradiol transdermal patch weekly	1	(generic for Climara), QL
ELESTRIN	3		estradiol vaginal cream	3	
elinest	1	H	estradiol vaginal tablet	2	
ELLA	1	QL, H	estradiol valerate intramuscular	1	
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			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
estradiol-norethindrone acet	2		junel fe 24	1	H
estratest f.s.	1		kalliga	1	H
ESTRATEST H.S.	3		kariva	2	
ESTRING	2	QL	kelnor 1/35	1	H
ESTROGEL	3	QL	kelnor 1/50	1	H
ethynodiol diac-eth estradiol	1	H	kurvelo	1	H
etonogestrel-ethinyl estradiol	1	H	larin 1.5/30	1	H
EVAMIST	2		larin 1/20	1	H
falmina	1	H	larin 24 fe	1	H
fayosim oral tablet 42-21-21-7 days	1	H	larin fe 1.5/30	1	H
feirza 1.5/30	1	H	larin fe 1/20	1	H
feirza 1/20	1	H	leena	1	H
FEMRING	3	QL	lessina	1	H
finzala	1	H	levonest	1	H
fyavolv	3		levonorgest-eth est & eth est	1	H
gallifrey	1		levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg	3	
hailey 1.5/30	1	H	levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg	2	H
hailey 24 fe	1	H	levonorgestrel	1	H
hailey fe 1.5/30	1	H	levonorgestrel-ethinyl estrad	1	H
hailey fe 1/20	1	H	levonorg-eth estrad triphasic	1	H
haloette	1	H	levora 0.15/30 (28)	1	H
heather	1	H	LO LOESTRIN FE	1	H
her style	1	H	LOESTRIN 1.5/30 (21)	E	
iclevia	2	H	LOESTRIN 1/20 (21)	E	
incassia	1	H	LOESTRIN FE 1.5/30	E	
introvale	2	H	LOESTRIN FE 1/20	E	
isibloom	1	H	lojaimiess	3	
jaimiess	3		loryna	3	
jasmiel	3		LOSEASONIQUE ORAL TABLET 0.1-0.02 & 0.01 MG	4	
jencycla	1	H	low-ogestrel	1	H
jinteli	3		lo-zumandimine	3	
jolessa	2	H	lutura	1	H
juleber	1	H	lyleq	1	H
junel 1.5/30	1	H	lyllana	2	QL
junel 1/20	1	H	lyza	1	H
junel fe 1.5/30	1	H			
junel fe 1/20	1	H			

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
marlissa	1	H	norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	1	H
medroxyprogesterone acetate intramuscular	1	QL, H	norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg	1	H
medroxyprogesterone acetate oral	1		norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	1	H
megestrol acetate oral tablet	1		norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg	2	
MENOSTAR	3	QL	norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H
mibelas 24 fe	1	H	norlyroc	1	H
microgestin 1.5/30	1	H	nortrel 0.5/35 (28)	1	H
microgestin 1/20	1	H	nortrel 1/35 (21)	1	H
microgestin 24 fe oral tablet 1-20 mg-mcg	1	H	nortrel 1/35 (28)	1	H
microgestin fe 1.5/30	1	H	nortrel 7/7/7	1	H
microgestin fe 1/20	1	H	NUVARING	E	
mili	1	H	nylia 1/35	1	H
mimvey	2		nylia 7/7/7	1	H
MINASTRIN 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	E		nymyo oral tablet 0.25-35 mg-mcg	1	H
MINIVELLE	E	QL	ocella	3	
MIRCETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	E		opcicon one-step	1	H
mono-lynah	1	H	option 2	1	H
my choice	1	H	PHEXXI	E	PA
my way	1	H	philith	1	H
MYFEMBREE	2	PA, QL	pimtrea	2	
NATAZIA	1		PLAN B ONE-STEP	1	H
necon 0.5/35 (28)	1	H	portia-28	1	H
new day	1	H	PREMARIN ORAL	3	
NEXTSTELLIS	E		PREMARIN VAGINAL	3	
nikki	3		PREMPHASE	3	
nora-be	1	H	PREMPRO	3	
norelgestromin-eth estradiol	3	H	progesterone intramuscular	1	
norethin ace-eth estrad-fe oral tablet	1	H	progesterone oral	2	
norethin ace-eth estrad-fe oral tablet chewable	1	H	PROMETRIUM	E	
norethindrone acetate oral	1		PROVERA	4	
norethindrone acet-ethinyl est	1	H	QUARTETTE ORAL TABLET 42-21-21-7 DAYS	E	
norethindrone oral	1	H			
norethindrone-eth estradiol	2				

