

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

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List of Abbreviations

ACA: Affordable Care Act.

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

OC: Oral Chemotherapy Drugs

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

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

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

SP: Specialty. This is a specialty drug. You may be required to fill this medication at a designated pharmacy.

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ANTI - INFECTIVES | | |
| ANTIFUNGAL AGENTS | | |
| <i>clotrimazole mucous membrane troche 10 mg</i> | 1 | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 3 | PA |
| <i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i> | 1 | |
| <i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i> | 1 | |
| <i>flucytosine oral capsule 250 mg, 500 mg</i> | 2 | |
| <i>griseofulvin microsize oral suspension 125 mg/5 ml</i> | 2 | |
| <i>griseofulvin microsize oral tablet 500 mg</i> | 2 | |
| <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i> | 2 | |
| <i>itraconazole oral capsule 100 mg</i> | 2 | PA |
| <i>itraconazole oral solution 10 mg/ml</i> | 2 | |
| <i>ketoconazole oral tablet 200 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) | 3 | PA |
| <i>nystatin oral suspension 100,000 unit/ml</i> | 1 | |
| <i>nystatin oral tablet 500,000 unit</i> | 1 | |
| ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG | 3 | |
| <i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i> | 2 | PA |
| <i>terbinafine hcl oral tablet 250 mg</i> | 1 | |
| VIVJOA ORAL CAPSULE 150 MG | 3 | PA; QL (0.22 per 1 day) |
| <i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i> | 1 | |
| <i>voriconazole oral tablet 200 mg, 50 mg</i> | 2 | |
| ANTIVIRALS | | |
| <i>abacavir oral solution 20 mg/ml</i> | 2 | |
| <i>abacavir oral tablet 300 mg</i> | 1 | |
| <i>abacavir-lamivudine oral tablet 600-300 mg</i> | 2 | |
| <i>acyclovir oral capsule 200 mg</i> | 1 | |

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

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| <i>acyclovir oral suspension 200 mg/5 ml</i> | 1 | |
| <i>acyclovir oral tablet 400 mg, 800 mg</i> | 1 | |
| <i>adefovir oral tablet 10 mg</i> | 2 | |
| <i>amantadine hcl oral capsule 100 mg</i> | 1 | |
| <i>amantadine hcl oral solution 50 mg/5 ml</i> | 1 | |
| <i>amantadine hcl oral tablet 100 mg</i> | 1 | |
| APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | 4 | PA; SP; QL (0.11 per 1 day) |
| APTIVUS ORAL CAPSULE 250 MG | 2 | |
| <i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i> | 2 | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 2 | |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML | 3 | PA |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------|
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML | 4 | SP; QL (4 per 23 days) |
| CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML | 4 | SP; QL (6 per 23 days) |
| CIMDUO ORAL TABLET 300-300 MG | 2 | |
| COMPLERA ORAL TABLET 200-25-300 MG | 2 | |
| <i>darunavir oral tablet 600 mg, 800 mg</i> | 1 | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 2 | PA |
| DESCOVY ORAL TABLET 120-15 MG | 2 | |
| DESCOVY ORAL TABLET 200-25 MG | 2 | PA |
| <i>didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg</i> | 1 | |
| DOVATO ORAL TABLET 50-300 MG | 2 | |
| EDURANT ORAL TABLET 25 MG | 2 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>efavirenz oral capsule 200 mg, 50 mg</i> | 2 | |
| <i>efavirenz oral tablet 600 mg</i> | 2 | |
| <i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i> | 2 | |
| <i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i> | 2 | |
| <i>emtricitabine oral capsule 200 mg</i> | 2 | |
| <i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i> | 1 | |
| <i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i> | 2 | ACA |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 2 | |
| <i>entecavir oral tablet 0.5 mg, 1 mg</i> | 2 | |
| <i>etravirine oral tablet 100 mg, 200 mg</i> | 2 | |
| EVOTAZ ORAL TABLET 300-150 MG | 2 | |
| <i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i> | 1 | |
| <i>fosamprenavir oral tablet 700 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|--------------------------|
| FUZEON SUBCUTANEOUS RECON SOLN 90 MG | 4 | SP |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 2 | |
| INTELENCE ORAL TABLET 25 MG | 2 | |
| ISENTRESS HD ORAL TABLET 600 MG | 2 | PA |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 2 | PA |
| ISENTRESS ORAL TABLET 400 MG | 2 | PA |
| ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG | 2 | PA |
| JULUCA ORAL TABLET 50-25 MG | 2 | |
| LAGEVRIO (EUA) ORAL CAPSULE 200 MG | 5 | PA; QL (40 per 180 days) |
| <i>lamivudine oral solution 10 mg/ml</i> | 1 | |
| <i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i> | 1 | |
| <i>lamivudine-zidovudine oral tablet 150-300 mg</i> | 1 | |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i> | 2 | |
| <i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i> | 2 | |
| <i>maraviroc oral tablet 150 mg, 300 mg</i> | 2 | |
| MAVYRET ORAL TABLET 100-40 MG | 4 | PA; SP |
| <i>nevirapine oral suspension 50 mg/5 ml</i> | 1 | |
| <i>nevirapine oral tablet 200 mg</i> | 1 | |
| <i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i> | 1 | |
| ODEFSEY ORAL TABLET 200-25-25 MG | 2 | |
| <i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i> | 2 | |
| <i>oseltamivir oral suspension for reconstitution 6 mg/ml</i> | 2 | |
| PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG, 300 MG (150 MG X 2)-100 MG | 5 | QL (30 per 180 days) |
| PIFELTRO ORAL TABLET 100 MG | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PREZCOBIX ORAL TABLET 800-150 MG-MG | 2 | |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 2 | |
| PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG | 2 | |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 2 | |
| <i>rimantadine oral tablet 100 mg</i> | 1 | |
| <i>ritonavir oral tablet 100 mg</i> | 2 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 2 | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 2 | |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | 4 | PA; SP |
| <i>stavudine oral capsule 40 mg</i> | 1 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 2 | |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 2 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML | 4 | PA; SP |
| <i>tenofovir disoproxil fumarate oral tablet 300 mg</i> | 2 | |
| TIVICAY ORAL TABLET 50 MG | 2 | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 2 | |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 2 | |
| TYBOST ORAL TABLET 150 MG | 2 | |
| <i>valacyclovir oral tablet 1 gram, 500 mg</i> | 1 | |
| <i>valganciclovir oral recon soln 50 mg/ml</i> | 2 | |
| <i>valganciclovir oral tablet 450 mg</i> | 1 | |
| VEMLIDY ORAL TABLET 25 MG | 2 | |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 2 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | |
| VOSEVI ORAL TABLET 400-100-100 MG | 4 | PA; SP |
| <i>zidovudine oral capsule 100 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>zidovudine oral syrup 10 mg/ml</i> | 1 | |
| <i>zidovudine oral tablet 300 mg</i> | 1 | |
| CEPHALOSPORINS | | |
| <i>cefaclor oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i> | 1 | |
| <i>cefaclor oral tablet extended release 12 hr 500 mg</i> | 2 | |
| <i>cefadroxil oral capsule 500 mg</i> | 1 | |
| <i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i> | 1 | |
| <i>cefadroxil oral tablet 1 gram</i> | 1 | |
| <i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i> | 1 | |
| CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML | 2 | |
| CEFAZOLIN IN STERILE WATER INTRAVENOUS SYRINGE 1 GRAM/10 ML, 2 GRAM/20 ML | 2 | |

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>cephalexin oral tablet 250 mg, 500 mg</i> | 2 | |
| ERYTHROMYCINS & OTHER MACROLIDES | | |
| <i>azithromycin oral packet 1 gram</i> | 1 | |
| <i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i> | 1 | |
| <i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i> | 1 | |
| <i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>clarithromycin oral tablet 250 mg, 500 mg</i> | 1 | |
| DIFICID ORAL TABLET 200 MG | 3 | PA; QL (2 per 1 day) |
| <i>ery-tab oral tablet, delayed release (dr/ec) 250 mg</i> | 3 | PA |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>ery-tab oral tablet, delayed release (dr/ec) 333 mg</i> | 3 | |
| <i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i> | 2 | |
| <i>erythromycin ethylsuccinate oral tablet 400 mg</i> | 3 | |
| <i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i> | 2 | |
| <i>erythromycin oral tablet 250 mg, 500 mg</i> | 2 | |
| MISCELLANEOUS ANTIINFECTIVES | | |
| <i>albendazole oral tablet 200 mg</i> | 3 | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | 3 | |
| <i>atovaquone oral suspension 750 mg/5 ml</i> | 2 | |
| <i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i> | 2 | |
| BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>chloroquine phosphate oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i> | 1 | |
| <i>clindamycin pediatric oral reconstituted soln 75 mg/5 ml</i> | 1 | |
| COARTEM ORAL TABLET 20-120 MG | 2 | |
| <i>dapsone oral tablet 100 mg, 25 mg</i> | 2 | |
| EMVERM ORAL TABLET, CHEWABLE 100 MG | 3 | PA |
| <i>ethambutol oral tablet 100 mg, 400 mg</i> | 1 | |
| <i>hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i> | 1 | |
| <i>isoniazid oral solution 50 mg/5 ml</i> | 2 | |
| <i>isoniazid oral tablet 100 mg, 300 mg</i> | 1 | |
| <i>ivermectin oral tablet 3 mg</i> | 2 | |
| KRINTAFEL ORAL TABLET 150 MG | 2 | |
| <i>linezolid oral suspension for reconstitution 100 mg/5 ml</i> | 3 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>linezolid oral tablet 600 mg</i> | 1 | |
| <i>mefloquine oral tablet 250 mg</i> | 1 | |
| <i>meropenem intravenous recon soln 1 gram</i> | 2 | |
| MEROPENEM INTRAVENOUS RECON SOLN 2 GRAM | 2 | |
| <i>meropenem intravenous recon soln 500 mg</i> | 1 | |
| MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML | 2 | |
| <i>metronidazole oral capsule 375 mg</i> | 2 | |
| <i>metronidazole oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>neomycin oral tablet 500 mg</i> | 1 | |
| <i>nitazoxanide oral tablet 500 mg</i> | 2 | |
| <i>paromomycin oral capsule 250 mg</i> | 3 | SP |
| PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM | 3 | |
| <i>praziquantel oral tablet 600 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|------------------------|
| PRETOMANID ORAL TABLET 200 MG | 2 | PA |
| PRIFTIN ORAL TABLET 150 MG | 3 | |
| <i>primaquine oral tablet 26.3 mg</i> | 2 | |
| <i>pyrazinamide oral tablet 500 mg</i> | 1 | |
| <i>quinine sulfate oral capsule 324 mg</i> | 1 | |
| <i>rifabutin oral capsule 150 mg</i> | 2 | |
| <i>rifampin oral capsule 150 mg, 300 mg</i> | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 2 | PA |
| SIVEXTRO ORAL TABLET 200 MG | 3 | |
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM | 3 | PA; QL (1 per 99 days) |
| <i>tinidazole oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i> | 4 | SP |
| <i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i> | 4 | SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|------------------------|
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | 4 | SP |
| TRECTOR ORAL TABLET 250 MG | 3 | |
| XIFAXAN ORAL TABLET 200 MG | 3 | PA; QL (9 per 30 days) |
| XIFAXAN ORAL TABLET 550 MG | 3 | PA |

| PENICILLINS | | |
|--|---|--|
| <i>amoxicillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i> | 1 | |
| <i>amoxicillin oral tablet 500 mg, 875 mg</i> | 1 | |
| <i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i> | 1 | |
| <i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i> | 2 | |
| <i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i> | 1 | |
| <i>ampicillin oral capsule 500 mg</i> | 1 | |
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 3 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML | 3 | |
| <i>dicloxacillin oral capsule 250 mg, 500 mg</i> | 1 | |
| <i>penicillin v potassium oral reconstituted soln 125 mg/5 ml, 250 mg/5 ml</i> | 1 | |
| <i>penicillin v potassium oral tablet 250 mg, 500 mg</i> | 1 | |