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
react	1	H	velivet	1	H
reclipsen	1	H	vestura	3	
rivelsa	1	H	vienva	1	H
SAFYRAL	E		viorele	2	
SEASONIQUE ORAL TABLET 0.15-0.03 & 0.01 MG	E		VIVELLE-DOT	E	QL
setlakin	2	H	volnea	2	
sharobel	1	H	vyfemla	1	H
simliya	2		vylibra	1	H
simpesse	3		wera	1	H
SLYND	4	PA, ST	wymzya fe	1	H
sprintec 28	1	H	xarah fe	1	H
sronyx	1	H	xulane	3	H
syeda	3		YASMIN 28	2	
take action	1	H	YAZ	2	
tarina 24 fe	1	H	yuvaferm	2	
tarina fe 1/20 eq	1	H	zafemy	3	H
tilia fe	1	H	zovia 1/35 (28)	1	H
tri-estarylla	1	H	zumandimine	3	
tri-legest fe	1	H	Hormonal Agents - Oral Steroids		
tri-lynyah	1	H	CORTEF	4	
tri-lo-estarylla	2		DEXABLISS	E	
tri-lo-marzia	2		dexamethasone intensol	1	
tri-lo-mili	2		dexamethasone oral elixir	1	
tri-lo-sprintec	2		dexamethasone oral solution	1	
tri-mili	1	H	dexamethasone oral tablet	1	
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	1	H	dexamethasone oral tablet therapy pack	3	
tri-sprintec	1	H	DXEVO 11-DAY ORAL TABLET THERAPY PACK 1.5 MG	E	
trivora (28)	1	H	fludrocortisone acetate oral	1	
tri-vylibra	1	H	HEMADY	E	
tri-vylibra lo	2		HIDEX 6-DAY	E	
turqoz	1	H	hydrocortisone oral	1	
TWIRLA	E		MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	4	
TYBLUME	1		MEDROL ORAL TABLET 2 MG	2	
tydemy oral tablet 3-0.03-0.451 mg	1	H	MEDROL ORAL TABLET THERAPY PACK	4	
VAGIFEM	E		methylprednisolone oral	1	
valtya 1/50	1	H			

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Drug Name	Drug Tier	Requirements & Limits
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	
TAPERDEX 7-DAY	3	
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
NOCDURNA	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

Drug Name	Drug Tier	Requirements & Limits
Hormonal Agents - Testosterone Replacement		
ANDROGEL PUMP	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
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

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Drug Name	Drug Tier	Requirements & Limits
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
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, SP
ABRILADA (2 PEN)	E	PA, 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
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	2	PA, (Manufactured by Sandoz), SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	2	PA, (Manufactured by Sandoz), QL, SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA, (Manufactured by Sandoz), QL, SP
ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), SP
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP
ADALIMUMAB-ADBIM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS	E	PA, (Manufactured by Boehringer), QL, SP