| QUINOLONES | | |
|-------------------|--|--|
|-------------------|--|--|

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| BAXDELA ORAL TABLET 450 MG | 3 | |
| <i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i> | 2 | |
| <i>levofloxacin oral solution 250 mg/10 ml</i> | 1 | |
| <i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>moxifloxacin oral tablet 400 mg</i> | 2 | |
| <i>ofloxacin oral tablet 300 mg, 400 mg</i> | 1 | |
| SULFA'S & RELATED AGENTS | | |
| <i>sulfadiazine oral tablet 500 mg</i> | 3 | |
| <i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i> | 1 | |
| <i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i> | 1 | |
| TETRACYCLINES | | |
| <i>demeclocycline oral tablet 150 mg, 300 mg</i> | 2 | |
| <i>doxycycline hyclate oral capsule 100 mg, 50 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>doxycycline hyclate oral tablet 100 mg, 20 mg</i> | 1 | |
| <i>doxycycline hyclate oral tablet 75 mg</i> | 2 | |
| <i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 75 mg</i> | 3 | |
| <i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i> | 2 | |
| <i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i> | 2 | |
| <i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i> | 2 | |
| <i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i> | 1 | |
| <i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i> | 2 | |
| <i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i> | 3 | |
| <i>tetracycline oral capsule 250 mg, 500 mg</i> | 3 | |
| URINARY TRACT AGENTS | | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------------|
| <i>methenamine hippurate oral tablet 1 gram</i> | 1 | |
| <i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i> | 1 | |
| <i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i> | 1 | |
| <i>nitrofurantoin oral suspension 25 mg/5 ml</i> | 2 | |
| <i>trimethoprim oral tablet 100 mg</i> | 1 | |
| VANCOMYCIN | | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML | 3 | |
| <i>vancomycin oral capsule 125 mg, 250 mg</i> | 2 | |
| ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS | | |
| ADJUNCTIVE AGENTS | | |
| <i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i> | 1 | |
| MESNEX ORAL TABLET 400 MG | 3 | |
| XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) | 4 | PA; SP; QL (0.025 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|---------------------------------|
| ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS | | |
| <i>abiraterone oral tablet 250 mg, 500 mg</i> | 4 | PA; SP; OC |
| ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML | 4 | PA; SP |
| AFINITOR ORAL TABLET 10 MG | 4 | PA; SP; OC |
| AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG | 4 | SP; OC |
| ALECENSA ORAL CAPSULE 150 MG | 4 | PA; SP; OC |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG | 4 | PA; SP; OC |
| <i>anastrozole oral tablet 1 mg</i> | 1 | OC |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 4 | PA; SP; OC; QL (14 per 14 days) |
| <i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i> | 1 | |
| BALVERSA ORAL TABLET 3 MG | 3 | PA; SP; OC; QL (3 per 1 day) |
| BALVERSA ORAL TABLET 4 MG | 3 | PA; SP; OC; QL (2 per 1 day) |
| BALVERSA ORAL TABLET 5 MG | 3 | PA; SP; OC; QL (1 per 1 day) |
| <i>bexarotene oral capsule 75 mg</i> | 4 | SP; OC |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>bexarotene topical gel 1 %</i> | 4 | PA; SP |
| <i>bicalutamide oral tablet 50 mg</i> | 4 | SP; OC |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG | 4 | PA; SP; OC |
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | 4 | PA; SP; OC |
| BRAFTOVI ORAL CAPSULE 75 MG | 4 | PA; SP; OC |
| BRUKINSA ORAL CAPSULE 80 MG | 4 | PA; SP; OC |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 4 | PA; SP; OC |
| <i>capecitabine oral tablet 150 mg, 500 mg</i> | 4 | SP; OC |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | 4 | PA; SP; OC |
| COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) | 4 | PA; SP; OC |
| <i>cyclophosphamide oral capsule 25 mg</i> | 4 | SP; OC |
| <i>cyclophosphamide oral capsule 50 mg</i> | 2 | SP; OC |
| <i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>cyclosporine modified oral solution 100 mg/ml</i> | 2 | |
| <i>cyclosporine oral capsule 100 mg, 25 mg</i> | 2 | |
| ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG | 4 | PA; SP |
| ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG | 4 | PA; SP |
| ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG | 4 | PA; SP |
| ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) | 4 | PA; SP |
| EMCYT ORAL CAPSULE 140 MG | 4 | SP; OC |
| ERIVEDGE ORAL CAPSULE 150 MG | 4 | PA; SP; OC |
| ERLEADA ORAL TABLET 240 MG, 60 MG | 4 | PA; SP; OC |
| <i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i> | 4 | PA; SP; OC |
| <i>etoposide oral capsule 50 mg</i> | 4 | SP; OC |
| <i>everolimus (antineoplastic) oral tablet 10 mg</i> | 4 | OC |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|------------------------------|
| <i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i> | 4 | PA; SP; OC |
| <i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i> | 4 | SP; OC |
| <i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i> | 2 | |
| <i>exemestane oral tablet 25 mg</i> | 4 | SP; OC |
| EXKIVITY ORAL CAPSULE 40 MG | 4 | PA; SP; OC; QL (4 per 1 day) |
| GAVRETO ORAL CAPSULE 100 MG | 4 | PA; SP; OC |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 4 | PA; SP; OC |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 4 | SP; OC |
| HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML | 4 | PA; SP |
| HERCEPTIN INTRAVENOUS RECON SOLN 150 MG | 4 | PA; SP |
| HERZUMA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| <i>hydroxyurea oral capsule 500 mg</i> | 1 | SP; OC |
| IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG | 4 | PA; SP; OC |
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 4 | PA; SP; OC |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 4 | PA; SP; OC |
| <i>imatinib oral tablet 100 mg</i> | 4 | SP; OC; QL (3 per 1 day) |
| <i>imatinib oral tablet 400 mg</i> | 4 | SP; OC; QL (2 per 1 day) |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | 4 | PA; SP; OC |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 4 | PA; SP; OC |
| INLYTA ORAL TABLET 1 MG, 5 MG | 4 | PA; SP; OC |
| INQOVI ORAL TABLET 35-100 MG | 4 | PA; SP; OC |
| IRESSA ORAL TABLET 250 MG | 4 | PA; SP; OC |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 4 | PA; SP; OC |
| JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML | 4 | SP |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------------|
| KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 4 | PA; SP |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | 4 | PA; SP; OC |
| KRAZATI ORAL TABLET 200 MG | 4 | PA; SP; OC; QL (3 per 1 day) |
| <i>lapatinib oral tablet 250 mg</i> | 4 | PA; SP; OC |
| <i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i> | 4 | PA; SP; OC; QL (1 per 1 day) |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 4 | PA; SP; OC |
| <i>letrozole oral tablet 2.5 mg</i> | 1 | OC |
| LEUKERAN ORAL TABLET 2 MG | 4 | SP; OC |
| <i>leuprolide subcutaneous kit 1 mg/0.2 ml</i> | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|------------------------------|
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 4 | PA; SP; OC |
| LUMAKRAS ORAL TABLET 120 MG | 4 | PA; SP; OC; QL (8 per 1 day) |
| LUMAKRAS ORAL TABLET 320 MG | 4 | PA; SP; OC |
| LUPKYNIS ORAL CAPSULE 7.9 MG | 4 | PA; SP; QL (6 per 1 day) |
| LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG | 4 | PA; SP |
| LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG | 4 | PA; SP |
| LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG | 4 | PA; SP |
| LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG | 4 | PA; SP |
| LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG | 4 | PA; SP |
| LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG | 4 | SP |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 4 | PA; SP; OC |
| LYSODREN ORAL TABLET 500 MG | 4 | SP; OC |
| LYTGOBI ORAL TABLET 4 MG | 4 | PA; OC; QL (5 per 1 day) |
| MATULANE ORAL CAPSULE 50 MG | 4 | SP; OC |
| <i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i> | 2 | |
| <i>megestrol oral tablet 20 mg, 40 mg</i> | 1 | OC |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | 4 | PA; SP; OC |
| <i>melphalan oral tablet 2 mg</i> | 4 | SP; OC |
| <i>mercaptopurine oral tablet 50 mg</i> | 4 | SP; OC |
| <i>methotrexate sodium (pf) injection recon soln 1 gram</i> | 4 | SP |
| <i>methotrexate sodium (pf) injection solution 25 mg/ml</i> | 1 | |
| <i>methotrexate sodium injection solution 25 mg/ml</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>methotrexate sodium oral tablet 2.5 mg</i> | 1 | OC |
| MONJUVI INTRAVENOUS RECON SOLN 200 MG | 4 | PA; SP |
| <i>mycophenolate mofetil oral capsule 250 mg</i> | 1 | |
| <i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i> | 2 | |
| <i>mycophenolate mofetil oral tablet 500 mg</i> | 1 | |
| <i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i> | 2 | |
| MYLERAN ORAL TABLET 2 MG | 4 | SP; OC |
| <i>nilutamide oral tablet 150 mg</i> | 4 | SP; OC |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 4 | PA; SP; OC |
| <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i> | 4 | SP |
| ODOMZO ORAL CAPSULE 200 MG | 4 | PA; SP; OC |
| OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|---------------------------------|
| ONTRUZANT INTRAVENOUS RECON SOLN 150 MG, 420 MG | 4 | PA; SP |
| ONUREG ORAL TABLET 200 MG, 300 MG | 4 | PA; SP; OC |
| ORGOVYX ORAL TABLET 120 MG | 4 | PA; SP; OC; QL (2 per 1 day) |
| PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG | 4 | PA; SP |
| <i>pazopanib oral tablet 200 mg</i> | 4 | PA; SP; OC |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 4 | PA; SP; OC; QL (14 per 14 days) |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1) | 2 | PA; SP; OC; QL (1 per 1 day) |
| PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 2 | PA; SP; OC; QL (2 per 1 day) |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 4 | PA; SP; OC |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 4 | SP; OC |
| QINLOCK ORAL TABLET 50 MG | 4 | PA; SP; OC; QL (3 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-------------------------------|
| RETEVMO ORAL CAPSULE 40 MG | 4 | PA; SP; OC; QL (6 per 1 day) |
| RETEVMO ORAL CAPSULE 80 MG | 4 | PA; SP; OC; QL (4 per 1 day) |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | 4 | PA; SP; OC; QL (1 per 1 day) |
| REZLIDHIA ORAL CAPSULE 150 MG | 4 | PA; SP; OC; QL (1 per 1 day) |
| RIABNI INTRAVENOUS SOLUTION 10 MG/ML | 4 | PA; SP |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | 4 | PA; SP; OC; QL (3 per 1 day) |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 4 | PA; SP; OC; QL (12 per 1 day) |
| RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML | 4 | PA; SP |
| RYDAPT ORAL CAPSULE 25 MG | 4 | PA; SP; OC |
| SAPHNELO INTRAVENOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 2 | PA; SP; QL (0.08 per 1 day) |
| SARCLISA INTRAVENOUS SOLUTION 20 MG/ML | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------------|
| SCEMBLIX ORAL TABLET 20 MG | 2 | PA; SP; OC; QL (2 per 1 day) |
| SCEMBLIX ORAL TABLET 40 MG | 2 | PA; SP; OC; QL (10 per 1 day) |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 4 | PA; SP |
| <i>sirolimus oral solution 1 mg/ml</i> | 1 | |
| <i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 4 | SP; OC |
| SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML | 4 | SP |
| <i>sorafenib oral tablet 200 mg</i> | 4 | PA; SP; OC |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | 4 | PA; SP; OC |
| STIVARGA ORAL TABLET 40 MG | 4 | PA; SP; OC |
| <i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i> | 4 | PA; SP; OC |
| TABLOID ORAL TABLET 40 MG | 4 | SP; OC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| TABRECTA ORAL TABLET 150 MG, 200 MG | 4 | PA; SP; OC |
| <i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i> | 1 | |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 4 | PA; SP; OC |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 4 | PA; SP; OC |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG | 4 | SP; OC |
| TALZENNA ORAL CAPSULE 0.25 MG, 1 MG | 4 | PA; SP; OC |
| <i>tamoxifen oral tablet 10 mg, 20 mg</i> | 1 | OC; ACA |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | 4 | PA; SP; OC |
| TECVAYLI SUBCUTANEOUS SOLUTION 10 MG/ML | 4 | PA; SP; QL (6 per 5 days) |
| TECVAYLI SUBCUTANEOUS SOLUTION 90 MG/ML | 4 | PA; SP; QL (3.4 per 5 days) |
| <i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i> | 4 | SP; OC |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------------|
| TIBSOVO ORAL TABLET 250 MG | 4 | PA; SP; OC |
| <i>topotecan intravenous recon soln 4 mg</i> | 1 | SP |
| <i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i> | 4 | SP |
| <i>toremifene oral tablet 60 mg</i> | 4 | SP; OC |
| TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG | 4 | PA; SP |
| <i>tretinoin (antineoplastic) oral capsule 10 mg</i> | 4 | SP; OC |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | 4 | SP; OC |
| TUKYSA ORAL TABLET 150 MG, 50 MG | 4 | PA; SP; OC; QL (4 per 1 day) |
| UPLIZNA INTRAVENOUS SOLUTION 10 MG/ML | 4 | PA; SP |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | 4 | PA; SP; OC |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG | 4 | PA; SP; OC |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------------|
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 4 | PA; SP; OC |
| VONJO ORAL CAPSULE 100 MG | 4 | PA; SP; OC; QL (2 per 1 day) |
| VOTRIENT ORAL TABLET 200 MG | 4 | PA; SP; OC |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 4 | PA; SP; OC |
| XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG | 4 | PA; SP; OC |
| XATMEP ORAL SOLUTION 2.5 MG/ML | 4 | PA; SP; OC |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK) | 4 | PA; SP; OC |
| XTANDI ORAL CAPSULE 40 MG | 4 | PA; SP; OC |
| ZEPZELCA INTRAVENOUS RECON SOLN 4 MG | 4 | PA; SP |
| ZOLINZA ORAL CAPSULE 100 MG | 4 | PA; SP; OC |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 4 | PA; SP; OC |
| AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH | | |
| ANTICONVULSANTS | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG | 3 | ST |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 3 | ST |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 3 | ST |
| <i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i> | 1 | |
| <i>carbamazepine oral suspension 100 mg/5 ml</i> | 1 | |
| <i>carbamazepine oral tablet 200 mg</i> | 1 | |
| <i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i> | 1 | |
| <i>carbamazepine oral tablet, chewable 100 mg</i> | 1 | |
| CELONTIN ORAL CAPSULE 300 MG | 3 | |
| <i>clobazam oral suspension 2.5 mg/ml</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|---------------------------|
| <i>clobazam oral tablet 10 mg, 20 mg</i> | 2 | |
| <i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| DIACOMIT ORAL CAPSULE 250 MG | 3 | PA; QL (12 per 1 day) |
| DIACOMIT ORAL CAPSULE 500 MG | 3 | PA; QL (6 per 1 day) |
| DIACOMIT ORAL POWDER IN PACKET 250 MG | 3 | PA; QL (12 per 1 day) |
| DIACOMIT ORAL POWDER IN PACKET 500 MG | 3 | PA; QL (6 per 1 day) |
| <i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i> | 2 | QL (1 per 99 days) |
| DILANTIN ORAL CAPSULE 30 MG | 3 | |
| <i>divalproex oral capsule, delayed rel sprinkle 125 mg</i> | 2 | |
| <i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i> | 1 | |
| <i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i> | 1 | |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 4 | PA; SP; QL (20 per 1 day) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------------|
| <i>epitol oral tablet 200 mg</i> | 1 | |
| <i>ethosuximide oral capsule 250 mg</i> | 1 | |
| <i>ethosuximide oral solution 250 mg/5 ml</i> | 2 | |
| <i>felbamate oral suspension 600 mg/5 ml</i> | 2 | |
| <i>felbamate oral tablet 400 mg, 600 mg</i> | 1 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 4 | PA; SP; QL (11.82 per 1 day) |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 3 | ST |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 3 | ST |
| <i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i> | 1 | |
| <i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i> | 1 | |
| <i>gabapentin oral tablet 600 mg, 800 mg</i> | 1 | |
| <i>lacosamide oral solution 10 mg/ml</i> | 3 | ST; QL (40 per 1 day) |
| <i>lacosamide oral tablet 100 mg, 50 mg</i> | 1 | ST; QL (2 per 1 day) |
| <i>lacosamide oral tablet 150 mg, 200 mg</i> | 1 | ST; QL (3 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i> | 1 | |
| <i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i> | 2 | |
| <i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i> | 2 | |
| <i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i> | 1 | |
| <i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i> | 2 | |
| <i>lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)</i> | 2 | |
| <i>levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)</i> | 1 | |
| <i>levetiracetam oral tablet 250 mg, 500 mg, 750 mg</i> | 1 | |
| <i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i> | 2 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 3 | QL (2 per 99 days) |
| <i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i> | 1 | |
| <i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i> | 1 | |
| <i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i> | 1 | |
| <i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i> | 1 | |
| <i>phenytoin oral suspension 125 mg/5 ml</i> | 1 | |
| <i>phenytoin oral tablet, chewable 50 mg</i> | 1 | |
| <i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i> | 1 | |
| <i>phenytoin sodium intravenous solution 50 mg/ml</i> | 1 | |
| <i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i> | 2 | QL (3 per 1 day) |
| <i>pregabalin oral capsule 225 mg, 300 mg</i> | 2 | QL (2 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>pregabalin oral solution 20 mg/ml</i> | 1 | PA; QL (30 per 1 day) |
| <i>primidone oral tablet 250 mg, 50 mg</i> | 1 | |
| <i>rufinamide oral suspension 40 mg/ml</i> | 2 | |
| <i>rufinamide oral tablet 200 mg, 400 mg</i> | 2 | |
| <i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i> | 2 | |
| <i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i> | 1 | |
| <i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i> | 1 | |
| <i>valproic acid oral capsule 250 mg</i> | 1 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 3 | QL (2 per 99 days) |
| <i>vigabatrin oral powder in packet 500 mg</i> | 4 | PA; SP |
| <i>vigabatrin oral tablet 500 mg</i> | 4 | PA; SP |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i> | 1 | |
| ANTIPARKINSONISM AGENTS | | |
| <i>benztropine injection solution 1 mg/ml</i> | 2 | |
| <i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>bromocriptine oral capsule 5 mg</i> | 2 | |
| <i>bromocriptine oral tablet 2.5 mg</i> | 2 | |
| <i>carbidopa oral tablet 25 mg</i> | 2 | |
| <i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i> | 1 | |
| <i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i> | 1 | |
| <i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i> | 1 | |
| <i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i> | 2 | |
| <i>entacapone oral tablet 200 mg</i> | 2 | |

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

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| MIGRAINE & CLUSTER HEADACHE THERAPY | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML | 2 | PA; SP; QL (0.04 per 1 day) |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML | 2 | PA; SP; QL (0.07 per 1 day) |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | 2 | PA; SP; QL (0.04 per 1 day) |
| AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 2 | PA; SP; QL (0.04 per 1 day) |
| <i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i> | 2 | ST; QL (0.2 per 1 day) |
| <i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i> | 3 | |
| <i>eletriptan oral tablet 20 mg, 40 mg</i> | 2 | ST; QL (0.2 per 1 day) |
| EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 2 | PA; SP; QL (0.08 per 1 day) |
| EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML | 2 | PA; SP; QL (0.08 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------|
| <i>ergotamine-caffeine oral tablet 1-100 mg</i> | 2 | |
| <i>frovatriptan oral tablet 2.5 mg</i> | 2 | ST; QL (0.3 per 1 day) |
| <i>naratriptan oral tablet 1 mg, 2.5 mg</i> | 2 | QL (0.3 per 1 day) |
| NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG | 3 | PA; QL (0.5 per 1 day) |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | PA; QL (1 per 1 day) |
| <i>rizatriptan oral tablet 10 mg, 5 mg</i> | 1 | QL (0.3 per 1 day) |
| <i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i> | 1 | QL (0.3 per 1 day) |
| <i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i> | 2 | ST; QL (0.2 per 1 day) |
| <i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i> | 2 | ST; QL (0.4 per 1 day) |
| <i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | QL (0.3 per 1 day) |
| <i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i> | 2 | ST; QL (0.1 per 1 day) |
| <i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i> | 2 | ST; QL (0.1 per 1 day) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|--------------------------|
| <i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i> | 2 | ST; QL (0.1 per 1 day) |
| <i>sumatriptan-naproxen oral tablet 85-500 mg</i> | 3 | PA; QL (0.3 per 1 day) |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | PA; QL (0.34 per 1 day) |
| <i>zolmitriptan oral tablet 2.5 mg, 5 mg</i> | 2 | QL (0.2 per 1 day) |
| <i>zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg</i> | 2 | QL (0.2 per 1 day) |
| MISCELLANEOUS NEUROLOGICAL THERAPY | | |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | 4 | PA; SP; QL (4 per 1 day) |
| <i>dalfampridine oral tablet extended release 12 hr 10 mg</i> | 4 | PA; SP; QL (2 per 1 day) |
| <i>donepezil oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>donepezil oral tablet 23 mg</i> | 2 | |
| <i>donepezil oral tablet, disintegrating 10 mg, 5 mg</i> | 1 | |
| <i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i> | 2 | |
| <i>galantamine oral solution 4 mg/ml</i> | 2 | |
| <i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------------|
| INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK 40 MG (7)-80 MG (21) | 4 | PA; SP; QL (28 per 720 days) |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 4 | PA; SP; QL (1 per 1 day) |
| <i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i> | 2 | |
| <i>memantine oral solution 2 mg/ml</i> | 2 | |
| <i>memantine oral tablet 10 mg, 5 mg</i> | 2 | |
| MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG | 2 | |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 3 | PA; QL (2 per 1 day) |
| <i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i> | 2 | QL (2 per 1 day) |
| <i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i> | 2 | QL (1 per 1 day) |
| <i>tetrabenazine oral tablet 12.5 mg, 25 mg</i> | 4 | SP |
| ZEPOSIA ORAL CAPSULE 0.92 MG | 4 | PA; SP; QL (1 per 1 day) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21) | 4 | SP |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3) | 4 | PA; SP; QL (1 per 1 day) |
| MUSCLE RELAXANTS & ANTISPASMODIC THERAPY | | |
| <i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |
| <i>carisoprodol oral tablet 250 mg, 350 mg</i> | 1 | QL (84 per 68 days) |
| <i>carisoprodol-aspirin oral tablet 200-325 mg</i> | 1 | QL (84 per 68 days) |
| <i>carisoprodol-aspirin-codeine oral tablet 200-325-16 mg</i> | 1 | |
| <i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i> | 1 | |
| <i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i> | 1 | |
| <i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>meprobamate oral tablet 200 mg, 400 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------|
| <i>metaxalone oral tablet 800 mg</i> | 2 | |
| <i>methocarbamol oral tablet 500 mg, 750 mg</i> | 1 | |
| <i>orphenadrine citrate oral tablet extended release 100 mg</i> | 1 | |
| <i>pyridostigmine bromide oral tablet 60 mg</i> | 1 | |
| <i>pyridostigmine bromide oral tablet extended release 180 mg</i> | 2 | |
| <i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i> | 2 | |
| <i>tizanidine oral tablet 2 mg, 4 mg</i> | 1 | |
| NARCOTIC ANALGESICS | | |
| <i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i> | 1 | |
| <i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i> | 1 | |
| <i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i> | 2 | PA |
| <i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i> | 2 | PA; QL (4 per 28 days) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i> | 2 | |
| <i>butalbital-acetaminophen oral tablet 50-325 mg</i> | 1 | |
| <i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg</i> | 2 | |
| <i>butalbital-acetaminophen-caff oral capsule 50-325-40 mg</i> | 3 | |
| <i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i> | 1 | |
| <i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i> | 1 | |
| <i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i> | 1 | |
| <i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i> | 1 | |
| <i>codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg</i> | 1 | |
| <i>endocet oral tablet 2.5-325 mg, 5-325 mg</i> | 1 | |
| <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i> | 1 | QL (0.34 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour</i> | 2 | QL (0.34 per 1 day) |
| <i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i> | 2 | QL (1 per 1 day) |
| <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i> | 1 | QL (99 per 99 days) |
| <i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i> | 2 | |
| <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i> | 1 | |
| <i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i> | 2 | |
| <i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i> | 1 | |
| <i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i> | 2 | QL (1 per 1 day) |
| <i>hydromorphone rectal suppository 3 mg</i> | 3 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 2 | QL (1 per 1 day) |
| <i>levorphanol tartrate oral tablet 2 mg, 3 mg</i> | 3 | |
| <i>meperidine oral solution 50 mg/5 ml</i> | 2 | |
| <i>meperidine oral tablet 50 mg</i> | 1 | |
| <i>methadone injection solution 10 mg/ml</i> | 2 | PA |
| <i>methadone oral concentrate 10 mg/ml</i> | 1 | PA; QL (2 per 1 day) |
| <i>methadone oral solution 10 mg/5 ml</i> | 1 | PA; QL (10 per 1 day) |
| <i>methadone oral solution 5 mg/5 ml</i> | 1 | PA; QL (20 per 1 day) |
| <i>methadone oral tablet 10 mg</i> | 1 | PA; QL (2 per 1 day) |
| <i>methadone oral tablet 5 mg</i> | 1 | PA; QL (4 per 1 day) |
| <i>methadone oral tablet,soluble 40 mg</i> | 1 | PA |
| <i>methadose oral concentrate 10 mg/ml</i> | 1 | PA; QL (2 per 1 day) |
| <i>methadose oral tablet,soluble 40 mg</i> | 1 | PA |
| <i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i> | 1 | QL (1 per 1 day) |
| <i>morphine oral capsule,extend.relea se pellets 10 mg, 20 mg</i> | 1 | QL (2 per 1 day) |
| <i>morphine oral capsule,extend.relea se pellets 100 mg, 30 mg, 50 mg, 60 mg, 80 mg</i> | 1 | QL (1 per 1 day) |
| <i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i> | 1 | |
| <i>morphine oral tablet 15 mg, 30 mg</i> | 1 | |
| <i>morphine oral tablet extended release 100 mg, 30 mg, 60 mg</i> | 1 | QL (2 per 1 day) |
| <i>morphine oral tablet extended release 15 mg</i> | 1 | QL (3 per 1 day) |
| <i>morphine oral tablet extended release 200 mg</i> | 1 | |
| <i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i> | 3 | |
| <i>oxycodone oral capsule 5 mg</i> | 2 | |
| <i>oxycodone oral concentrate 20 mg/ml</i> | 2 | |
| <i>oxycodone oral solution 5 mg/5 ml</i> | 1 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i> | 1 | |
| <i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i> | 1 | |
| OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 1 | QL (2 per 1 day) |
| <i>oxymorphone oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i> | 3 | |
| NON-NARCOTIC ANALGESICS | | |
| <i>adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg</i> | 1 | ACA; OTC |
| <i>aspirin childrens oral tablet,chewable 81 mg</i> | 5 | ACA; OTC |
| <i>aspirin oral tablet 325 mg</i> | 5 | ACA; OTC |
| <i>aspirin oral tablet,chewable 81 mg</i> | 5 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i> | 1 | ACA; OTC |
| <i>bayer aspirin oral tablet 325 mg</i> | 5 | ACA; OTC |
| <i>bayer low dose aspirin oral tablet,delayed release (dr/ec) 81 mg</i> | 1 | ACA; OTC |
| <i>buprenorphine-naloxone sublingual film 12-3 mg</i> | 2 | QL (2 per 1 day) |
| <i>buprenorphine-naloxone sublingual film 2-0.5 mg</i> | 2 | QL (12 per 1 day) |
| <i>buprenorphine-naloxone sublingual film 4-1 mg</i> | 2 | QL (6 per 1 day) |
| <i>buprenorphine-naloxone sublingual film 8-2 mg</i> | 2 | QL (3 per 1 day) |
| <i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i> | 1 | PA |
| <i>butorphanol nasal spray,non-aerosol 10 mg/ml</i> | 2 | |
| <i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i> | 2 | QL (2 per 1 day) |
| <i>diclofenac potassium oral tablet 25 mg, 50 mg</i> | 1 | |
| <i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i> | 1 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>diclofenac sodium topical drops 1.5 %</i> | 1 | |
| <i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg</i> | 2 | |
| <i>diflunisal oral tablet 500 mg</i> | 1 | |
| <i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i> | 1 | ACA; OTC |
| <i>etodolac oral capsule 200 mg, 300 mg</i> | 1 | |
| <i>etodolac oral tablet 400 mg, 500 mg</i> | 1 | |
| <i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i> | 2 | |
| EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 - 3.6 MILLION) | 4 | PA; SP |
| <i>fenoprofen oral tablet 600 mg</i> | 3 | |
| <i>flurbiprofen oral tablet 100 mg</i> | 1 | |
| <i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| INDOCIN ORAL SUSPENSION 25 MG/5 ML | 3 | |
| <i>indomethacin oral capsule 25 mg, 50 mg</i> | 1 | |
| <i>indomethacin oral capsule, extended release 75 mg</i> | 2 | |
| <i>indomethacin oral suspension 25 mg/5 ml</i> | 2 | |
| <i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i> | 3 | |
| <i>ketorolac oral tablet 10 mg</i> | 1 | |
| <i>meclofenamate oral capsule 100 mg, 50 mg</i> | 3 | |
| <i>mefenamic acid oral capsule 250 mg</i> | 3 | |
| <i>meloxicam oral tablet 15 mg, 7.5 mg</i> | 1 | |
| <i>nabumetone oral tablet 500 mg, 750 mg</i> | 1 | |
| <i>naloxone injection solution 0.4 mg/ml</i> | 5 | |
| <i>naloxone injection syringe 1 mg/ml</i> | 5 | |
| <i>naloxone nasal spray, non-aerosol 4 mg/actuation</i> | 5 | QL (2 per 23 days) |
| <i>naltrexone oral tablet 50 mg</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>naproxen oral suspension 125 mg/5 ml</i> | 2 | |
| <i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i> | 1 | |
| <i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i> | 1 | |
| <i>naproxen sodium oral tablet 275 mg, 550 mg</i> | 2 | |
| NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION | 5 | QL (2 per 30 days) |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | 3 | QL (2 per 1 day) |
| <i>oxaprozin oral tablet 600 mg</i> | 3 | |
| <i>pentazocine-naloxone oral tablet 50-0.5 mg</i> | 1 | |
| <i>piroxicam oral capsule 10 mg, 20 mg</i> | 1 | |
| <i>st joseph aspirin oral tablet, chewable 81 mg</i> | 5 | ACA; OTC |
| <i>st. joseph aspirin oral tablet, delayed release (dr/ec) 81 mg</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>sulindac oral tablet 150 mg, 200 mg</i> | 1 | |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG | 3 | QL (1 per 1 day) |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG | 3 | QL (1 per 1 day) |
| TRAMADOL ORAL TABLET 25 MG | 2 | QL (99 per 99 days) |
| <i>tramadol oral tablet 50 mg</i> | 1 | |
| <i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i> | 2 | QL (1 per 1 day) |
| <i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i> | 2 | QL (1 per 1 day) |
| <i>tramadol-acetaminophen oral tablet 37.5-325 mg</i> | 1 | |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG | 4 | SP |