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML	E	PA, (Manufactured by Boehringer), QL, SP	CELLCEPT ORAL CAPSULE	E	
ADALIMUMAB-ADBIM(CD/UC/HS STRT)	E	PA, (Manufactured by Boehringer), SP	CELLCEPT ORAL TABLET	E	
ADALIMUMAB-ADBIM(PS/UV STARTER)	E	PA, (Manufactured by Boehringer), SP	CIMZIA (2 SYRINGE)	2	PA, QL, SP
ADALIMUMAB-FKJP (2 PEN)	E	PA, (Manufactured by Biocon), QL, SP	CIMZIA-STARTER	2	PA, QL, SP
ADALIMUMAB-FKJP (2 SYRINGE)	E	PA, (Manufactured by Biocon), QL, SP	CINRYZE	E	PA, QL, SP
ADBRY SOLUTION AUTO-INJECTOR	2	PA, QL, SP	COSENTYX (300 MG DOSE)	2	PA, QL, SP
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP	COSENTYX 150 MG/ML SUBCUTANEOUS	2	PA, QL, SP
AMJEVITA 40 MG/0.4ML, 80 MG/0.8ML	2	PA, QL, SP	COSENTYX SENSOREADY (300 MG)	2	PA, QL, SP
AMJEVITA 40 MG/0.8ML	E	PA, QL, SP	COSENTYX SENSOREADY PEN	2	PA, QL, SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	E	PA, QL, SP	COSENTYX UNOREADY	2	PA, QL, SP
AMJEVITA-PED 15KG TO <30KG SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP	cyclosporine modified oral capsule	1	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML	E	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
			EMPAVELI	2	PA, QL, SP
			ENBREL	2	PA, QL, SP
			ENBREL MINI	2	PA, QL, SP
			ENBREL SURECLICK	2	PA, QL, SP
			ENTYVIO PEN	2	PA, (SUBCUTANEOUS), QL, SP
			ENVARSUS XR	E	
			everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	3	
			gengraf oral capsule	1	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
GRASTEK	4	PA, QL	HYFTOR	4	PA, QL
HADLIMA	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	E	PA, QL, SP
HADLIMA PUSH TOUCH	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML, 80 MG/0.8ML	E	PA, SP
HAEGARDA	2	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML	E	PA, QL, SP
HULIO (2 PEN)	E	PA, QL, SP	HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	E	PA, SP
HULIO (2 SYRINGE)	E	PA, QL, SP	HYRIMOZ-CROHNS/UC STARTER	E	PA, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-PED<40KG CROHN STARTER	E	PA, QL, SP
HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-PED>=40KG CROHN START	E	PA, QL, SP
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	HYRIMOZ-PLAQ PSOR/UEIT START	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS	2	PA, QL, SP	HYRIMOZ-PLAQUE PSORIASIS START	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS	2	PA, QL, SP	IDACIO (2 PEN)	E	PA, QL, SP
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS	2	PA, QL, SP	IDACIO (2 SYRINGE)	E	PA, QL, SP
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA, QL, SP	IDACIO-CROHNS/UC STARTER	E	PA, QL, SP
HUMIRA-CD/UC/HS STARTER	2	PA, QL, SP	IDACIO-PSORIASIS STARTER	E	PA, QL, SP
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	2	PA, QL, SP	IMURAN	E	
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	2	PA, QL, SP	JYLAMVO	4	PA
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	2	PA, QL, SP	KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, ST, QL, SP
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	2	PA, QL, SP	KINERET	3	PA, ST, QL, SP
HUMIRA-PSORIASIS/UEIT STARTER	2	PA, QL, SP	leflunomide oral	1	
			LITFULO	3	PA, QL, SP
			LUPKYNIS	4	PA, QL, SP
			methotrexate sodium (pf)	1	
			methotrexate sodium injection solution	1	
			methotrexate sodium oral	1	
			mycophenolate mofetil oral	1	
			mycophenolate sodium	2	
			mycophenolic acid	2	

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Drug Name	Drug Tier	Requirements & Limits
MYFORTIC	E	
MYHIBBIN	1	
NEORAL ORAL CAPSULE	E	
OLUMIANT ORAL TABLET 1 MG, 4 MG	3	PA, ST, QL
OLUMIANT ORAL TABLET 2 MG	3	PA, ST, QL, SP
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA, SP
OMVOH SUBCUTANEOUS (100 MG/ML) SOLUTION AUTO-INJECTOR	2	PA, QL, SP
ORENCIA CLICKJECT	3	PA, ST, QL, SP
ORENCIA SUBCUTANEOUS	3	PA, ST, 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 1 MG/ML	4	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG	E	
RASUVO	2	QL
RINVOQ	2	PA, QL, SP
RUCONEST	4	PA, QL, SP
SIMLANDI (1 PEN)	E	PA, QL, SP
SIMLANDI (1 SYRINGE)	E	PA, SP
SIMLANDI (2 PEN)	E	PA, QL, SP
SIMLANDI (2 SYRINGE)	E	PA, SP
SIMPONI	2	PA, QL, SP
sirolimus oral solution	2	
sirolimus oral tablet	1	
SKYRIZI PEN	2	PA, QL, SP
SKYRIZI SUBCUTANEOUS	2	PA, QL, SP