PSYCHOTHERAPEUTIC DRUGS

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG | 4 | |
| ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG | 4 | |
| <i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i> | 2 | |
| <i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>amitriptyline- chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i> | 1 | |
| <i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i> | 1 | |
| <i>aripiprazole oral solution 1 mg/ml</i> | 2 | |
| <i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|----------------------------|
| <i>aripiprazole oral tablet,disintegrating 10 mg</i> | 2 | PA; QL (60 per 30 days) |
| <i>aripiprazole oral tablet,disintegrating 15 mg</i> | 2 | PA |
| <i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i> | 2 | PA; QL (1 per 1 day) |
| <i>armodafinil oral tablet 50 mg</i> | 2 | PA; QL (2 per 1 day) |
| <i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i> | 2 | PA |
| <i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i> | 2 | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | PA; QL (1 per 1 day) |
| <i>bupropion hcl oral tablet 100 mg, 75 mg</i> | 1 | |
| <i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i> | 1 | |
| <i>bupropion hcl oral tablet sustained- release 12 hr 100 mg, 150 mg, 200 mg</i> | 1 | |
| <i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | |
| <i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i> | 1 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>citalopram oral solution 10 mg/5 ml</i> | 1 | |
| <i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i> | 2 | |
| <i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i> | 2 | |
| <i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i> | 2 | |
| <i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 25 mg</i> | 2 | PA |
| <i>clozapine oral tablet, disintegrating 150 mg, 200 mg</i> | 2 | |
| DAYVIGO ORAL TABLET 10 MG, 5 MG | 3 | PA; QL (1 per 1 day) |
| <i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i> | 2 | ST |
| <i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i> | 2 | PA |
| <i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | PA |
| <i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg</i> | 2 | PA |
| <i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i> | 1 | PA |
| <i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | PA |
| <i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i> | 2 | PA |
| <i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i> | 1 | PA |
| <i>diazepam injection syringe 5 mg/ml</i> | 1 | |
| <i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i> | 1 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|------------------------|
| <i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>doxepin oral concentrate 10 mg/ml</i> | 1 | |
| <i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i> | 1 | |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 3 | ST |
| <i>ergoloid oral tablet 1 mg</i> | 2 | |
| <i>escitalopram oxalate oral solution 5 mg/5 ml</i> | 1 | |
| <i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |
| <i>estazolam oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i> | 1 | QL (1 per 1 day) |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 3 | PA |
| FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) | 3 | PA; QL (8 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26) | 3 | ST |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 3 | ST |
| <i>fluoxetine oral capsule 10 mg</i> | 1 | QL (30 per 30 days) |
| <i>fluoxetine oral capsule 20 mg, 40 mg</i> | 1 | |
| <i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i> | 1 | |
| <i>fluoxetine oral tablet 10 mg</i> | 2 | PA; QL (30 per 30 days) |
| <i>fluoxetine oral tablet 20 mg, 60 mg</i> | 2 | PA |
| <i>fluphenazine hcl oral concentrate 5 mg/ml</i> | 1 | |
| <i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i> | 1 | |
| <i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>flurazepam oral capsule 15 mg, 30 mg</i> | 1 | QL (1 per 1 day) |
| <i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|--------------------------|
| <i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i> | 1 | |
| <i>haloperidol lactate oral concentrate 2 mg/ml</i> | 1 | |
| <i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i> | 1 | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 4 | PA; SP; QL (5 per 1 day) |
| HETLIOZ ORAL CAPSULE 20 MG | 4 | PA; SP; QL (1 per 1 day) |
| <i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i> | 2 | |
| <i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i> | 2 | PA; QL (1 per 1 day) |
| <i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 2 | PA; QL (1 per 1 day) |
| <i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i> | 1 | |
| <i>lithium carbonate oral tablet 300 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i> | 1 | |
| <i>lithium citrate oral solution 8 meq/5 ml</i> | 2 | |
| <i>lorazepam intensol oral concentrate 2 mg/ml</i> | 1 | |
| <i>lorazepam oral concentrate 2 mg/ml</i> | 1 | |
| <i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i> | 1 | |
| <i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 2 | PA |
| MARPLAN ORAL TABLET 10 MG | 3 | |
| <i>methamphetamine oral tablet 5 mg</i> | 3 | PA |
| <i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i> | 2 | PA |
| <i>methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i> | 2 | PA |
| <i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i> | 2 | PA |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | PA |
| <i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i> | 2 | PA |
| <i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i> | 2 | PA; QL (1 per 1 day) |
| <i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i> | 2 | PA; QL (2 per 1 day) |
| <i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i> | 2 | PA; QL (1 per 1 day) |
| <i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i> | 1 | |
| <i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i> | 2 | |
| <i>modafinil oral tablet 100 mg</i> | 3 | PA; QL (1 per 1 day) |
| <i>modafinil oral tablet 200 mg</i> | 3 | PA; QL (2 per 1 day) |
| <i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i> | 2 | |
| <i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i> | 1 | |
| <i>nortriptyline oral solution 10 mg/5 ml</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| <i>olanzapine intramuscular recon soln 10 mg</i> | 4 | |
| <i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i> | 1 | |
| <i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i> | 2 | PA |
| <i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i> | 2 | ST |
| <i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i> | 1 | |
| <i>paliperidone oral tablet extended release 24hr 1.5 mg, 6 mg</i> | 2 | PA |
| <i>paliperidone oral tablet extended release 24hr 3 mg, 9 mg</i> | 2 | PA; QL (30 per 30 days) |
| <i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i> | 1 | |
| <i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i> | 2 | |
| <i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i> | 2 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| <i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i> | 1 | |
| <i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i> | 1 | |
| <i>phenelzine oral tablet 15 mg</i> | 1 | |
| <i>pimozide oral tablet 1 mg, 2 mg</i> | 2 | |
| <i>protriptyline oral tablet 10 mg, 5 mg</i> | 1 | |
| QUAZEPAM ORAL TABLET 15 MG | 2 | |
| <i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i> | 1 | |
| <i>quetiapine oral tablet extended release 24 hr 150 mg, 300 mg, 400 mg, 50 mg</i> | 2 | ST |
| <i>quetiapine oral tablet extended release 24 hr 200 mg</i> | 2 | ST; QL (30 per 30 days) |
| QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG | 3 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) | 3 | PA |
| <i>ramelteon oral tablet 8 mg</i> | 2 | ST; QL (1 per 1 day) |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 3 | PA |
| <i>risperidone oral solution 1 mg/ml</i> | 2 | |
| <i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i> | 1 | |
| <i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 2 mg, 4 mg</i> | 2 | PA |
| <i>risperidone oral tablet,disintegrating 1 mg, 3 mg</i> | 2 | PA; QL (60 per 30 days) |
| <i>sertraline oral concentrate 20 mg/ml</i> | 1 | |
| <i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| SODIUM OXYBATE ORAL SOLUTION 500 MG/ML | 4 | SP; QL (18 per 1 day) |
| SUNOSI ORAL TABLET 150 MG, 75 MG | 3 | PA; QL (1 per 1 day) |
| <i>tasimelteon oral capsule 20 mg</i> | 4 | PA; SP; QL (1 per 1 day) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|---|
| <i>temazepam oral capsule 15 mg, 30 mg</i> | 1 | QL (1 per 1 day) |
| <i>temazepam oral capsule 22.5 mg, 7.5 mg</i> | 2 | QL (1 per 1 day) |
| <i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 2 | |
| <i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| <i>tranlycypromine oral tablet 10 mg</i> | 2 | |
| <i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i> | 1 | |
| <i>triazolam oral tablet 0.125 mg, 0.25 mg</i> | 1 | QL (1 per 1 day) |
| <i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| <i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i> | 3 | |
| TRINTELLIX ORAL TABLET 10 MG | 3 | ST; QL (30 per fill); QL (30 per 30 days) |
| TRINTELLIX ORAL TABLET 20 MG, 5 MG | 3 | ST; QL (30 per 30 days) |
| <i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i> | 1 | |
| <i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i> | 1 | QL (90 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|---------------------------|
| <i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i> | 3 | QL (1 per 1 day) |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | 2 | PA; QL (1 per 1 day) |
| VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | 2 | PA; QL (1 per 1 day) |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | 4 | PA; SP; QL (2 per 1 day) |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML | 4 | PA; SP; QL (18 per 1 day) |
| <i>zaleplon oral capsule 10 mg, 5 mg</i> | 1 | QL (1 per 1 day) |
| <i>ziprasidone hcl oral capsule 20 mg, 60 mg</i> | 1 | QL (60 per 30 days) |
| <i>ziprasidone hcl oral capsule 40 mg, 80 mg</i> | 1 | |
| <i>zolpidem oral tablet 10 mg, 5 mg</i> | 1 | QL (1 per 1 day) |
| <i>zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg</i> | 2 | ST; QL (1 per 1 day) |
| <i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i> | 2 | ST; QL (1 per 1 day) |

**CARDIOVASCULAR,
HYPERTENSION & LIPIDS**

ANTIARRHYTHMIC AGENTS

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>amiodarone oral tablet 100 mg, 200 mg, 400 mg</i> | 1 | |
| <i>disopyramide phosphate oral capsule 100 mg, 150 mg</i> | 1 | |
| <i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i> | 2 | |
| <i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i> | 1 | |
| <i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i> | 1 | |
| MULTAQ ORAL TABLET 400 MG | 3 | |
| NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG | 3 | |
| <i>pacerone oral tablet 100 mg</i> | 2 | |
| <i>pacerone oral tablet 200 mg, 400 mg</i> | 1 | |
| <i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i> | 2 | |
| <i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i> | 1 | |
| <i>quinidine gluconate oral tablet extended release 324 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>quinidine sulfate oral tablet 200 mg, 300 mg</i> | 1 | |
| <i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i> | 1 | |
| <i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i> | 1 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | 3 | |
| ANTIHYPERTENSIVE THERAPY | | |
| <i>acebutolol oral capsule 200 mg, 400 mg</i> | 1 | |
| <i>aliskiren oral tablet 150 mg, 300 mg</i> | 2 | |
| <i>amiloride oral tablet 5 mg</i> | 1 | |
| <i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i> | 1 | |
| <i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i> | 1 | |
| <i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i> | 2 | |

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Effective as of 05/01/2024

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

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | 2 | |
| <i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i> | 2 | |
| <i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i> | 2 | |
| <i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i> | 1 | |
| <i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i> | 1 | |
| <i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i> | 1 | |
| <i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i> | 2 | ST |
| <i>chlorthalidone oral tablet 25 mg, 50 mg</i> | 1 | |
| <i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i> | 1 | |
| <i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i> | 1 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1 | |
| <i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 1 | |
| <i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i> | 1 | |
| <i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1 | |
| <i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i> | 1 | |
| <i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i> | 1 | |
| EDARBI ORAL TABLET 40 MG, 80 MG | 3 | ST |
| <i>enalapril maleate oral solution 1 mg/ml</i> | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 1 | |
| <i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i> | 1 | |
| <i>eplerenone oral tablet 25 mg, 50 mg</i> | 2 | ST |
| <i>ethacrynic acid oral tablet 25 mg</i> | 2 | |
| <i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | |
| <i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i> | 1 | |
| <i>furosemide oral solution 10 mg/ml</i> | 1 | |
| <i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i> | 3 | |
| <i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i> | 1 | |
| <i>guanfacine oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>hydrochlorothiazide oral capsule 12.5 mg</i> | 1 | |
| <i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>indapamide oral tablet 1.25 mg, 2.5 mg</i> | 1 | |
| <i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i> | 1 | |
| <i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i> | 1 | |
| <i>isosorbide-hydralazine oral tablet 20-37.5 mg</i> | 2 | |
| <i>isradipine oral capsule 2.5 mg, 5 mg</i> | 1 | |
| <i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i> | 1 | |
| <i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i> | 1 | |
| <i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 1 | |
| <i>losartan oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i> | 1 | |
| <i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>methyldopa oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i> | 1 | |
| <i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i> | 1 | |
| <i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i> | 3 | |
| <i>metyrosine oral capsule 250 mg</i> | 2 | |
| <i>minoxidil oral tablet 10 mg, 2.5 mg</i> | 1 | |
| <i>moexipril oral tablet 15 mg, 7.5 mg</i> | 1 | |
| <i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i> | 1 | |
| <i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i> | 2 | |
| <i>nicardipine oral capsule 20 mg, 30 mg</i> | 1 | |
| <i>nifedipine oral capsule 10 mg, 20 mg</i> | 1 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| <i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i> | 1 | |
| <i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i> | 1 | |
| <i>nimodipine oral capsule 30 mg</i> | 2 | |
| <i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i> | 2 | |
| <i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i> | 2 | |
| <i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i> | 2 | |
| <i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i> | 2 | |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (42) | 4 | PA; SP; QL (1 per 720 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG (210) | 4 | PA; SP; QL (1 per 720 days) |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)-0.25 MG(42)-1MG | 4 | PA; SP; QL (1 per 720 days) |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | 4 | PA; SP |
| <i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i> | 1 | |
| <i>phenoxybenzamine oral capsule 10 mg</i> | 1 | |
| <i>pindolol oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i> | 1 | |
| <i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i> | 1 | |
| <i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i> | 1 | |
| <i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i> | 1 | |
| <i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1 | |
| <i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i> | 1 | |
| <i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i> | 1 | |
| <i>taztia xt oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i> | 1 | |
| <i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i> | 1 | |
| <i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i> | 2 | |
| <i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i> | 1 | |
| <i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |
| <i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i> | 1 | |
| <i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | |
| <i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i> | 1 | |
| <i>triamterene oral capsule 100 mg, 50 mg</i> | 2 | |
| <i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i> | 1 | |
| <i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i> | 1 | |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 4 | PA; SP |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) | 4 | PA; SP |
| <i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i> | 1 | |
| <i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i> | 1 | |
| <i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i> | 1 | |
| <i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i> | 1 | |
| <i>verapamil oral tablet 120 mg, 40 mg</i> | 1 | |
| <i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i> | 1 | |
| CARDIAC GLYCOSIDES | | |
| <i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i> | 1 | |
| <i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i> | 1 | |
| COAGULATION THERAPY | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>aminocaproic acid oral solution 250 mg/ml (25 %)</i> | 2 | |
| <i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i> | 2 | |
| <i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i> | 2 | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 2 | |
| <i>cilostazol oral tablet 100 mg, 50 mg</i> | 1 | |
| <i>clopidogrel oral tablet 300 mg, 75 mg</i> | 1 | |
| <i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i> | 1 | |
| DOPTELET (15 TAB PACK) ORAL TABLET 20 MG | 4 | PA; SP |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) | 2 | QL (74 per 365 days) |
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 2 | QL (2 per 1 day) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT | 4 | SP |
| <i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i> | 1 | |
| FIBRYGA INTRAVENOUS RECON SOLN 1 GRAM (700 MG-1,300 MG) | 4 | PA; SP |
| <i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i> | 2 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML | 3 | |
| <i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection solution 1,000 unit/ml</i> | 1 | |
| <i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i> | 1 | |
| <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1 | |
| MULPLETA ORAL TABLET 3 MG | 4 | PA; SP |
| <i>pentoxifylline oral tablet extended release 400 mg</i> | 1 | |
| <i>phytonadione (vitamin k1) oral tablet 5 mg</i> | 2 | |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG | 3 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG | 4 | SP |
| <i>prasugrel oral tablet 10 mg, 5 mg</i> | 2 | |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG | 4 | PA; SP |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | 4 | PA; SP |
| RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG) | 4 | SP |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | 4 | PA; SP |
| <i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i> | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9) | 2 | QL (51 per 365 days) |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | 2 | QL (30 per 1 day) |
| XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG | 2 | QL (2 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ZONTIVITY ORAL TABLET 2.08 MG | 3 | |
| LIPID/CHOLESTEROL LOWERING AGENTS | | |
| <i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i> | 2 | |
| <i>atorvastatin oral tablet 10 mg, 20 mg</i> | 1 | ACA |
| <i>atorvastatin oral tablet 40 mg, 80 mg</i> | 1 | |
| <i>cholestyramine light oral powder 4 gram</i> | 1 | |
| <i>cholestyramine light oral powder in packet 4 gram</i> | 1 | |
| <i>colesevelam oral powder in packet 3.75 gram</i> | 2 | |
| <i>colesevelam oral tablet 625 mg</i> | 2 | |
| <i>colestipol oral granules 5 gram</i> | 1 | |
| <i>colestipol oral packet 5 gram</i> | 1 | |
| <i>colestipol oral tablet 1 gram</i> | 1 | |
| EVKEEZA INTRAVENOUS SOLUTION 150 MG/ML | 4 | PA; SP |
| <i>ezetimibe oral tablet 10 mg</i> | 2 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| <i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i> | 2 | |
| <i>fenofibrate micronized oral capsule 130 mg</i> | 2 | |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i> | 1 | |
| <i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i> | 1 | |
| <i>fenofibrate oral tablet 160 mg, 54 mg</i> | 1 | |
| <i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i> | 1 | |
| <i>fenofibric acid oral tablet 105 mg</i> | 1 | |
| <i>fluvastatin oral capsule 20 mg, 40 mg</i> | 1 | ACA |
| <i>fluvastatin oral tablet extended release 24 hr 80 mg</i> | 2 | ACA |
| <i>gemfibrozil oral tablet 600 mg</i> | 1 | |
| <i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i> | 2 | |
| JUXTAPID ORAL CAPSULE 10 MG, 5 MG | 4 | PA; SP; QL (1 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------------|
| JUXTAPID ORAL CAPSULE 20 MG, 30 MG | 4 | PA; SP; QL (2 per 1 day) |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | 2 | ST |
| <i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i> | 1 | ACA |
| <i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i> | 2 | |
| NIACOR ORAL TABLET 500 MG | 2 | |
| <i>omega-3 acid ethyl esters oral capsule 1 gram</i> | 2 | |
| <i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i> | 2 | ST |
| <i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i> | 1 | ACA |
| <i>prevalite oral powder 4 gram</i> | 1 | |
| <i>prevalite oral powder in packet 4 gram</i> | 1 | |
| REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML | 4 | PA; SP; QL (3.5 per 21 days) |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 4 | PA; SP; QL (3 per 23 days) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|----------------------------|
| REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML | 4 | PA; SP; QL (3 per 23 days) |
| <i>rosuvastatin oral tablet 10 mg, 5 mg</i> | 2 | ACA |
| <i>rosuvastatin oral tablet 20 mg, 40 mg</i> | 2 | |
| <i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i> | 1 | ACA |
| <i>simvastatin oral tablet 80 mg</i> | 1 | |
| MISCELLANEOUS CARDIOVASCULAR AGENTS | | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 2 | PA |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 2 | PA |
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 2 | |
| <i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i> | 2 | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | PA; QL (1 per 1 day) |
| NITRATES | | |
| <i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i> | 1 | |
| <i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i> | 1 | |
| <i>nitro-bid transdermal ointment 2 %</i> | 3 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR | 3 | |
| <i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i> | 1 | |
| <i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i> | 1 | |
| <i>nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i> | 1 | |
| DERMATOLOGICALS/TOPICAL THERAPY | | |
| ANTIPSORIATIC / ANTISEBORRHEIC | | |
| <i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i> | 4 | SP |
| <i>calcipotriene scalp solution 0.005 %</i> | 2 | |
| <i>calcipotriene topical cream 0.005 %</i> | 2 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| <i>calcipotriene topical ointment 0.005 %</i> | 2 | |
| <i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i> | 2 | |
| <i>calcitriol topical ointment 3 mcg/gram</i> | 2 | |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| <i>selenium sulfide topical lotion 2.5 %</i> | 1 | |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML | 4 | PA; SP; QL (0.17 per 1 day) |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| SOTYKTU ORAL TABLET 6 MG | 4 | PA; SP; QL (1 per 1 day) |
| STELARA INTRAVENOUS SOLUTION 130 MG/26 ML | 4 | PA; SP; QL (1.86 per 1 day) |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 4 | PA; SP; QL (0.02 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML | 4 | PA; SP; QL (0.02 per 1 day) |
| STELARA SUBCUTANEOUS SYRINGE 90 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 4 | PA; SP; QL (4 per 720 days) |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 4 | PA; SP; QL (3 per 720 days) |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| BURN THERAPY | | |
| <i>silver sulfadiazine topical cream 1 %</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| <i>ssd topical cream 1 %</i> | 1 | |
| MISCELLANEOUS DERMATOLOGICALS | | |
| CONDYLOX TOPICAL GEL 0.5 % | 3 | PA |
| <i>diclofenac sodium topical gel 3 %</i> | 3 | QL (100 per 21 days) |
| <i>doxepin topical cream 5 %</i> | 3 | |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML | 4 | PA; SP; QL (0.09 per 1 day) |
| DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 4 | PA; SP; QL (0.15 per 1 day) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 4 | PA; SP; QL (0.09 per 1 day) |
| DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML | 4 | PA; SP; QL (0.15 per 1 day) |
| EUCRISA TOPICAL OINTMENT 2 % | 3 | PA |
| <i>fluorouracil topical cream 5 %</i> | 4 | SP |
| <i>fluorouracil topical solution 2 %, 5 %</i> | 4 | SP |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|--------------------------|
| <i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i> | 1 | |
| OPZELURA TOPICAL CREAM 1.5 % | 4 | PA; SP; QL (2 per 1 day) |
| PANRETIN TOPICAL GEL 0.1 % | 3 | |
| <i>pimecrolimus topical cream 1 %</i> | 2 | PA; QL (100 per 23 days) |
| <i>podofilox topical gel 0.5 %</i> | 1 | PA |
| <i>podofilox topical solution 0.5 %</i> | 1 | |
| <i>tacrolimus topical ointment 0.03 %, 0.1 %</i> | 2 | PA; QL (30 per 180 days) |
| THERAPY FOR ACNE | | |
| <i>adapalene topical cream 0.1 %</i> | 2 | PA |
| <i>adapalene topical gel 0.3 %</i> | 2 | PA |
| <i>adapalene topical gel with pump 0.3 %</i> | 2 | PA |
| <i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %, 0.3-2.5 %</i> | 2 | |
| <i>azelaic acid topical gel 15 %</i> | 2 | |
| <i>benzepro topical towelette 6 %</i> | 3 | |
| <i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i> | 3 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>clindamycin phosphate topical foam 1 %</i> | 3 | |
| <i>clindamycin phosphate topical gel 1 %</i> | 2 | |
| <i>clindamycin phosphate topical gel, once daily 1 %</i> | 2 | |
| <i>clindamycin phosphate topical lotion 1 %</i> | 2 | |
| <i>clindamycin phosphate topical solution 1 %</i> | 1 | |
| <i>clindamycin phosphate topical swab 1 %</i> | 3 | |
| <i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i> | 3 | |
| <i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i> | 3 | |
| <i>ery pads topical swab 2 %</i> | 1 | |
| <i>erythromycin with ethanol topical gel 2 %</i> | 1 | |
| <i>erythromycin with ethanol topical solution 2 %</i> | 1 | |
| <i>erythromycin-benzoyl peroxide topical gel 3-5 %</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| <i>metronidazole topical cream 0.75 %</i> | 2 | |
| <i>metronidazole topical gel 0.75 %, 1 %</i> | 2 | |
| <i>metronidazole topical gel with pump 1 %</i> | 2 | |
| <i>metronidazole topical lotion 0.75 %</i> | 2 | |
| <i>rosadan topical cream 0.75 %</i> | 1 | |
| <i>rosadan topical gel 0.75 %</i> | 3 | |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % | 3 | |
| <i>tazarotene topical cream 0.1 %</i> | 3 | PA |
| <i>tazarotene topical gel 0.05 %, 0.1 %</i> | 3 | PA |
| <i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i> | 2 | PA |
| <i>tretinoin topical gel 0.01 %, 0.025 %</i> | 1 | PA |
| <i>tretinoin topical gel 0.05 %</i> | 3 | PA |
| ZILXI TOPICAL FOAM 1.5 % | 3 | PA; QL (30 per 23 days) |
| TOPICAL ANESTHETICS | | |
| <i>lidocaine hcl laryngotracheal solution 4 %</i> | 1 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i> | 1 | |
| <i>lidocaine topical adhesive patch,medicated 5 %</i> | 3 | QL (3 per 1 day) |
| <i>lidocaine topical ointment 5 %</i> | 2 | QL (50 per 23 days) |
| <i>lidocaine-prilocaine topical cream 2.5-2.5 %</i> | 1 | |
| <i>lidocaine-prilocaine topical kit 2.5-2.5 %</i> | 1 | |
| TOPICAL ANTIBACTERIALS | | |
| ALTABAX TOPICAL OINTMENT 1 % | 3 | |
| <i>gentamicin topical cream 0.1 %</i> | 1 | |
| <i>gentamicin topical ointment 0.1 %</i> | 1 | |
| <i>mafenide acetate topical packet 50 gram</i> | 2 | |
| <i>mupirocin calcium topical cream 2 %</i> | 2 | |
| <i>mupirocin topical ointment 2 %</i> | 1 | |
| SULFAMYLON TOPICAL CREAM 85 MG/G | 3 | |
| TOPICAL ANTIFUNGALS | | |
| <i>ciclopirox topical cream 0.77 %</i> | 1 | |
| <i>ciclopirox topical gel 0.77 %</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>ciclopirox topical shampoo 1 %</i> | 2 | |
| <i>ciclopirox topical solution 8 %</i> | 1 | |
| <i>ciclopirox topical suspension 0.77 %</i> | 1 | |
| <i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i> | 1 | |
| <i>clotrimazole-betamethasone topical cream 1-0.05 %</i> | 1 | |
| <i>clotrimazole-betamethasone topical lotion 1-0.05 %</i> | 2 | |
| <i>econazole topical cream 1 %</i> | 1 | |
| ERTACZO TOPICAL CREAM 2 % | 3 | |
| EXELDERM TOPICAL CREAM 1 % | 3 | |
| EXELDERM TOPICAL SOLUTION 1 % | 3 | |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % | 3 | PA |
| <i>ketoconazole topical cream 2 %</i> | 1 | |
| <i>ketoconazole topical foam 2 %</i> | 3 | |
| <i>ketoconazole topical shampoo 2 %</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|------------------------|
| LULICONAZOLE TOPICAL CREAM 1 % | 2 | PA |
| LUZU TOPICAL CREAM 1 % | 3 | PA |
| <i>naftifine topical cream 1 %, 2 %</i> | 2 | |
| <i>nyamyc topical powder 100,000 unit/gram</i> | 1 | |
| <i>nystatin topical cream 100,000 unit/gram</i> | 1 | |
| <i>nystatin topical ointment 100,000 unit/gram</i> | 1 | |
| <i>nystatin topical powder 100,000 unit/gram</i> | 1 | |
| <i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i> | 2 | |
| <i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i> | 1 | |
| <i>nystop topical powder 100,000 unit/gram</i> | 1 | |
| <i>oxiconazole topical cream 1 %</i> | 2 | |
| TOPICAL ANTIVIRALS | | |
| <i>acyclovir topical ointment 5 %</i> | 3 | PA; QL (1 per 23 days) |
| <i>penciclovir topical cream 1 %</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| TOPICAL CORTICOSTEROIDS | | |
| <i>alclometasone topical cream 0.05 %</i> | 1 | |
| <i>alclometasone topical ointment 0.05 %</i> | 1 | |
| <i>apexicon e topical cream 0.05 %</i> | 3 | |
| <i>betamethasone dipropionate topical cream 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical lotion 0.05 %</i> | 1 | |
| <i>betamethasone dipropionate topical ointment 0.05 %</i> | 2 | PA |
| <i>betamethasone valerate topical cream 0.1 %</i> | 1 | |
| <i>betamethasone valerate topical foam 0.12 %</i> | 2 | PA |
| <i>betamethasone valerate topical lotion 0.1 %</i> | 1 | |
| <i>betamethasone valerate topical ointment 0.1 %</i> | 1 | |
| <i>betamethasone, augmented topical cream 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical gel 0.05 %</i> | 1 | |
| <i>betamethasone, augmented topical lotion 0.05 %</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>betamethasone, augmented topical ointment 0.05 %</i> | 1 | |
| CAPEX TOPICAL SHAMPOO 0.01 % | 3 | PA |
| <i>clobetasol scalp solution 0.05 %</i> | 2 | PA |
| <i>clobetasol topical cream 0.05 %</i> | 2 | PA |
| <i>clobetasol topical foam 0.05 %</i> | 2 | PA |
| <i>clobetasol topical gel 0.05 %</i> | 2 | PA |
| <i>clobetasol topical lotion 0.05 %</i> | 2 | PA |
| <i>clobetasol topical ointment 0.05 %</i> | 2 | PA |
| <i>clobetasol topical shampoo 0.05 %</i> | 2 | PA |
| <i>clobetasol topical spray, non-aerosol 0.05 %</i> | 2 | PA |
| <i>clobetasol-emollient topical cream 0.05 %</i> | 2 | PA |
| <i>clobetasol-emollient topical foam 0.05 %</i> | 2 | PA |
| <i>desonide topical cream 0.05 %</i> | 2 | PA |
| <i>desonide topical gel 0.05 %</i> | 2 | |
| <i>desonide topical lotion 0.05 %</i> | 2 | PA |
| <i>desonide topical ointment 0.05 %</i> | 2 | |
| <i>desoximetasone topical cream 0.05 %, 0.25 %</i> | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>desoximetasone topical gel 0.05 %</i> | 2 | PA |
| <i>desoximetasone topical ointment 0.05 %, 0.25 %</i> | 2 | PA |
| <i>diflorasone topical cream 0.05 %</i> | 2 | PA |
| <i>diflorasone topical ointment 0.05 %</i> | 2 | PA |
| <i>fluocinolone and shower cap scalp oil 0.01 %</i> | 2 | PA |
| <i>fluocinolone topical cream 0.01 %, 0.025 %</i> | 1 | |
| <i>fluocinolone topical oil 0.01 %</i> | 2 | PA |
| <i>fluocinolone topical ointment 0.025 %</i> | 1 | |
| <i>fluocinolone topical solution 0.01 %</i> | 2 | PA |
| <i>fluocinonide topical cream 0.05 %</i> | 1 | |
| <i>fluocinonide topical cream 0.1 %</i> | 2 | PA |
| <i>fluocinonide topical gel 0.05 %</i> | 2 | PA |
| <i>fluocinonide topical ointment 0.05 %</i> | 2 | PA |
| <i>fluocinonide topical solution 0.05 %</i> | 2 | PA |
| <i>flurandrenolide topical cream 0.05 %</i> | 2 | PA |
| <i>flurandrenolide topical lotion 0.05 %</i> | 2 | PA |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>flurandrenolide topical ointment 0.05 %</i> | 2 | PA |
| <i>fluticasone propionate topical cream 0.05 %</i> | 1 | |
| <i>fluticasone propionate topical lotion 0.05 %</i> | 2 | PA |
| <i>fluticasone propionate topical ointment 0.005 %</i> | 1 | |
| <i>halcinonide topical cream 0.1 %</i> | 2 | PA |
| <i>halobetasol propionate topical cream 0.05 %</i> | 2 | |
| <i>halobetasol propionate topical ointment 0.05 %</i> | 2 | PA |
| HALOG TOPICAL OINTMENT 0.1 % | 3 | PA |
| <i>hydrocortisone butyrate topical cream 0.1 %</i> | 2 | PA |
| <i>hydrocortisone butyrate topical lotion 0.1 %</i> | 2 | PA |
| <i>hydrocortisone butyrate topical ointment 0.1 %</i> | 1 | PA |
| <i>hydrocortisone butyrate topical solution 0.1 %</i> | 2 | PA |
| <i>hydrocortisone topical cream 2.5 %</i> | 2 | |
| <i>hydrocortisone topical lotion 2.5 %</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>hydrocortisone topical ointment 2.5 %</i> | 1 | |
| <i>hydrocortisone valerate topical cream 0.2 %</i> | 2 | PA |
| <i>hydrocortisone valerate topical ointment 0.2 %</i> | 2 | PA |
| <i>mometasone topical cream 0.1 %</i> | 1 | |
| <i>mometasone topical ointment 0.1 %</i> | 1 | |
| <i>mometasone topical solution 0.1 %</i> | 1 | |
| <i>prednicarbate topical cream 0.1 %</i> | 2 | PA |
| <i>prednicarbate topical ointment 0.1 %</i> | 1 | |
| <i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i> | 2 | |
| <i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i> | 1 | |
| <i>triamcinolone acetonide topical lotion 0.025 %</i> | 1 | PA |
| <i>triamcinolone acetonide topical lotion 0.1 %</i> | 1 | |
| <i>triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i> | 1 | |