Drug Name	Drug Tier	Requirements & Limits
SOTYKTU	2	PA, QL, SP
STELARA SUBCUTANEOUS	E	PA, QL, SP
STEQEYMA SUBCUTANEOUS	2	PA, QL, SP
tacrolimus oral	1	
TAKHZYRO	2	PA, QL, SP
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	E	PA, ST, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	2	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	2	PA, QL, SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	2	PA
TREXALL	2	
XELJANZ	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG	2	PA, QL, SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG	2	PA, QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA, QL, SP
YESINTEK SUBCUTANEOUS	2	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	E	PA, QL, SP
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	E	PA, SP
YUFLYMA (2 PEN)	E	PA, QL, SP
YUFLYMA (2 SYRINGE)	E	PA, QL, SP
YUFLYMA-CD/UC/HS STARTER	E	PA, SP
YUSIMRY	E	PA, QL, SP
ZORTRESS	E	
Immunological Agents - Drugs for Vaccination		
ABRYSVO	3	H

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
ADACEL	3	H	CLOMID	2	
AREXVY	3	H	clomiphene citrate oral	2	
BEXSERO	3	H	ENDOMETRIN	2	
BOOSTRIX	2	H	FOLLISTIM AQ	2	QL, SP
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	2	H	FYREMADEL	3	QL, SP
COMIRNATY	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	(manufactured by Merck/ Organon), QL, SP
ENGERIX-B	2	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	2	QL, SP
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	3	QL, SP
HAVRIX	3	H	ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	4	(manufactured by Ferring), QL, SP
HEPLISAV-B	3	H	GONAL-F	4	ST, SP
IPOL	2	H	GONAL-F RFF	4	ST, SP
MENQUADFI	3	H	GONAL-F RFF REDIJECT	4	ST, SP
MENVEO	3	H	MENOPUR	4	QL, SP
M-M-R II	2	H	NOVAREL	3	SP
MODERNA COVID-19 VAC 6M-11Y	3	H	OVIDREL	4	SP
PFIZER COVID-19 VAC-TRIS 5-11Y	3	H	PREGNYL	3	SP
PFIZER COVID-19 VAC-TRIS 6M-4Y	3	H	Inflammatory Bowel Disease Agents		
PNEUMOVAX 23	2	H	ANALPRAM HC	4	
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	2	H	ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	4	
PREVNAR 20	3	H	ANALPRAM-HC EXTERNAL CREAM	4	
RECOMBIVAX HB	2	H	ANUCORT-HC	2	
SHINGRIX	3	H	ANUSOL-HC EXTERNAL	4	
SPIKEVAX	3	H	ANUSOL-HC RECTAL	E	
TENIVAC	3	H	APRISO	1	
TRUMENBA	3	H	ASACOL HD ORAL TABLET DELAYED RELEASE 800 MG	E	
TWINRIX	3	H	AZULFIDINE	4	
VAQTA	2	H	AZULFIDINE EN-TABS	4	
VARIVAX	3	H	balsalazide disodium	1	
Infertility Agents			budesonide oral	2	
cetorelix acetate	3	PA, ST, QL, SP			
CETROTIDE	4	PA, ST, QL, SP			
CHORIONIC GONADOTROPIN INTRAMUSCULAR	3	SP			