TOPICAL ENZYMES

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|----------------------------|
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 3 | |
| TOPICAL SCABICIDES / PEDICULICIDES | | |
| <i>crotan topical lotion 10 %</i> | 3 | |
| <i>malathion topical lotion 0.5 %</i> | 2 | |
| <i>permethrin topical cream 5 %</i> | 1 | |
| <i>spinosad topical suspension 0.9 %</i> | 3 | |
| DIAGNOSTICS & MISCELLANEOUS AGENTS | | |
| ANOREXIANTS | | |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG | 3 | PA; QL (120 per 23 days) |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML | 4 | PA; SP; QL (0.3 per 1 day) |
| ORLISTAT ORAL CAPSULE 120 MG | 3 | PA; QL (3 per 1 day) |
| <i>phendimetrazine tartrate oral tablet 35 mg</i> | 1 | |
| <i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i> | 1 | QL (84 per 274 days) |
| <i>phentermine oral tablet 37.5 mg</i> | 1 | QL (84 per 274 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) | 3 | PA; QL (4 per 30 days) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML | 3 | PA; QL (4 per 720 days) |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML | 3 | PA; QL (4 per 30 days) |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 3 | PA; QL (4 per 30 days) |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 2.5 MG/0.5 ML | 3 | PA; QL (4 per 720 days) |
| MISCELLANEOUS AGENTS | | |
| <i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i> | 2 | |
| <i>acetic acid irrigation solution 0.25 %</i> | 1 | |
| <i>anagrelide oral capsule 0.5 mg, 1 mg</i> | 1 | |
| <i>cevimeline oral capsule 30 mg</i> | 2 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CHEMET ORAL CAPSULE 100 MG | 3 | |
| <i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i> | 4 | PA; SP |
| <i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i> | 4 | PA; SP |
| <i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i> | 4 | PA; SP |
| <i>deferiprone oral tablet 1,000 mg, 500 mg</i> | 4 | PA; SP |
| <i>disulfiram oral tablet 250 mg, 500 mg</i> | 1 | |
| <i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i> | 4 | PA; SP |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML | 4 | PA; SP |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | 4 | PA; SP |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 4 | PA; SP |
| GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) | 4 | PA; SP |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 4 | PA; SP |
| <i>levocarnitine (with sugar) oral solution 100 mg/ml</i> | 1 | |
| <i>levocarnitine oral solution 100 mg/ml</i> | 1 | |
| <i>levocarnitine oral tablet 330 mg</i> | 2 | |
| <i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i> | 4 | SP |
| OXBRYTA ORAL TABLET 500 MG | 4 | PA; SP; QL (3 per 1 day) |
| OXBRYTA ORAL TABLET FOR SUSPENSION 300 MG | 4 | PA; SP; QL (5 per 1 day) |
| <i>pilocarpine hcl oral tablet 5 mg</i> | 1 | |
| PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML | 4 | PA; SP |
| <i>riluzole oral tablet 50 mg</i> | 4 | SP |
| <i>risedronate oral tablet 30 mg</i> | 2 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i> | 1 | |
| <i>sodium chloride 0.9 % injection solution</i> | 1 | |
| <i>sodium chloride 0.9 % intravenous parenteral solution</i> | 1 | |
| <i>sodium chloride 0.9 % intravenous piggyback</i> | 1 | |
| <i>sodium chloride injection syringe 0.9 %</i> | 1 | |
| <i>sodium chloride irrigation solution 0.9 %</i> | 1 | |
| <i>sodium phenylbutyrate oral tablet 500 mg</i> | 4 | SP |
| <i>trientine oral capsule 250 mg</i> | 4 | SP |
| <i>water for irrigation, sterile irrigation solution</i> | 1 | |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | 4 | PA; SP |
| <i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i> | 4 | SP |
| SMOKING DETERRENTS | | |
| <i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i> | 5 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG | 5 | |
| CHANTIX ORAL TABLET 1 MG | 5 | |
| CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42) | 5 | |
| <i>nicorette buccal gum 4 mg</i> | 2 | ACA; OTC |
| NICORETTE BUCCAL LOZENGE 2 MG, 4 MG | 2 | ACA; OTC |
| NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG | 2 | ACA; OTC |
| <i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i> | 5 | ACA; OTC |
| <i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i> | 5 | ACA; OTC |
| <i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i> | 5 | ACA; OTC |
| <i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i> | 5 | ACA; OTC |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i> | 5 | ACA; OTC |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | 5 | ACA |
| <i>quit 2 buccal gum 2 mg</i> | 1 | ACA; OTC |
| <i>quit 2 buccal lozenge 2 mg</i> | 5 | ACA; OTC |
| <i>quit 4 buccal gum 4 mg</i> | 5 | ACA; OTC |
| <i>quit 4 buccal lozenge 4 mg</i> | 5 | ACA; OTC |
| <i>stop smoking aid buccal lozenge 2 mg, 4 mg</i> | 1 | ACA; OTC |
| <i>varenicline oral tablet 0.5 mg, 1 mg</i> | 5 | QL (2 per 1 day) |
| <i>varenicline oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i> | 1 | |
| EAR, NOSE & THROAT MEDICATIONS | | |
| MISCELLANEOUS AGENTS | | |
| <i>azelastine nasal aerosol, spray 137 mcg (0.1 %)</i> | 1 | |
| <i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i> | 1 | |
| <i>olopatadine nasal spray, non-aerosol 0.6 %</i> | 2 | |
| <i>oralone dental paste 0.1 %</i> | 1 | |
| <i>paroex oral rinse mucous membrane mouthwash 0.12 %</i> | 1 | |
| <i>pilocarpine hcl oral tablet 7.5 mg</i> | 1 | |
| <i>triamcinolone acetone dental paste 0.1 %</i> | 3 | |
| MISCELLANEOUS OTIC PREPARATIONS | | |
| <i>acetic acid otic (ear) solution 2 %</i> | 1 | |
| <i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i> | 1 | |
| <i>fluocinolone acetone oil otic (ear) drops 0.01 %</i> | 2 | |
| <i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i> | 1 | |
| <i>ofloxacin otic (ear) drops 0.3 %</i> | 1 | |
| OTIC STEROID / ANTIBIOTIC | | |
| CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 % | 3 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i> | 2 | |
| CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) | 2 | |
| <i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i> | 1 | |
| <i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i> | 1 | |

ENDOCRINE/DIABETES

ADRENAL HORMONES

| | | |
|--|---|--------|
| ACTHAR INJECTION GEL 80 UNIT/ML | 4 | PA; SP |
| <i>cortisone oral tablet 25 mg</i> | 1 | |
| CORTROPHIN GEL INJECTION GEL 80 UNIT/ML | 4 | PA; SP |
| <i>dexamethasone oral elixir 0.5 mg/5 ml</i> | 1 | |
| <i>dexamethasone oral solution 0.5 mg/5 ml</i> | 1 | |
| <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i> | 1 | |
| <i>fludrocortisone oral tablet 0.1 mg</i> | 1 | |
| <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i> | 1 | |
| <i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i> | 1 | |
| <i>methylprednisolone oral tablets,dose pack 4 mg</i> | 1 | |
| <i>millipred oral tablet 5 mg</i> | 3 | |
| <i>prednisolone oral solution 15 mg/5 ml</i> | 1 | |
| <i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i> | 1 | |
| <i>prednisone intensol oral concentrate 5 mg/ml</i> | 3 | |
| <i>prednisone oral solution 5 mg/5 ml</i> | 1 | |
| <i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|---------------------------|
| <i>prednisone oral tablets, dose pack 10 mg, 5 mg</i> | 1 | |
| ANTITHYROID AGENTS | | |
| <i>methimazole oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>propylthiouracil oral tablet 50 mg</i> | 1 | |
| SSKI ORAL SOLUTION 1 GRAM/ML | 3 | |
| BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES | | |
| FREESTYLE INSULINX STRIP | 1 | OTC; QL (200 per 23 days) |
| FREESTYLE INSULINX TEST STRIPS STRIP | 1 | OTC; QL (200 per 23 days) |
| FREESTYLE LITE STRIPS STRIP | 1 | OTC; QL (200 per 23 days) |
| FREESTYLE PRECISION NEO STRIPS STRIP | 1 | OTC; QL (200 per 23 days) |
| FREESTYLE TEST STRIP | 1 | OTC; QL (200 per 23 days) |
| PRECISION XTRA TEST STRIP | 1 | OTC |
| DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT | | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" | 1 | |
| GLUCOSE ELEVATING AGENTS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION | 2 | |
| <i>diazoxide oral suspension 50 mg/ml</i> | 2 | |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG | 2 | |
| <i>glucagon emergency kit (human) injection recon soln 1 mg</i> | 2 | |
| INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU | | |
| BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" | 1 | |
| BD MICROTAINER LANCET 30 GAUGE | 1 | OTC |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | 1 | |
| BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" | 1 | OTC |
| DEXCOM G6 RECEIVER | 3 | PA; QL (1 per 274 days) |
| DEXCOM G6 SENSOR DEVICE | 3 | PA; QL (3 per 23 days) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| DEXCOM G6 TRANSMITTER DEVICE | 3 | PA; QL (1 per 69 days) |
| FREESTYLE LIBRE 14 DAY READER | 1 | PA; QL (1 per 274 days) |
| FREESTYLE LIBRE 14 DAY SENSOR KIT | 1 | PA; QL (2 per 23 days) |
| FREESTYLE LIBRE 2 READER | 1 | PA; QL (1 per 274 days) |
| FREESTYLE LIBRE 2 SENSOR KIT | 1 | PA; QL (2 per 23 days) |
| FREESTYLE LIBRE 3 READER | 1 | PA; QL (1 per 365 days) |
| FREESTYLE LIBRE 3 SENSOR DEVICE | 1 | PA; QL (2 per 21 days) |
| LANCETS 33 GAUGE | 1 | OTC |
| OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE | 2 | PA; QL (1 per 720 days) |
| OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 2 | PA; QL (10 per 21 days) |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 2 | PA; QL (1 per 720 days) |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 2 | PA; QL (10 per 23 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-------------------------|
| PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2" | 1 | OTC |
| V-GO 20 DEVICE | 2 | PA; QL (30 per 23 days) |
| V-GO 30 DEVICE | 2 | PA; QL (30 per 23 days) |
| V-GO 40 DEVICE | 2 | PA; QL (30 per 23 days) |
| INSULIN THERAPY | | |
| FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 1 | |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | |
| HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML | 3 | |
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 3 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | |
| LEVEMIR FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | |
| LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 1 | |
| RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| RELION NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 1 | |
| RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | 1 | |
| SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 2 | |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | 1 | |
| TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 1 | |
| TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 1 | |
| TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | 1 | |
| TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 2 | |
| MISCELLANEOUS HORMONES | | |
| <i>cabergoline oral tablet 0.5 mg</i> | 1 | |
| <i>calcitonin (salmon) injection solution 200 unit/ml</i> | 2 | |
| <i>calcitonin (salmon) nasal spray,non- aerosol 200 unit/actuation</i> | 1 | |
| <i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i> | 1 | |
| <i>calcitriol oral solution 1 mcg/ml</i> | 1 | |
| <i>cetorelix subcutaneous kit 0.25 mg</i> | 4 | PA; SP |
| CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULA R RECON SOLN 10,000 UNIT | 4 | PA; SP |
| <i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i> | 4 | SP |
| <i>clomiphene citrate oral tablet 50 mg</i> | 1 | |
| <i>danazol oral capsule 100 mg, 200 mg, 50 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>desmopressin oral tablet 0.1 mg, 0.2 mg</i> | 1 | |
| <i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i> | 2 | |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML | 4 | PA; SP |
| GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT | 4 | PA; SP |
| GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT | 4 | PA; SP |
| ISTURISA ORAL TABLET 1 MG, 5 MG | 4 | PA; SP |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG | 3 | |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT | 4 | PA; SP |
| METHITEST ORAL TABLET 10 MG | 3 | |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | 3 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) | 4 | PA; SP |
| ORLISSA ORAL TABLET 150 MG | 4 | PA; SP; QL (1 per 1 day) |
| ORLISSA ORAL TABLET 200 MG | 4 | PA; SP; QL (2 per 1 day) |
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML | 4 | PA; SP |
| <i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i> | 2 | |
| RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG | 3 | PA; QL (2 per 1 day) |
| <i>sapropterin oral powder in packet 100 mg, 500 mg</i> | 4 | PA; SP |
| <i>sapropterin oral tablet, soluble 100 mg</i> | 4 | PA; SP |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 4 | PA; SP |
| TEPEZZA INTRAVENOUS RECON SOLN 500 MG | 4 | PA; SP; QL (8 per 720 days) |
| <i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|--------------------------|
| <i>testosterone enanthate intramuscular oil 200 mg/ml</i> | 1 | |
| <i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i> | 2 | |
| <i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i> | 3 | |
| <i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i> | 2 | |
| <i>tolvaptan oral tablet 15 mg</i> | 4 | PA; SP; QL (1 per 1 day) |
| <i>tolvaptan oral tablet 30 mg</i> | 4 | PA; SP; QL (2 per 1 day) |
| <i>zoledronic acid intravenous recon soln 4 mg</i> | 1 | SP |
| <i>zoledronic acid intravenous solution 4 mg/5 ml</i> | 4 | SP |
| <i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i> | 4 | SP |
| NON-INSULIN HYPOGLYCEMIC AGENTS | | |
| <i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CYCLOSET ORAL TABLET 0.8 MG | 3 | |
| <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i> | 1 | |
| <i>glipizide oral tablet 10 mg, 5 mg</i> | 1 | |
| GLIPIZIDE ORAL TABLET 2.5 MG | 2 | |
| <i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i> | 1 | |
| <i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i> | 1 | |
| <i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i> | 1 | |
| <i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i> | 1 | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 2 | ST |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 2 | PA; ST |
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG | 2 | PA; ST |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-------------------------|
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 2 | PA; ST |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 2 | |
| <i>metformin oral solution 500 mg/5 ml</i> | 2 | |
| <i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i> | 1 | |
| <i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i> | 1 | |
| <i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i> | 3 | PA; QL (2 per 1 day) |
| <i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i> | 3 | PA; QL (2 per 1 day) |
| <i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i> | 2 | |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 2 | ST; QL (0.08 per 1 day) |
| <i>nateglinide oral tablet 120 mg, 60 mg</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2 | ST; QL (0.108 per 1 day) |
| <i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i> | 1 | |
| <i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i> | 2 | |
| <i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i> | 2 | |
| <i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 2 | ST; QL (1 per 1 day) |
| SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML | 3 | |
| SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML | 3 | |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 2 | ST |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG | 2 | ST |
| TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG | 2 | ST |
| TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML | 2 | ST; QL (0.08 per 1 day) |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | 2 | ST; QL (0.3 per 1 day) |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | 2 | ST; QL (0.3 per 1 day) |
| THYROID HORMONES | | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG | 2 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | |
| <i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | |
| LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 2 | |
| <i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | |
| <i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | |
| <i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i> | 1 | |
| <i>np thyroid oral tablet 30 mg, 60 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML | 3 | |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | 3 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i> | 1 | |

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

| | | |
|---|---|--|
| <i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i> | 2 | |
| <i>dicyclomine oral capsule 10 mg</i> | 1 | |
| <i>dicyclomine oral solution 10 mg/5 ml</i> | 1 | |
| <i>dicyclomine oral tablet 20 mg</i> | 1 | |
| <i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i> | 1 | |
| <i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i> | 1 | |
| <i>glycopyrrolate oral tablet 1 mg, 2 mg</i> | 1 | |
| <i>hyoscyamine sulfate oral drops 0.125 mg/ml</i> | 1 | |
| <i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i> | 1 | |
| <i>hyoscyamine sulfate oral tablet 0.125 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i> | 1 | |
| <i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i> | 1 | |
| <i>hyosyne oral drops 0.125 mg/ml</i> | 1 | |
| <i>methscopolamine oral tablet 2.5 mg, 5 mg</i> | 2 | |
| MOTOFEN ORAL TABLET 1-0.025 MG | 3 | |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG | 4 | PA; SP |
| <i>opium tincture oral tincture 10 mg/ml (morphine)</i> | 1 | |