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Drug Name	Drug Tier	Requirements & Limits
budesonide rectal	2	
CANASA	E	
COLAZAL	E	
CORTENEMA	4	
CORTIFOAM	2	
DIPENTUM	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG	3	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG	E	
hydrocortisone (perianal) external cream 1 %	E	
hydrocortisone (perianal) external cream 2.5 %	1	
hydrocortisone ace-pramoxine external cream 1-1 %	1	
hydrocortisone acetate rectal	2	
hydrocortisone rectal	1	
hydrocort-pramoxine (perianal)	1	
LIALDA	E	
mesalamine er	E	
mesalamine oral tablet delayed release 1.2 gm	2	
mesalamine oral tablet delayed release 800 mg	E	
mesalamine rectal enema	1	
mesalamine rectal suppository	2	QL
mesalamine-cleanser	1	QL
PROCORT	E	
PROCTOCORT	E	
PROCTOFOAM HC	2	
procto-med hc	1	
PROCTOSOL HC	4	
PROCTOZONE-HC	4	
ROWASA	4	QL
SFROWASA	4	
sulfasalazine oral	1	
UCERIS ORAL	3	

Drug Name	Drug Tier	Requirements & Limits
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	1	
paricalcitol oral	1	
ROCALTROL	4	
SENSIPAR	E	PA
YORVIPATH	4	PA, QL, SP
ZEMPLAR ORAL	4	
Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation		
ACULAR	4	
ACULAR LS	4	
ACUVAIL	E	
ak-poly-bac ophthalmic ointment 500-10000 unit/gm	1	
ALREX	4	QL
AZASITE	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
azelastine hcl ophthalmic	1		neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
bacitracin-polymyxin b	1		NEVANAC	4	
BESIVANCE	3		OCUFLOX	4	
bromfenac sodium (once-daily)	3		ofloxacin ophthalmic	1	
bromfenac sodium ophthalmic solution 0.07 %	E		olopatadine hcl ophthalmic solution 0.1 %	3	
bromfenac sodium ophthalmic solution 0.075 %	E	QL	POLYCIN	3	
BROMSITE	E	QL	polymyxin b-trimethoprim	1	
ciprofloxacin hcl ophthalmic	1		PRED FORTE	E	
dexamethasone sodium phosphate ophthalmic	1		PRED MILD	3	
diclofenac sodium ophthalmic	1		prednisolone acetate ophthalmic	1	
erythromycin ophthalmic	1	H-PA	PREDNISOLONE ACETATE P-F	E	
EYSUVIS	4	QL	PROLENSA	E	
FLAREX	2		sulfacetamide sodium ophthalmic solution	1	
fluorometholone	1		TOBRADEX OPHTHALMIC OINTMENT	3	
FML FORTE	3		TOBRADEX OPHTHALMIC SUSPENSION 0.3-0.1 %	4	
FML LIQUIFILM	4		TOBRADEX ST	E	
gatifloxacin ophthalmic	3		tobramycin ophthalmic	1	QL
gentamicin sulfate ophthalmic	1	QL	tobramycin-dexamethasone	2	
ILEVRO	E		VIGAMOX	E	
INVELTYS	3		XDEMY	4	PA, QL
ketorolac tromethamine ophthalmic	1		ZYLET	3	
KLARITY-A	E		ZYMAXID OPHTHALMIC SOLUTION 0.5 %	4	
LOTEMAX OPHTHALMIC GEL	E		Ophthalmic Agents - Drugs for Eye Infection and Inflammation		
LOTEMAX OPHTHALMIC OINTMENT	3		bacitracin ophthalmic	1	
LOTEMAX OPHTHALMIC SUSPENSION	E	QL	neomycin-bacitracin zn-polymyx	1	
LOTEMAX SM	3	QL	neomycin-polymyxin-hc ophthalmic	1	
loteprednol etabonate ophthalmic gel	E		NEO-POLYCIN	3	
loteprednol etabonate ophthalmic suspension	3	QL	sulfacetamide-prednisolone	1	
MAXITROL	4		Ophthalmic Agents - Drugs for Glaucoma		
moxifloxacin hcl (2x day)	3		ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %	2	QL
moxifloxacin hcl ophthalmic	3				
neomycin-polymyxin-dexameth ophthalmic ointment	1				