MISCELLANEOUS AGENTS

| | | |
|---|---|--|
| <i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i> | 2 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | 2 | |
| <i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i> | 2 | |
| <i>sevelamer carbonate oral tablet 800 mg</i> | 2 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>sodium polystyrene sulfonate oral powder</i> | 1 | |
| <i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i> | 1 | |
| <i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i> | 1 | |
| VELPHORO ORAL TABLET,CHEWABLE 500 MG | 3 | |
| VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM | 2 | |
| MISCELLANEOUS GASTROINTESTINAL AGENTS | | |
| <i>alosetron oral tablet 0.5 mg, 1 mg</i> | 2 | QL (2 per 1 day) |
| ANZEMET ORAL TABLET 50 MG | 3 | |
| <i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i> | 2 | QL (0.15 per 1 day) |
| <i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i> | 2 | QL (0.15 per 1 day) |
| <i>balsalazide oral capsule 750 mg</i> | 1 | |
| <i>betaine oral powder 1 gram/scoop</i> | 4 | SP |
| <i>budesonide oral capsule,delayed,extended.release 3 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| <i>budesonide oral tablet,delayed and ext.release 9 mg</i> | 3 | |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG | 4 | PA; SP |
| BYLVAY ORAL PELLETT 200 MCG, 600 MCG | 4 | PA; SP |
| CIMZIA POWDER FOR RECONSTITUTION SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 4 | PA; SP; QL (0.08 per 1 day) |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) | 4 | PA; SP; QL (0.08 per 1 day) |
| <i>citrate of magnesia oral solution</i> | 1 | ACA; OTC |
| <i>citroma oral solution</i> | 1 | ACA; OTC |
| <i>clearlax oral powder 17 gram/dose</i> | 1 | ACA; OTC |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/160 ML, 10 MG-3.5 GRAM- 12 GRAM/175 ML | 2 | |
| <i>constulose oral solution 10 gram/15 ml</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 2 | |
| <i>cromolyn oral concentrate 100 mg/5 ml</i> | 1 | |
| DIPENTUM ORAL CAPSULE 250 MG | 3 | |
| <i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i> | 2 | PA; QL (4 per 1 day) |
| <i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i> | 2 | |
| <i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i> | 1 | ACA; OTC |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ML FINAL CONC.) | 4 | PA; SP; QL (0.43 per 1 day) |
| ENTYVIO INTRAVENOUS RECON SOLN 300 MG | 4 | PA; SP; QL (1 per 42 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|----------------------------|
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML | 4 | PA; SP; QL (2 per 28 days) |
| <i>enulose oral solution 10 gram/15 ml</i> | 1 | |
| <i>gavilax oral powder 17 gram/dose</i> | 1 | ACA; OTC |
| <i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i> | 1 | ACA |
| <i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i> | 1 | ACA |
| <i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i> | 1 | ACA; OTC |
| <i>gentlelax oral powder 17 gram/dose</i> | 1 | ACA; OTC |
| <i>granisetron hcl oral tablet 1 mg</i> | 2 | QL (0.86 per 1 day) |
| <i>hydrocortisone topical cream with perineal applicator 2.5 %</i> | 2 | |
| <i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i> | 1 | |
| <i>laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i> | 1 | ACA; OTC |
| <i>laxative peg 3350 oral powder 17 gram/dose</i> | 1 | ACA; OTC |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 2 | QL (1 per 1 day) |
| LIVMARLI ORAL SOLUTION 9.5 MG/ML | 4 | PA; QL (3 per 1 day) |
| <i>lubiprostone oral capsule 24 mcg, 8 mcg</i> | 2 | QL (2 per 1 day) |
| <i>magnesium citrate oral solution</i> | 1 | ACA; OTC |
| <i>mesalamine oral capsule (with del rel tablets) 400 mg</i> | 2 | |
| <i>mesalamine oral capsule, extended release 500 mg</i> | 2 | |
| <i>mesalamine oral capsule, extended release 24hr 0.375 gram</i> | 2 | |
| <i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i> | 2 | |
| <i>mesalamine rectal enema 4 gram/60 ml</i> | 2 | |
| <i>mesalamine rectal suppository 1,000 mg</i> | 2 | |
| <i>metoclopramide hcl oral solution 5 mg/5 ml</i> | 1 | |
| <i>metoclopramide hcl oral tablet 10 mg, 5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i> | 1 | ACA; OTC |
| <i>milk of magnesia oral suspension 400 mg/5 ml</i> | 1 | ACA; OTC |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 2 | QL (30 per 30 days) |
| <i>natura-lax oral powder 17 gram/dose</i> | 1 | ACA; OTC |
| <i>nitroglycerin rectal ointment 0.4 % (w/w)</i> | 2 | |
| <i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i> | 2 | |
| <i>ondansetron hcl oral solution 4 mg/5 ml</i> | 1 | QL (3.34 per 1 day) |
| <i>ondansetron hcl oral tablet 4 mg, 8 mg</i> | 1 | QL (9 per 30 days) |
| <i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i> | 1 | QL (0.3 per 1 day) |
| <i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i> | 1 | ACA; OTC |
| <i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i> | 1 | ACA |
| <i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i> | 1 | ACA |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| <i>peg-electrolyte soln oral recon soln 420 gram</i> | 1 | ACA |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG | 3 | |
| <i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i> | 1 | ACA; OTC |
| <i>polyethylene glycol 3350 oral powder 17 gram/dose</i> | 1 | ACA; OTC |
| <i>powderlax oral powder 17 gram/dose</i> | 1 | ACA; OTC |
| <i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i> | 1 | |
| <i>prochlorperazine rectal suppository 25 mg</i> | 1 | |
| <i>purelax oral powder 17 gram/dose</i> | 1 | ACA; OTC |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | 3 | |
| <i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i> | 3 | |
| SKYRIZI INTRAVENOUS SOLUTION 60 MG/ML | 4 | PA; SP; QL (0.36 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 4 | PA; SP; QL (0.05 per 1 day) |
| <i>smoothlax oral powder 17 gram/dose</i> | 1 | ACA; OTC |
| <i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i> | 1 | |
| <i>sulfasalazine oral tablet 500 mg</i> | 1 | |
| <i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i> | 1 | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | 2 | |
| <i>trimethobenzamide oral capsule 300 mg</i> | 1 | |
| TRULANCE ORAL TABLET 3 MG | 2 | QL (1 per 1 day) |
| <i>ursodiol oral capsule 200 mg, 300 mg, 400 mg</i> | 2 | |
| <i>ursodiol oral tablet 250 mg, 500 mg</i> | 2 | |
| VARUBI ORAL TABLET 90 MG | 2 | PA; QL (0.2 per 1 day) |
| VIBERZI ORAL TABLET 100 MG, 75 MG | 3 | QL (2 per 1 day) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg | 1 | ACA; OTC |
| ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 2 | |
| ULCER THERAPY | | |
| amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg | 1 | |
| cimetidine oral tablet 300 mg, 400 mg, 800 mg | 2 | |
| dexlansoprazole oral capsule,biphase delayed releas 30 mg | 3 | ST; QL (30 per 23 days) |
| dexlansoprazole oral capsule,biphase delayed releas 60 mg | 3 | ST; QL (1 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg, 40 mg | 2 | ST; QL (1 per 1 day) |
| famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml) | 3 | |
| famotidine oral tablet 40 mg | 1 | |
| lansoprazole oral capsule,delayed release(dr/ec) 30 mg | 2 | QL (1 per 1 day) |
| misoprostol oral tablet 100 mcg, 200 mcg | 1 | |
| nizatidine oral capsule 150 mg, 300 mg | 2 | |
| omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg, 40 mg | 1 | QL (1 per 1 day) |
| omeprazole-sodium bicarbonate oral packet 40-1,680 mg | 1 | |
| pantoprazole oral tablet,delayed release (dr/ec) 20 mg, 40 mg | 1 | QL (1 per 1 day) |
| PYLERA ORAL CAPSULE 140-125-125 MG | 2 | |
| rabeprazole oral tablet,delayed release (dr/ec) 20 mg | 2 | ST; QL (1 per 1 day) |
| sucralfate oral tablet 1 gram | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|----------------------------|
| IMMUNOLOGY, VACCINES & BIOTECHNOLOGY | | |
| ANTIVIRALS | | |
| <i>ribavirin oral capsule 200 mg</i> | 4 | SP |
| <i>ribavirin oral tablet 200 mg</i> | 4 | SP |
| BIOTECHNOLOGY DRUGS | | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 4 | PA; SP; QL (4 per 21 days) |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 4 | PA; SP |
| MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) | 4 | PA; SP |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | 4 | PA; SP |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|------------------------|
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | PA; SP |
| GROWTH HORMONES | | |
| EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG | 4 | PA; SP |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 4 | PA; SP |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | 4 | PA; SP |
| INTERFERONS | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 4 | PA; SP |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 4 | SP; QL (2 per 21 days) |
| MULTIPLE SCLEROSIS AGENTS | | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------------|
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 4 | PA; SP; QL (0.04 per 1 day) |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 4 | PA; SP; QL (0.04 per 1 day) |
| BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG | 4 | PA; SP; QL (4 per 1 day) |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 4 | PA; SP; QL (0.5 per 1 day) |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML | 4 | PA; SP; QL (1 per 1 day) |
| COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML | 4 | PA; SP; QL (0.43 per 1 day) |
| <i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg (14)- 240 mg (46)</i> | 4 | PA; SP; QL (60 per 720 days) |
| <i>dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 240 mg</i> | 4 | PA; SP; QL (2 per 1 day) |
| <i> fingolimod oral capsule 0.5 mg</i> | 4 | PA; SP; QL (1 per 1 day) |
| GILENYA ORAL CAPSULE 0.25 MG | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| GILENYA ORAL CAPSULE 0.5 MG | 4 | PA; SP; QL (1 per 1 day) |
| <i>glatiramer subcutaneous syringe 20 mg/ml</i> | 4 | PA; SP; QL (1 per 1 day) |
| <i>glatiramer subcutaneous syringe 40 mg/ml</i> | 4 | PA; SP; QL (0.43 per 1 day) |
| <i>glatopa subcutaneous syringe 20 mg/ml</i> | 4 | PA; SP; QL (1 per 1 day) |
| <i>glatopa subcutaneous syringe 40 mg/ml</i> | 4 | PA; SP; QL (0.43 per 1 day) |
| KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 4 | PA; SP; QL (0.06 per 1 day) |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 4 | PA; SP; QL (2 per 1 day) |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 4 | PA; SP; QL (2 per 1 day) |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 4 | PA; SP; QL (2 per 1 day) |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 4 | PA; SP; QL (2 per 1 day) |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 4 | PA; SP; QL (2 per 1 day) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 4 | PA; SP; QL (2 per 1 day) |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 4 | PA; SP; QL (2 per 1 day) |
| MAYZENT ORAL TABLET 0.25 MG | 4 | PA; SP; QL (4 per 1 day) |
| MAYZENT ORAL TABLET 1 MG, 2 MG | 4 | PA; SP; QL (1 per 1 day) |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS) | 4 | PA; SP; QL (1.75 per 1 day) |
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) | 4 | PA; SP; QL (2.4 per 1 day) |
| OCREVUS INTRAVENOUS SOLUTION 30 MG/ML | 4 | PA; SP; QL (0.12 per 1 day) |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML | 4 | PA; SP; QL (0.4 per 1 day) |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 4 | PA; SP; QL (0.4 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 4 | PA; SP; QL (0.4 per 1 day) |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3) | 4 | PA; SP; QL (1 per 1 day) |
| PONVORY ORAL TABLET 20 MG | 4 | PA; SP; QL (1 per 1 day) |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML | 4 | PA; SP; QL (0.22 per 1 day) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML | 4 | PA; SP; QL (0.22 per 1 day) |
| REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 4 | PA; SP; QL (1 per 720 days) |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 4 | PA; SP; QL (1 per 720 days) |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|------------------------------|
| TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG (14)- 240 MG (46) | 4 | PA; SP; QL (60 per 720 days) |
| TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG, 240 MG | 4 | PA; SP; QL (2 per 1 day) |
| <i>teriflunomide oral tablet 14 mg, 7 mg</i> | 4 | PA; SP; QL (1 per 1 day) |
| VUMERITY ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 231 MG | 4 | PA; SP; QL (4 per 1 day) |

VACCINES & MISCELLANEOUS IMMUNOLOGICALS

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

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML | 2 | PA; ACA |
| AFLURIA QD 2023-24(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | 5 | PA |
| AFLURIA QUAD 2023-2024(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | 5 | PA |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 2 | |
| ASCENIV INTRAVENOUS SOLUTION 10 % | 4 | PA; SP |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 2 | ACA |
| BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML | 2 | PA; ACA |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE | 2 | PA; ACA |
| BIVIGAM INTRAVENOUS SOLUTION 10 % | 4 | PA; SP |
| BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML | 2 | PA; ACA |
| BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 2 | PA; ACA |
| BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT | 4 | PA; SP |
| COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SUSPENSION 30 MCG/0.3 ML | 5 | PA |
| COMIRNATY 2023-24 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML | 5 | PA |
| CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) | 4 | PA; SP |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 2 | PA; ACA |
| DENGVAIXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 2 | PA |
| DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT | 4 | PA; SP |
| ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML | 2 | ACA |
| ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML | 2 | ACA |
| ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML | 2 | ACA |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %, 5 % | 4 | PA; SP |
| FLUAD QUAD 2023-24(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | 5 | PA |
| FLUARIX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | 5 | PA |
| FLUBLOK QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML | 5 | PA |
| FLUCELVAX QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | 5 | PA |
| FLUCELVAX QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | 5 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| FLULAVAL QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | 5 | PA |
| FLUMIST QUAD 2023-2024 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML | 5 | PA |
| FLUZONE HIGHDOSE QUAD 23-24 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML | 5 | PA |
| FLUZONE QUAD 2023-2024 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML | 5 | PA |
| FLUZONE QUAD 2023-2024 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML | 5 | PA |
| GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE | 4 | PA; SP |
| GAMMAGARD LIQUID INJECTION SOLUTION 10 % | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM | 4 | PA; SP |
| GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) | 4 | PA; SP |
| GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION 5 % | 4 | PA; SP |
| GAMMAPLEX INTRAVENOUS SOLUTION 10 % | 4 | PA; SP |
| GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) | 4 | PA; SP |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 2 | PA; ACA |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | PA; ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| GRASTEK SUBLINGUAL TABLET 2,800 BAU | 3 | PA |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 2 | PA; ACA |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 2 | PA; ACA |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | PA; ACA |
| HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | 4 | PA; SP |
| HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | 4 | PA; SP |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) | 4 | PA; SP |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULA R RECON SOLN 2.5 UNIT | 2 | ACA |
| INFANRIX (DTAP) (PF) INTRAMUSCULA R SYRINGE 25-58- 10 LF-MCG- LF/0.5ML | 2 | PA; ACA |
| IPOL INJECTION SUSPENSION 40-8- 32 UNIT/0.5 ML | 2 | PA; ACA |
| IXIARO (PF) INTRAMUSCULA R SYRINGE 6 MCG/0.5 ML | 2 | PA; ACA |
| KINRIX (PF) INTRAMUSCULA R SYRINGE 25 LF- 58 MCG-10 LF/0.5 ML | 2 | PA; ACA |
| MENQUADFI (PF) INTRAMUSCULA R SOLUTION 10 MCG/0.5 ML | 2 | PA; ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| MENVEO A-C-Y- W-135-DIP (PF) INTRAMUSCULA R KIT 10-5 MCG/0.5 ML | 2 | PA; ACA |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 2 | PA; ACA |
| MODERNA COVID 23-24(6M-11Y)PF INTRAMUSCULA R SUSPENSION 25 MCG/0.25 ML | 5 | |
| MYOBLOC INTRAMUSCULA R SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML | 4 | PA; SP |
| NOVAVAX COVID 2023-24(PF)(EUA) INTRAMUSCULA R SUSPENSION 5 MCG/0.5 ML | 5 | |
| OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 % | 4 | PA; SP |
| ODACTRA SUBLINGUAL TABLET 12 SQ- HDM | 3 | PA |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY | 4 | PA; SP |
| PANZYGA INTRAVENOUS SOLUTION 10 % | 4 | PA; SP |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML | 2 | PA; ACA |
| PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML | 2 | PA; ACA |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 2 | |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 48MCG-62DU -10 MCG/0.5ML | 2 | PA; ACA |
| PFIZER COVID 2023-24(5Y-11Y)PF INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML | 5 | |
| PFIZER COVID 2023-24(6MO- 4Y)PF INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3 MCG/0.3 ML | 5 | |
| PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML | 2 | PA; ACA |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML | 2 | PA; ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 2 | PA |
| PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | PA; ACA |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | PA |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 2 | PA |
| PRIVIGEN INTRAVENOUS SOLUTION 10 % | 4 | PA; SP |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 2 | PA; ACA |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 2 | PA; ACA |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF- 48 MCG- 5 LF UNIT/0.5ML | 2 | PA |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 2 | ACA |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT | 3 | PA |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML | 2 | PA |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML | 2 | PA; ACA |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 2 | PA; ACA |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 2 | PA; ACA |
| SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML | 2 | PA; ACA |
| SPIKEVAX 2023- 2024(12Y UP)(PF) INTRAMUSCULAR SUSPENSION 50 MCG/0.5 ML | 5 | |
| SPIKEVAX 2023- 2024(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 5 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML | 2 | PA; ACA |
| TDVAX INTRAMUSCULAR SUSPENSION 2- 2 LF UNIT/0.5 ML | 2 | PA; ACA |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 2 | PA; ACA |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 2 | PA; ACA |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 2 | PA; ACA |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 2 | PA; ACA |
| TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML | 2 | PA; ACA |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 2 | PA; ACA |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | 2 | PA; ACA |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | 2 | PA; ACA |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 2 | PA; ACA |
| VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML | 2 | ACA |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | 2 | PA |
| VAXELIS (PF) INTRAMUSCULAR SUSPENSION 15 UNIT-5 UNIT- 10 MCG/0.5 ML | 2 | PA |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML | 2 | PA |
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | PA |
| VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) | 4 | PA; SP |
| XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT | 4 | PA; SP |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 2 | PA; ACA |

IMMUNOLOGY

INTERLEUKINS

| | | |
|--|---|--|
| <i>imiquimod topical cream in packet 3.75 %, 5 %</i> | 2 | |
|--|---|--|