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Drug Name	Drug Tier	Requirements & Limits
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 %	4	QL
AZOPT	E	QL
BETIMOL OPHTHALMIC SOLUTION 0.25 %	2	QL
BETIMOL OPHTHALMIC SOLUTION 0.5 %	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 hemihydrate	2	QL
timolol maleate (once-daily)	3	
timolol maleate ocudose	2	
timolol maleate ophthalmic	1	
timolol maleate pf	2	
TIMOPTIC OCUDOSE	4	

Drug Name	Drug Tier	Requirements & Limits
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	
CIPRO HC	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	E		azelastine hcl nasal solution 0.15 %	E	
ciprofloxacin hcl otic	1		azelastine-fluticasone	E	QL
ciprofloxacin-dexamethasone	3		benzonatate oral capsule 100 mg, 200 mg	1	
DERMOTIC	4		benzonatate oral capsule 150 mg	E	
flac	1		BROMFED DM ORAL SYRUP 2-30-10 MG/5ML	3	
fluocinolone acetonide otic	1		bromphen-pseudoeph-dm	1	
hydrocortisone-acetic acid	1		carbinoxamine maleate oral tablet 4 mg	1	
neomycin-polymyxin-hc otic	1		carbinoxamine maleate oral tablet 6 mg	E	
ofloxacin otic	2		cetirizine hcl oral solution	E	
Respiratory - Drugs for Anaphylaxis			CLARINEX	E	
AUVI-Q	2	QL	cypheptadine hcl oral	1	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	(generic for Adrenaclick), QL	desloratadine oral tablet	E	
epinephrine solution auto-injector 0.15 mg/0.15ml injection	1	QL	DYMISTA	E	QL
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR), QL	flunisolide nasal	3	
epinephrine solution auto-injector 0.15 mg/0.3ml injection	1	(generic for EpiPen-JR-Single Pack), QL	fluticasone propionate nasal	2	QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for Adrenaclick), QL	HYCODAN ORAL SOLUTION	E	PA, QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen), QL	hydrocod poli-chlorphe poli er	3	PA, QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	(generic for EpiPen-Single Pack), QL	hydrocodone bit-homatrop mbr oral solution	1	PA, QL
epinephrine solution auto-injector 0.3 mg/0.3ml injection	1	QL	hydromet	1	PA, QL
EPIPEN 2-PAK	E	QL	HYPERSAL	2	
EPIPEN JR 2-PAK	E	QL	ipratropium bromide nasal	1	
NEFFY	4	QL	levocetirizine dihydrochloride oral solution	3	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML	2		levocetirizine dihydrochloride oral tablet	1	
Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold			mometasone furoate nasal	3	QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	2		NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	3	
			NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	E	
			ODACTRA	4	PA, QL
			olopatadine hcl nasal	3	
			PATANASE NASAL SOLUTION 0.6 %	E	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
promethazine-codeine	1	PA, QL	albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic ProAir HFA or Proventil HFA), QL
promethazine-dm	1				
pseudoephedrine-bromphen-dm	1		albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	QL
PULMOSAL	2				
RYALTRIS	E	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	
ryvent	E		albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	1	
sodium chloride inhalation	1				
XHANCE	E	ST, QL	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	3	QL	ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	E	
Respiratory Tract / Pulmonary Agents - Drugs for Asthma and COPD			albuterol sulfate oral syrup	1	
ACCOLATE	4		ANORO ELLIPTA	3	QL
ADVAIR DISKUS	E	QL	arformoterol tartrate	3	QL
ADVAIR HFA	3	QL, RS	ARNUITY ELLIPTA	1	QL
AEROCHAMBER HOLDING CHAMBER	3		ATROVENT HFA	3	QL
AEROCHAMBER PLS FLOVU MTHPIECE	3		BEVESPI AEROSPHERE	2	QL
AEROCHAMBER PLUS FLO-VU	3		BREATHE COMFORT CHAMBER/ ADULT	3	
AEROCHAMBER PLUS FLO-VU INTERM	3		BREATHE COMFORT CHAMBER/ CHILD	3	
AEROCHAMBER PLUS FLO-VU LARGE	3		BREO ELLIPTA	3	QL, RS
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	3		breyana	E	QL, RS
AEROCHAMBER PLUS FLO-VU SMALL	3		BREZTRI AEROSPHERE	3	QL, RS
AEROCHAMBER PLUS FLO-VU W/ MASK	3		BROVANA	4	QL
AIRDUO RESPICLICK 113/14	E	QL	budesonide inhalation	2	QL
AIRDUO RESPICLICK 232/14	E	QL	budesonide-formoterol fumarate	E	QL, RS
AIRDUO RESPICLICK 55/14	E	QL	COMBIVENT RESPIMAT	3	QL
AIRSUPRA	3	QL	DALIRESP	E	QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for ProAir HFA or Proventil HFA), QL	DULERA	E	ST, QL
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	2	(generic for Ventolin HFA), QL	EASIVENT	3	
			EASIVENT MASK LARGE	3	
			EASIVENT MASK MEDIUM	3	

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Drug Name	Drug Tier	Requirements & Limits	Drug Name	Drug Tier	Requirements & Limits
EASIVENT MASK SMALL	3		PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT	E	QL
FASENRA PEN	4	PA, QL	PULMICORT FLEXHALER	E	QL
FLEXICHAMBER	3		PULMICORT SUSPENSION	E	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	E	QL	QVAR REDIHALER	1	QL
FLUTICASONE FUROATE-VILANTEROL	E	QL, RS	roflumilast	2	QL
FLUTICASONE PROPIONATE HFA	E	QL	SEREVENT DISKUS	2	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	E	QL, RS	SINGULAIR ORAL PACKET	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	3	QL, RS	SINGULAIR ORAL TABLET	E	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	QL	SINGULAIR ORAL TABLET CHEWABLE	E	
formoterol fumarate inhalation	3	QL	SPIRIVA HANDIHALER	2	QL
INSPIREASE	3		SPIRIVA RESPIMAT	2	QL
ipratropium bromide inhalation	1		STIOLTO RESPIMAT	2	QL
ipratropium-albuterol	2		STRIVERDI RESPIMAT	2	QL
levalbuterol hcl inhalation	3	QL	SYMBICORT	3	QL, RS
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	QL	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP
MICROCHAMBER	3		theophylline er	1	
montelukast sodium oral packet	2		tiotropium bromide monohydrate	E	QL
montelukast sodium oral tablet	1		TRELEGY ELLIPTA	3	QL, RS
montelukast sodium oral tablet chewable	1		VENTOLIN HFA	E	QL
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	4	PA, QL, SP	VORTEX HOLD CHMBR/MASK/CHILD	2	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	4	PA, QL, SP	VORTEX HOLD CHMBR/MASK/TODDLER	2	
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	4	PA, QL	VORTEX VALVE CHAMBER-PEDI MASK	3	
PERFOROMIST	4	QL	VORTEX VALVED HOLDING CHAMBER DEVICE	2	
PROCHAMBER VHC	3		VORTEX VALVED HOLDING CHAMBER DEVICE	3	
			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

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Drug Name	Drug Tier	Requirements & Limits
YUPELRI	4	PA, QL
zafirlukast	1	
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
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	2	PA, QL, SP
TYVASO	2	PA, SP
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, SP
TYVASO STARTER KIT	2	PA, SP
UPTRAVI ORAL	4	PA, QL

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	
metaxalone oral tablet 400 mg, 800 mg	3	
metaxalone oral tablet 640 mg	E	
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	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	4	
Sleep Disorder Agents		
AMBIEN	E	
AMBIEN CR	E	
armodafinil	2	QL
BELSOMRA	4	ST, QL
DAYVIGO	4	ST, QL

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Drug Name	Drug Tier	Requirements & Limits
doxepin hcl oral tablet	E	QL
estazolam	1	
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	
zolpidem tartrate er	2	
zolpidem tartrate oral tablet	1	

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