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

| | | |
|---|---|----|
| <i>allopurinol oral tablet 100 mg, 300 mg</i> | 1 | |
| <i>colchicine oral tablet 0.6 mg</i> | 2 | |
| <i>febuxostat oral tablet 40 mg, 80 mg</i> | 2 | ST |
| <i>probenecid oral tablet 500 mg</i> | 1 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| <i>probenecid-colchicine oral tablet 500-0.5 mg</i> | 1 | |
| OSTEOPOROSIS THERAPY | | |
| <i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i> | 1 | |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) | 4 | PA; SP; QL (0.09 per 1 day) |
| <i>ibandronate oral tablet 150 mg</i> | 2 | |
| <i>raloxifene oral tablet 60 mg</i> | 1 | |
| <i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i> | 2 | |
| <i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i> | 2 | |
| <i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i> | 4 | PA; SP; QL (0.09 per 1 day) |
| TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML) | 4 | PA; SP; QL (0.09 per 1 day) |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 4 | PA; SP; QL (0.06 per 1 day) |
| OTHER RHEUMATOLOGICALS | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 4 | PA; SP; QL (0.13 per 1 day) |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 4 | PA; SP; QL (0.13 per 1 day) |
| BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG | 4 | PA; SP |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 4 | PA; SP; QL (0.15 per 1 day) |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 4 | PA; SP; QL (0.15 per 1 day) |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 4 | PA; SP; QL (0.15 per 1 day) |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 4 | PA; SP; QL (0.15 per 1 day) |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 4 | PA; SP; QL (0.15 per 1 day) |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 4 | PA; SP; QL (0.15 per 1 day) |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 4 | PA; SP; QL (0.15 per 1 day) |
| HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 4 | PA; SP; QL (0.15 per 1 day) |
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML | 4 | PA; SP; QL (0.08 per 1 day) |
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 4 | PA; SP; QL (0.15 per 1 day) |
| HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML | 4 | PA; SP; QL (3 per 720 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML | 4 | PA; SP; QL (2 per 720 days) |
| HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 4 | PA; SP; QL (0.15 per 1 day) |
| HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 4 | PA; SP; QL (0.15 per 1 day) |
| HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 4 | PA; SP; QL (4 per 720 days) |
| HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML | 4 | PA; SP; QL (3 per 720 days) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | 4 | PA; SP; QL (0.09 per 1 day) |
| KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML | 4 | PA; SP; QL (0.09 per 1 day) |
| <i>leflunomide oral tablet 10 mg, 20 mg</i> | 2 | |
| ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG | 4 | PA; SP; QL (4 per 1 day) |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 4 | PA; SP; QL (0.15 per 1 day) |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML | 4 | PA; SP; QL (4 per 21 days) |
| ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML | 4 | PA; SP; QL (0.06 per 1 day) |
| ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML | 4 | PA; SP; QL (0.1 per 1 day) |
| OTEZLA ORAL TABLET 30 MG | 4 | PA; SP; QL (2 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|------------------------------|
| OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47) | 4 | PA; SP; QL (55 per 720 days) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 7.5 MG/0.15 ML | 2 | ST; SP; QL (0.03 per 1 day) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML | 2 | ST; SP; QL (0.04 per 1 day) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML, 17.5 MG/0.35 ML | 2 | ST; SP; QL (0.05 per 1 day) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML | 2 | ST; SP; QL (0.06 per 1 day) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML | 2 | ST; SP; QL (0.07 per 1 day) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML | 2 | ST; SP; QL (0.08 per 1 day) |
| RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML | 2 | ST; SP; QL (0.09 per 1 day) |
| RIDAURA ORAL CAPSULE 3 MG | 3 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG | 4 | PA; SP; QL (30 per 30 days) |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 30 MG, 45 MG | 4 | PA; SP; QL (1 per 1 day) |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | PA |
| SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 3 | PA; QL (1 per 720 days) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML | 4 | PA; SP; QL (1 per 23 days) |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML | 4 | PA; SP; QL (0.04 per 1 day) |
| SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML | 4 | PA; SP; QL (1 per 23 days) |
| XELJANZ ORAL SOLUTION 1 MG/ML | 4 | PA; SP; QL (10 per 1 day) |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 4 | PA; SP; QL (60 per 30 days) |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 4 | PA; SP; QL (30 per 30 days) |

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

| | | |
|--|---|----------|
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM | 2 | ACA |
| FC2 FEMALE CONDOM | 2 | ACA; OTC |
| FEMCAP VAGINAL DEVICE 22 MM | 2 | ACA |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG | 2 | SP; ACA |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HRS (8 YRS) 52 MG | 2 | SP; ACA |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24 HOURS (8 YRS) 52 MG | 2 | SP; ACA |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM | 2 | ACA |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG | 2 | SP; ACA |
| WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM | 2 | ACA |
| ESTROGENS & PROGESTINS | | |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | 3 | |
| <i>camila oral tablet 0.35 mg</i> | 1 | ACA |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | 2 | |
| <i>deblitane oral tablet 0.35 mg</i> | 1 | ACA |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 2 | ACA |
| DUAVEE ORAL TABLET 0.45-20 MG | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ENDOMETRIN VAGINAL INSERT 100 MG | 4 | PA; SP |
| <i>errin oral tablet 0.35 mg</i> | 1 | ACA |
| <i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i> | 1 | |
| <i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 2 | |
| <i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i> | 1 | |
| <i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i> | 2 | |
| <i>estradiol vaginal tablet 10 mcg</i> | 1 | |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) | 2 | |
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION | 3 | |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-------------------------|
| <i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i> | 1 | |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) | 3 | |
| <i>heather oral tablet 0.35 mg</i> | 1 | ACA |
| <i>incassia oral tablet 0.35 mg</i> | 1 | ACA |
| <i>jencycla oral tablet 0.35 mg</i> | 1 | ACA |
| <i>jinteli oral tablet 1-5 mg-mcg</i> | 1 | |
| <i>lyleq oral tablet 0.35 mg</i> | 1 | ACA |
| <i>lyza oral tablet 0.35 mg</i> | 1 | ACA |
| <i>medroxyprogesterone intramuscular suspension 150 mg/ml</i> | 1 | ACA; QL (1 per 68 days) |
| <i>medroxyprogesterone intramuscular syringe 150 mg/ml</i> | 1 | ACA; QL (1 per 68 days) |
| <i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i> | 1 | |
| MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG | 3 | |
| <i>mimvey oral tablet 1-0.5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>nora-be oral tablet 0.35 mg</i> | 1 | ACA |
| <i>norethindrone (contraceptive) oral tablet 0.35 mg</i> | 1 | ACA |
| <i>norethindrone acetate oral tablet 5 mg</i> | 1 | |
| <i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i> | 1 | |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 2 | |
| PREMARIN VAGINAL CREAM 0.625 MG/GRAM | 2 | |
| PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) | 2 | |
| PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG | 2 | |
| <i>progesterone micronized oral capsule 100 mg, 200 mg</i> | 1 | |
| <i>sharobel oral tablet 0.35 mg</i> | 1 | ACA |
| <i>tulana oral tablet 0.35 mg</i> | 1 | ACA |
| <i>yuvafem vaginal tablet 10 mcg</i> | 1 | |

MISCELLANEOUS OB/GYN

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR | 2 | ACA |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | 3 | |
| <i>clindamycin phosphate vaginal cream 2 %</i> | 1 | |
| <i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i> | 1 | ACA |
| <i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i> | 1 | ACA |
| GYNAZOLE-1 VAGINAL CREAM 2 % | 3 | |
| <i>haloette vaginal ring 0.12-0.015 mg/24 hr</i> | 2 | |
| INTRAROSA VAGINAL INSERT 6.5 MG | 3 | |
| <i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | 2 | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | 2 | PA; QL (1 per 1 day) |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | 2 | SP; ACA |
| <i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) | 2 | PA; QL (2 per 1 day) |
| OSPHENA ORAL TABLET 60 MG | 3 | |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | 2 | ACA |
| <i>terconazole vaginal cream 0.4 %, 0.8 %</i> | 1 | |
| <i>terconazole vaginal suppository 80 mg</i> | 2 | |
| <i>tranexamic acid oral tablet 650 mg</i> | 1 | |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR | 2 | ACA |
| <i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i> | 1 | |
| VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % | 2 | ACA; OTC |
| VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % | 2 | ACA; OTC |
| <i>xulane transdermal patch weekly 150-35 mcg/24 hr</i> | 1 | ACA |
| <i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i> | 1 | |

ORAL CONTRACEPTIVES & RELATED AGENTS

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>afirmelle oral tablet 0.1-20 mg-mcg</i> | 1 | ACA |
| <i>after pill oral tablet 1.5 mg</i> | 1 | OTC |
| AFTERA ORAL TABLET 1.5 MG | 2 | ACA; OTC |
| <i>altavera (28) oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | ACA |
| <i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | ACA |
| <i>amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | ACA |
| <i>amethyst (28) oral tablet 90-20 mcg (28)</i> | 1 | ACA |
| <i>apri oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i> | 1 | ACA |
| <i>ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | ACA |
| <i>aubra eq oral tablet 0.1-20 mg-mcg</i> | 1 | ACA |
| <i>aubra oral tablet 0.1-20 mg-mcg</i> | 1 | ACA |
| <i>aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>aurovela 1/20 (21) oral tablet 1-20 mg-mcg</i> | 1 | ACA |
| <i>aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | ACA |
| <i>aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>aviane oral tablet 0.1-20 mg-mcg</i> | 1 | ACA |
| <i>ayuna oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | ACA |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) | 2 | ACA |
| <i>balziva (28) oral tablet 0.4-35 mg-mcg</i> | 1 | ACA |
| <i>blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | ACA |
| <i>blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>briellyn oral tablet 0.4-35 mg-mcg</i> | 1 | ACA |

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

Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>camrese lo oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | 1 | ACA |
| <i>camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | ACA |
| <i>caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg</i> | 1 | ACA |
| <i>charlotte 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i> | 1 | ACA |
| <i>chateal (28) oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>chateal eq (28) oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>cryselle (28) oral tablet 0.3-30 mg-mcg</i> | 1 | ACA |
| <i>cyred eq oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>cyred oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | ACA |
| <i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | ACA |
| <i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | ACA |
| <i>dolishale oral tablet 90-20 mcg (28)</i> | 1 | |
| <i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i> | 1 | ACA |
| <i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i> | 1 | ACA |
| <i>econtra ez oral tablet 1.5 mg</i> | 1 | ACA; OTC |
| <i>econtra one-step oral tablet 1.5 mg</i> | 1 | ACA; OTC |
| <i>elinest oral tablet 0.3-30 mg-mcg</i> | 1 | ACA |
| ELLA ORAL TABLET 30 MG | 3 | ACA |
| <i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 1 | ACA |
| <i>enskyce oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>estarylla oral tablet 0.25-35 mg-mcg</i> | 1 | ACA |
| <i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i> | 1 | ACA |
| <i>falmina (28) oral tablet 0.1-20 mg-mcg</i> | 1 | ACA |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> | 1 | |
| <i>gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | ACA |
| <i>hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | ACA |
| <i>hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>hailey oral tablet 1.5-30 mg-mcg</i> | 1 | ACA |
| <i>iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> | 1 | ACA |
| <i>isibloom oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | ACA |
| <i>jasmiel (28) oral tablet 3-0.02 mg</i> | 1 | ACA |
| <i>jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> | 1 | ACA |
| <i>juleber oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|------------------|------------------------------|
| <i>junel 1/20 (21) oral tablet 1-20 mg-mcg</i> | 1 | ACA |
| <i>junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | ACA |
| <i>kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | 1 | ACA |
| <i>kalliga oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | ACA |
| <i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | ACA |
| <i>kelnor 1-50 (28) oral tablet 1-50 mg-mcg</i> | 1 | ACA |
| <i>kurvelo (28) oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | ACA |
| <i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 1 | ACA |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i> | 1 | ACA |
| <i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | ACA |
| <i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>layolis fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i> | 1 | ACA |
| <i>leena 28 oral tablet 0.5/1/0.5-35 mg-mcg</i> | 1 | ACA |
| <i>lessina oral tablet 0.1-20 mg-mcg</i> | 1 | ACA |
| <i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 1 | ACA |
| <i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i> | 1 | |
| <i>levonorgestrel oral tablet 1.5 mg</i> | 1 | ACA; OTC |
| <i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i> | 1 | ACA |
| <i>levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 1 | ACA |
| <i>levora-28 oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) | 2 | ACA |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | 2 | ACA |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | 2 | ACA |
| <i>lojaimiess oral tablets, dose pack, 3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i> | 1 | ACA |
| <i>loryna (28) oral tablet 3-0.02 mg</i> | 1 | ACA |
| <i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i> | 1 | ACA |
| <i>lo-zumandimine (28) oral tablet 3-0.02 mg</i> | 1 | ACA |
| <i>lutra (28) oral tablet 0.1-20 mg-mcg</i> | 1 | ACA |
| <i>marlissa (28) oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>merzee oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | ACA |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> | 1 | ACA |
| <i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i> | 1 | ACA |
| <i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i> | 1 | ACA |
| <i>microgestin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 2 | ACA |
| <i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | |
| <i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>mili oral tablet 0.25-35 mg-mcg</i> | 1 | ACA |
| <i>mono-linyah oral tablet 0.25-35 mg-mcg</i> | 1 | ACA |
| <i>my choice oral tablet 1.5 mg</i> | 1 | ACA; OTC |
| <i>my way oral tablet 1.5 mg</i> | 1 | ACA; OTC |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG | 3 | ACA |
| <i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 1 | ACA |
| <i>new day oral tablet 1.5 mg</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) | 2 | |
| <i>nikki (28) oral tablet 3-0.02 mg</i> | 1 | ACA |
| <i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)</i> | 1 | ACA |
| <i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i> | 1 | ACA |
| <i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | ACA |
| <i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | 1 | |
| <i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i> | 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i> | 1 | ACA |
| <i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i> | 1 | ACA |
| <i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i> | 1 | ACA |
| <i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | ACA |
| <i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i> | 1 | ACA |
| <i>nylia 1/35 (28) oral tablet 1-35 mg-mcg</i> | 1 | |
| <i>nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg-35 mcg</i> | 1 | ACA |
| <i>nymyo oral tablet 0.25-35 mg-mcg</i> | 1 | ACA |
| <i>ocella oral tablet 3-0.03 mg</i> | 1 | ACA |
| <i>opcicon one-step oral tablet 1.5 mg</i> | 1 | ACA; OTC |
| <i>option-2 oral tablet 1.5 mg</i> | 1 | ACA; OTC |
| <i>philith oral tablet 0.4-35 mg-mcg</i> | 1 | ACA |
| <i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| PLAN B ONE-STEP ORAL TABLET 1.5 MG | 2 | ACA; OTC |
| <i>portia 28 oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>reclipsen (28) oral tablet 0.15-0.03 mg</i> | 1 | ACA |
| <i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i> | 1 | ACA |
| <i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i> | 1 | ACA |
| <i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | ACA |
| <i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i> | 1 | ACA |
| SLYND ORAL TABLET 4 MG (28) | 2 | ACA |
| <i>sprintec (28) oral tablet 0.25-35 mg-mcg</i> | 1 | ACA |
| <i>sronyx oral tablet 0.1-20 mg-mcg</i> | 1 | ACA |
| <i>syeda oral tablet 3-0.03 mg</i> | 1 | ACA |
| TAKE ACTION ORAL TABLET 1.5 MG | 2 | ACA; OTC |
| <i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i> | 1 | ACA |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i> | 1 | ACA |
| <i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | 1 | ACA |
| <i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | ACA |
| <i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i> | 1 | ACA |
| <i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | ACA |
| <i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | ACA |
| <i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | ACA |
| <i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | ACA |
| <i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | ACA |
| <i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | ACA |
| <i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | ACA |
| <i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i> | 1 | ACA |
| <i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i> | 1 | ACA |
| <i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i> | 1 | ACA |
| <i>turqoz (28) oral tablet 0.3-30 mg-mcg</i> | 1 | |
| TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG | 2 | ACA |
| <i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i> | 1 | ACA |
| <i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i> | 1 | ACA |
| <i>vestura (28) oral tablet 3-0.02 mg</i> | 1 | |
| <i>vienva oral tablet 0.1-20 mg-mcg</i> | 1 | ACA |
| <i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | ACA |
| <i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i> | 1 | ACA |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i> | 1 | ACA |
| <i>vylibra oral tablet 0.25-35 mg-mcg</i> | 1 | ACA |
| <i>wera (28) oral tablet 0.5-35 mg-mcg</i> | 1 | ACA |
| <i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i> | 1 | ACA |
| YAZ (28) ORAL TABLET 3-0.02 MG | 3 | ACA |
| <i>zarah oral tablet 3-0.03 mg</i> | 1 | ACA |
| <i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i> | 1 | ACA |
| <i>zumandimine (28) oral tablet 3-0.03 mg</i> | 1 | ACA |
| OPHTHALMOLOGY | | |
| ANTIBIOTICS | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | 3 | |
| <i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i> | 1 | |
| <i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i> | 1 | |
| BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % | 3 | |
| <i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i> | 1 | |
| <i>gatifloxacin ophthalmic (eye) drops 0.5 %</i> | 2 | |
| <i>gentamicin ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>levofloxacin ophthalmic (eye) drops 1.5 %</i> | 1 | |
| <i>moxifloxacin ophthalmic (eye) drops 0.5 %</i> | 2 | |
| <i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i> | 2 | |
| NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % | 3 | |
| <i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | 1 | |

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| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i> | 1 | |
| <i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i> | 1 | |
| <i>ofloxacin ophthalmic (eye) drops 0.3 %</i> | 1 | |
| <i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i> | 1 | |
| <i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i> | 1 | |
| <i>tobramycin ophthalmic (eye) drops 0.3 %</i> | 1 | |
| TOBREX OPTHALMIC (EYE) OINTMENT 0.3 % | 3 | |
| ANTIVIRALS | | |
| <i>trifluridine ophthalmic (eye) drops 1 %</i> | 2 | |
| ZIRGAN OPTHALMIC (EYE) GEL 0.15 % | 3 | |
| BETA-BLOCKERS | | |
| <i>betaxolol ophthalmic (eye) drops 0.5 %</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| BETIMOL OPTHALMIC (EYE) DROPS 0.25 %, 0.5 % | 3 | |
| BETOPTIC S OPTHALMIC (EYE) DROPS,SUSPENSION 0.25 % | 3 | |
| <i>carteolol ophthalmic (eye) drops 1 %</i> | 1 | |
| <i>levobunolol ophthalmic (eye) drops 0.5 %</i> | 1 | |
| <i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i> | 1 | |
| <i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i> | 2 | |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %</i> | 2 | |
| <i>timolol maleate ophthalmic (eye) gel forming solution 0.5 %</i> | 3 | |
| CHOLINESTERASE INHIBITOR MIOTICS | | |
| PHOSPHOLINE IODIDE OPTHALMIC (EYE) DROPS 0.125 % | 3 | SP |
| CYCLOPLEGIC MYDRIATICS | | |
| <i>atropine ophthalmic (eye) drops 1 %</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| <i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i> | 1 | |
| DIRECT ACTING MIOTICS | | |
| <i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i> | 1 | |
| MISCELLANEOUS OPHTHALMOLOGICS | | |
| ALOCRILOPHTHALMIC (EYE) DROPS 2 % | 3 | PA |
| ALOMIDOPHTHALMIC (EYE) DROPS 0.1 % | 3 | PA |
| <i>azelastine ophthalmic (eye) drops 0.05 %</i> | 1 | |
| <i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i> | 2 | |
| <i>cromolyn ophthalmic (eye) drops 4 %</i> | 1 | |
| <i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i> | 1 | PA; QL (60 per 23 days) |
| CYSTARANOPHTHALMIC (EYE) DROPS 0.44 % | 4 | SP |
| <i>epinastine ophthalmic (eye) drops 0.05 %</i> | 2 | |
| LACRISERTOPHTHALMIC (EYE) INSERT 5 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-------------------------|
| <i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i> | 2 | |
| <i>proparacaine ophthalmic (eye) drops 0.5 %</i> | 1 | |
| XIIDRAOPHTHALMIC (EYE) DROPPERETTE 5 % | 2 | PA; QL (60 per 30 days) |
| NON-STEROIDAL ANTI-INFLAMMATORY AGENTS | | |
| <i>bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %</i> | 2 | |
| <i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i> | 1 | |
| <i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i> | 1 | |
| <i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i> | 1 | |
| NEVANACOPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | 3 | |
| ORAL DRUGS FOR GLAUCOMA | | |
| <i>acetazolamide oral capsule, extended release 500 mg</i> | 1 | |
| <i>acetazolamide oral tablet 125 mg, 250 mg</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>methazolamide oral tablet 25 mg, 50 mg</i> | 2 | |
| OTHER GLAUCOMA DRUGS | | |
| <i>bimatoprost ophthalmic (eye) drops 0.03 %</i> | 2 | ST |
| <i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i> | 2 | |
| <i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i> | 2 | |
| <i>dorzolamide ophthalmic (eye) drops 2 %</i> | 1 | |
| <i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i> | 1 | |
| <i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i> | 1 | |
| <i>latanoprost ophthalmic (eye) drops 0.005 %</i> | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 3 | ST |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 3 | PA |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 2 | PA |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % | 3 | |
| <i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i> | 1 | ST |
| <i>travoprost ophthalmic (eye) drops 0.004 %</i> | 2 | ST |
| STEROID-ANTIBIOTIC COMBINATIONS | | |
| <i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i> | 1 | |
| <i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i> | 1 | |
| <i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i> | 2 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i> | 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | 3 | |
| <i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i> | 2 | |
| ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % | 3 | |
| STEROIDS | | |
| <i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i> | 1 | |
| <i>difluprednate ophthalmic (eye) drops 0.05 %</i> | 2 | |
| FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % | 3 | |
| <i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i> | 1 | |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| <i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i> | 2 | |
| <i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i> | 2 | |
| PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % | 3 | |
| <i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i> | 1 | |
| <i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i> | 3 | |
| STEROID-SULFONAMIDE COMBINATIONS | | |
| <i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i> | 1 | |
| SULFONAMIDES | | |
| <i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i> | 1 | |
| <i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i> | 1 | |
| SYMPATHOMIMETICS | | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 % | 3 | |
| <i>apraclonidine ophthalmic (eye) drops 0.5 %</i> | 2 | |
| <i>brimonidine ophthalmic (eye) drops 0.1 %, 0.2 %</i> | 1 | |
| <i>brimonidine ophthalmic (eye) drops 0.15 %</i> | 2 | |
| IOPIDINE OPTHALMIC (EYE) DROPPERETTE 1 % | 3 | |

RESPIRATORY, ALLERGY, COUGH & COLD

ANTI-HISTAMINE & ANTI-ALLERGENIC AGENTS

| | | |
|--|---|--|
| <i>carbinoxamine maleate oral liquid 4 mg/5 ml</i> | 2 | |
| <i>carbinoxamine maleate oral tablet 4 mg</i> | 2 | |
| <i>clemastine oral tablet 2.68 mg</i> | 1 | |
| <i>cyproheptadine oral syrup 2 mg/5 ml</i> | 1 | |
| <i>cyproheptadine oral tablet 4 mg</i> | 1 | |
| <i>desloratadine oral tablet 5 mg</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i> | 2 | |
| <i>diphenhydramine hcl injection solution 50 mg/ml</i> | 1 | |
| <i>diphenhydramine hcl injection syringe 50 mg/ml</i> | 1 | |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML | 1 | |
| <i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i> | 1 | |
| <i>hydroxyzine hcl oral solution 10 mg/5 ml</i> | 1 | |
| <i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i> | 1 | |
| <i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i> | 1 | |
| <i>promethazine injection solution 25 mg/ml, 50 mg/ml</i> | 1 | |
| <i>promethazine oral syrup 6.25 mg/5 ml</i> | 1 | |
| <i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| <i>promethazine rectal suppository 12.5 mg, 25 mg</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i> | 1 | |
| COUGH & COLD THERAPY | | |
| <i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i> | 1 | |
| <i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i> | 1 | |
| <i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i> | 1 | |
| <i>g tussin ac oral liquid 10-100 mg/5 ml</i> | 1 | |
| <i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i> | 1 | |
| <i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i> | 1 | |
| <i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i> | 1 | |
| PULMONARY AGENTS | | |
| <i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i> | 1 | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION , 230-21 MCG/ACTUATION , 45-21 MCG/ACTUATION | 2 | |
| <i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i> | 1 | |
| <i>albuterol sulfate oral syrup 2 mg/5 ml</i> | 1 | |
| <i>albuterol sulfate oral tablet 2 mg, 4 mg</i> | 1 | |
| <i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i> | 1 | |
| <i>ambriasantan oral tablet 10 mg, 5 mg</i> | 4 | PA; SP |
| <i>aminophylline intravenous solution 250 mg/10 ml</i> | 1 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 2 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------------|
| ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION | 2 | |
| ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION , 50 MCG/ACTUATION | 2 | |
| ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) | 2 | |
| <i>azelastine- fluticasone nasal spray, non-aerosol 137-50 mcg/spray</i> | 3 | |
| BERINERT INTRAVENOUS KIT 500 UNIT (10 ML) | 4 | PA; SP; QL (0.34 per 1 day) |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------------|
| <i>bosentan oral tablet 125 mg, 62.5 mg</i> | 4 | PA; SP |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE | 2 | |
| <i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 1 mg/2 ml</i> | 1 | |
| <i>budesonide inhalation suspension for nebulization 0.5 mg/2 ml</i> | 1 | QL (120 per 30 days) |
| <i>budesonide- formoterol inhalation hfa aerosol inhaler 160- 4.5 mcg/actuation, 80-4.5 mcg/actuation</i> | 1 | |
| CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML) | 4 | PA; SP; QL (0.67 per 1 day) |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 2 | |
| <i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION | 2 | |
| ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML | 2 | |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 4 | PA; SP |
| FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML | 4 | PA; SP |
| <i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i> | 1 | |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------|
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION | 1 | |
| <i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | 2 | |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | 4 | PA; SP |
| <i>icatibant subcutaneous syringe 30 mg/3 ml</i> | 4 | PA; SP; QL (0.6 per 1 day) |
| <i>ipratropium bromide inhalation solution 0.02 %</i> | 1 | |
| <i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i> | 1 | |
| KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) | 4 | PA; SP; QL (0.48 per 1 day) |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG | 4 | PA; SP; QL (2 per 1 day) |
| KALYDECO ORAL TABLET 150 MG | 4 | PA; SP; QL (2 per 1 day) |
| <i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i> | 1 | |
| <i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i> | 2 | |
| <i>montelukast oral granules in packet 4 mg</i> | 1 | |
| <i>montelukast oral tablet 10 mg</i> | 1 | |
| <i>montelukast oral tablet, chewable 4 mg, 5 mg</i> | 1 | |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 4 | PA; SP |
| NUCALA SUBCUTANEOUS RECON SOLN 100 MG | 4 | PA; SP |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML | 4 | PA; SP |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 4 | PA; SP |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|--------------------------|
| OPSUMIT ORAL TABLET 10 MG | 4 | PA; SP |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 4 | PA; SP; QL (2 per 1 day) |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 4 | PA; SP; QL (4 per 1 day) |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | 4 | PA; SP; QL (1 per 1 day) |
| <i>pirfenidone oral capsule 267 mg</i> | 4 | PA; SP |
| <i>pirfenidone oral tablet 267 mg, 801 mg</i> | 4 | PA; SP |
| PIRFENIDONE ORAL TABLET 534 MG | 4 | PA; SP |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION , 90 MCG/ACTUATION | 2 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 4 | PA; SP |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------------|
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION | 3 | |
| <i>roflumilast oral tablet 250 mcg, 500 mcg</i> | 2 | |
| RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT | 4 | PA; SP; QL (0.27 per 1 day) |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 2 | |
| <i>sildenafil (pulm.hypertension) oral tablet 20 mg</i> | 4 | PA; SP |
| <i>sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %</i> | 1 | |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------------------|
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 2 | |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 2 | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 2 | |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100- 150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 4 | PA; SP; QL (2 per 1 day) |
| <i>tadalafil (pulm. hypertension) oral tablet 20 mg</i> | 4 | PA; SP |
| TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) | 4 | PA; SP; QL (0.15 per 1 day) |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) | 4 | PA; SP; QL (0.15 per 1 day) |
| <i>terbutaline oral tablet 2.5 mg, 5 mg</i> | 1 | |
| <i>terbutaline subcutaneous solution 1 mg/ml</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|--------------------------|
| <i>theophylline oral elixir 80 mg/15 ml</i> | 1 | |
| <i>theophylline oral solution 80 mg/15 ml</i> | 1 | |
| <i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i> | 1 | |
| <i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i> | 1 | |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 2 | |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | 4 | PA; SP; QL (2 per 1 day) |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | 4 | PA; SP; QL (3 per 1 day) |
| VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i> | 1 | |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 4 | PA; SP |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 4 | PA; SP |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 4 | PA; SP |
| <i>zafirlukast oral tablet 10 mg, 20 mg</i> | 2 | |
| <i>zileuton oral tablet, er multiphase 12 hr 600 mg</i> | 3 | ST |
| ZYFLO ORAL TABLET 600 MG | 3 | ST |
| UROLOGICALS | | |
| ANTICHOLINERGICS & ANTISPASMODICS | | |
| <i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i> | 2 | |
| <i>flavoxate oral tablet 100 mg</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------|
| MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML | 2 | |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | 2 | |
| <i>oxybutynin chloride</i> <i>oral syrup 5 mg/5 ml</i> | 1 | |
| <i>oxybutynin chloride</i> <i>oral tablet 5 mg</i> | 1 | |
| <i>oxybutynin chloride</i> <i>oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i> | 1 | |
| <i>solifenacin oral</i> <i>tablet 10 mg, 5 mg</i> | 2 | |
| <i>tolterodine oral</i> <i>capsule,extended release 24hr 2 mg, 4 mg</i> | 2 | |
| <i>tolterodine oral</i> <i>tablet 1 mg, 2 mg</i> | 1 | |
| <i>trospium oral</i> <i>capsule,extended release 24hr 60 mg</i> | 2 | |
| <i>trospium oral tablet</i> <i>20 mg</i> | 1 | |
| BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY | | |
| <i>alfuzosin oral tablet</i> <i>extended release 24 hr 10 mg</i> | 2 | |
| <i>dutasteride oral</i> <i>capsule 0.5 mg</i> | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|-----------|-----------------------------|
| <i>dutasteride- tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i> | 1 | |
| <i>finasteride oral</i> <i>tablet 5 mg</i> | 1 | |
| <i>silodosin oral</i> <i>capsule 4 mg, 8 mg</i> | 2 | PA |
| <i>tadalafil oral tablet</i> <i>2.5 mg</i> | 3 | SP |
| <i>tadalafil oral tablet</i> <i>5 mg</i> | 3 | PA; SP; QL (1 per 1 day) |
| <i>tamsulosin oral</i> <i>capsule 0.4 mg</i> | 1 | |
| CHOLINERGIC STIMULANTS | | |
| <i>bethanechol chloride</i> <i>oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i> | 1 | |
| MISCELLANEOUS UROLOGICALS | | |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 4 | PA; SP |
| ELMIRON ORAL CAPSULE 100 MG | 3 | |
| <i>potassium citrate</i> <i>oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i> | 2 | |
| VITAMINS, HEMATINICS & ELECTROLYTES | | |
| ELECTROLYTES | | |
| <i>calcium</i> <i>acetate(phosphat bind) oral capsule</i> <i>667 mg</i> | 1 | |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>calcium acetate(phosphat bind) oral tablet 667 mg</i> | 1 | |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | 3 | |
| <i>effer-k oral tablet, effervescent 25 meq</i> | 3 | |
| <i>klor-con 10 oral tablet extended release 10 meq</i> | 1 | |
| <i>klor-con 8 oral tablet extended release 8 meq</i> | 1 | |
| <i>klor-con m10 oral tablet,er particles/crystals 10 meq</i> | 1 | |
| <i>klor-con m15 oral tablet,er particles/crystals 15 meq</i> | 3 | |
| <i>klor-con m20 oral tablet,er particles/crystals 20 meq</i> | 1 | |
| <i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i> | 1 | |
| <i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i> | 2 | |
| <i>potassium chloride oral packet 20 meq</i> | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i> | 1 | |
| <i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i> | 1 | |
| MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES | | |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML | 4 | PA; SP |
| VITAMINS & HEMATINICS | | |
| <i>b complex 1 (with folic acid) oral tablet 0.4 mg</i> | 1 | ACA; OTC |
| <i>b complex-vitamin c-folic acid oral tablet 400 mcg</i> | 1 | ACA; OTC |
| <i>balanced b-100 oral tablet 0.4 mg</i> | 1 | ACA; OTC |
| <i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i> | 1 | ACA; OTC |
| <i>classic prenatal oral tablet 28 mg iron-800 mcg</i> | 1 | ACA; OTC |
| <i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i> | 1 | |
| <i>cyanocobalamin (vitamin b-12) nasal spray,non-aerosol 500 mcg/spray</i> | 2 | |
| <i>dialyvite 800 oral tablet 0.8 mg</i> | 1 | ACA; OTC |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>dodex injection solution 1,000 mcg/ml</i> | 1 | |
| <i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i> | 1 | |
| <i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i> | 1 | ACA; OTC |
| <i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | 1 | ACA; OTC |
| <i>folic acid oral tablet 1 mg</i> | 1 | |
| <i>folic acid oral tablet 400 mcg, 800 mcg</i> | 1 | ACA; OTC |
| <i>folitab oral tablet extended release 105 mg iron- 500 mg- 800 mcg</i> | 1 | OTC |
| <i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i> | 1 | ACA; OTC |
| <i>full spectrum b-vitamin c oral tablet 0.8 mg</i> | 1 | ACA; OTC |
| <i>kobee oral tablet 0.4 mg</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|-----------|-----------------------|
| <i>ludent fluoride oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i> | 1 | ACA; OTC |
| <i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i> | 1 | ACA; OTC |
| <i>multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i> | 1 | ACA; OTC |
| <i>mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg</i> | 1 | ACA; OTC |
| NASCOBAL NASAL SPRAY, NON- AEROSOL 500 MCG/SPRAY | 2 | |
| <i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i> | 1 | ACA; OTC |
| <i>prenatal complete oral tablet 14 mg iron- 400 mcg</i> | 1 | ACA; OTC |
| <i>prenatal multi-dha (algal oil) oral capsule 27mg iron- 800 mcg-250 mg</i> | 1 | ACA; OTC |
| <i>prenatal multivitamins oral tablet 28 mg iron- 800 mcg</i> | 1 | OTC |
| <i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i> | 1 | ACA; OTC |

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Effective as of 05/01/2024

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>prenatal oral tablet 28 mg iron- 800 mcg</i> | 1 | ACA; OTC |
| <i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i> | 1 | OTC |
| <i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i> | 1 | OTC |
| <i>prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg</i> | 1 | ACA; OTC |
| <i>rena-vite oral tablet 0.8 mg</i> | 1 | ACA; OTC |
| <i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i> | 1 | ACA; OTC |
| <i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i> | 1 | ACA; OTC |

| Drug Name | Drug Tier | Requirements / Limits |
|--|------------------|------------------------------|
| <i>super b maxi complex oral tablet 0.4 mg</i> | 1 | ACA; OTC |
| <i>super quints oral tablet 0.4 mg</i> | 1 | ACA; OTC |
| <i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i> | 1 | ACA; OTC |
| <i>vitamin b complex-folic acid oral tablet 0.4 mg</i> | 1 | ACA; OTC |
| <i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i> | 1 | ACA; OTC |

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| <i>methotrexate sodium</i> | 17 | <i>morphine concentrate</i> | 29 | <i>dexameth</i> | 105 |
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| <i>methoxsalen</i> | 52 | MOUNJARO..... | 68 | <i>gramicidin</i> | 103 |
| <i>methscopolamine</i> | 71 | MOVANTIK..... | 74 | <i>neomycin-polymyxin-hc</i> 62, 105 | |
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| <i>methylphenidate</i> | 37 | MOZOBIL..... | 77 | <i>neo-polycin hc</i> | 106 |

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| NEUPRO..... | 24 | <i>nortrel 1/35 (28)</i> | 100 | OMNIPOD 5 G6 PODS (GEN | 5)..... | 64 |
| NEVANAC | 104 | <i>nortrel 7/7/7 (28)</i> | 100 | OMNIPOD DASH INTRO | KIT (GEN 4)..... | 64 |
| <i>nevirapine</i> | 6 | <i>nortriptyline</i> | 37 | OMNIPOD DASH PODS | (GEN 4)..... | 64 |
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| <i>nilutamide</i> | 17 | <i>nylia 7/7/7 (28)</i> | 100 | <i>oralone</i> | | 61 |
| <i>nimodipine</i> | 44 | <i>nymyo</i> | 100 | ORAVIG..... | | 3 |
| NINLARO..... | 17 | <i>nystatin</i> | 3, 55 | ORENCIA | | 90 |
| <i>nisoldipine</i> | 44 | <i>nystatin-triamcinolone</i> | 55 | ORENCIA (WITH | | |
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| <i>nitrofurantoin monohyd/m-</i> | | ODACTRA..... | 84 | TITRATION KT | | 44 |
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| <i>pacerone</i> | 40 | <i>phenytoin sodium extended</i> .. | 23 | <i>prednisolone acetate</i> | 106 |
| PADCEV | 18 | PHEXXI | 94 | <i>prednisolone sodium</i> | |
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| PASER | 10 | <i>pioglitazone-glimepiride</i> | 69 | | 116 |
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