AlaskaCare Retiree DC Plan Medicare Part D and Non-Part D Drug Formulary

Effective Jan. 1, 2026

Please read: this document contains information about the drugs we cover in this plan.

This Comprehensive formulary is a complete list of Part D and wrap supplemental (Non-Part D) drugs covered by our plan. For more recent information or if you have questions, please contact:

Optum Rx Member Services

Phone (toll-free): **1-855-409-6999**
TTY users: **711**
Hours of operation: 24 hours a day, 7 days a week

Visit optumrx.com or log on to the Optum Rx app to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

Note to existing members: This formulary has changed since last year. Please review this document to make sure it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us," or "our," it means Optum Rx. When it refers to "plan" or "our plan," it means AlaskaCare.

Optum Rx®

AlaskaCare Retiree Pharmacy Plan

Understanding your formulary

What is the Comprehensive Formulary?

A formulary is the plan's drug list selected by AlaskaCare in consultation with Optum Rx and a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. This includes both the Part D and supplemental wrap (non-Part D) medications. This plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, and other plan rules are followed. Please note: the amount you pay for a drug will depend on if the prescription is filled at an Optum Rx network pharmacy, or not. If you fill a prescription out-of-network, you may have to pay the full price of the drug, then submit a claim for reimbursement.

Can the formulary (drug list) change?

Yes. If you are taking a drug on our 2026 formulary that is covered at the beginning of the year, we will continue coverage of the drug during the 2026 coverage year except when new adverse information about the safety or effectiveness of a drug is released.

If we make a change to our formulary (i.e. add prior authorization, quantity limit, and/or move a drug to a higher cost-sharing tier, if applicable), we must notify affected members. Members will receive a notice regarding the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug. The member will receive a 60-day supply of the drug. If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe, or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

The enclosed formulary is current as of Dec. 1, 2025. To get updated information about covered drugs, please contact Optum Rx. Our contact information is shown on the front and back cover pages. You may also visit our website at optumrx.com where you will find the most up-to-date information about our list of covered drugs (formulary) by using the "Drug Information" tool (found under the "Member Tools" tab.

About this formulary

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

How do I use the formulary?

There are 2 ways to find your drug within the formulary:

- **Medical condition**
  The drugs in this formulary are grouped into categories depending on the type of medical condition(s) they are used to treat. For example, drugs used to treat a heart condition are listed under the category "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list. Then, look under the category name for your drug.
- **Alphabetical listing**
  If you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index.

Formulary design

The formulary structure features generic drugs and preferred brand-name drugs.

Drug tier	Helpful tips
Tier 1	Most generic drugs are listed under Tier 1 and have the lowest copayments.
Tier 2	Drugs listed under Tier 2 generally include preferred brand-name drugs that have lower copayments than non-preferred brand-name drugs.
Tier 3	Drugs listed under Tier 3 generally have higher copayments than preferred brand-name drugs and may include some specialty or high-cost drugs*.

* High-Cost (and some Specialty) drugs are those that cost $830 or more for up to a 30-day maximum supply.

Please refer to your *Evidence of Coverage* for more information.

Medication tips

What are generic drugs?

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

Are there any restrictions on my coverage?

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

Prior Authorization (PA)	You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, the drug may not be covered.
Quantity Limit (QL)	For certain drugs, there is a limit on the amount of the drug we will cover.

To find out if your drug has any additional requirements or limits, look in the formulary. You can also get more information about restrictions applied to specific covered drugs by visiting our website or by calling Optum Rx at **1-855-409-6999.** Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

You can ask Optum Rx to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. See the section “How do I request an exception to the formulary?” for additional information.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Optum Rx and ask if your drug is covered. Our contact information is shown on the front and back cover pages.

If your drug is not covered, you have 2 options:

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

AlaskaCare offers enhanced supplemental coverage on some prescription drugs not normally covered under Medicare Part D and/or Part B. This formulary includes those supplemental medications. Please contact Optum Rx for any questions regarding your enhanced supplemental benefits.

How do I request an exception to the formulary?

You can ask Optum Rx to make an exception to the coverage rules. There are 2 types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, the drug will be covered at a predetermined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug.

Note: If we grant your request to cover a drug that is not on the formulary, you may not ask us to provide a higher level of coverage for the drug.

Generally, we will only approve your request for an exception if the drug is included on the plan's formulary, or if additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact Optum Rx for an initial coverage decision for a formulary, tier, or utilization restriction exception. **When you request a formulary, tier, or utilization restriction exception, you must submit a statement from your doctor (or other prescriber) supporting your request.**

Generally, we must make our decision within 72 hours of getting your doctor's (or other prescriber's) supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor (or other prescriber).

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

As a new or continuing member in the AlaskaCare Retiree Medicare Prescription Drug Plan, you may be taking drugs that are not on the formulary, not covered under the AlaskaCare enhanced supplemental benefits, or your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor (or other prescriber) to decide if you should switch to an alternative drug that is covered or request a formulary exception. While you talk to your doctor (or other prescriber) to determine the right course of action for you, the plan may cover your drug in certain cases during the first 90 days you are a member of the plan.

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

If you are a resident of a long-term care facility, the plan will allow you to refill your prescription until you have been provided with a 31-day transition supply, written for as many pills as necessary, unless you have a prescription written for fewer days. The plan will cover more than one refill of these drugs for the first 90 days you are a member of the plan.

The plan will cover a 31-day emergency supply of a drug (unless you have a prescription for fewer days) while you get a formulary exception for the following:

- If you need a drug that is not on the Part D formulary
- If you need a drug that is not covered under the AlaskaCare enhanced supplemental benefits
- If your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan

If you are a current member with a level-of-care change and you need a drug that is not on the plan formulary, or if your ability to get your drugs is limited, the plan will cover a temporary 31-day transition supply (unless you have a prescription written for fewer days) while you seek a formulary exception. If you are in the process of seeking an exception, the plan will consider allowing continued coverage until a decision is made.

For more information
For more detailed information about your prescription drug coverage, please review your other plan materials. If you have questions about the plan, please call Optum Rx at **1-855-409-6999.** Our contact information, along with the date we last updated the formulary, is shown on the front and back cover pages.

Questions

If you have general questions about Medicare prescription drug coverage: please call Medicare at **1-800-MEDICARE** (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048.** You may also visit **medicare.gov**.

Reading your formulary

The formulary below provides coverage information about some of your covered drugs on both the Part D and Non-Part D (supplemental wrap) benefits. If you have trouble finding your drug in the list, turn to the Index for assistance.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., COZAAR), and generic drugs are listed in lower-case italics (e.g., atenolol). The following abbreviations listed in the "Requirements/Limits" column let you know if there are any special requirements for coverage of your drug.

Requirements/Limits	Helpful tips
B/D	This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
PA	Prior Authorization. Our plan requires you or your physician to get prior authorization for certain drugs. This means you will need to get approval from Optum Rx before you fill your prescriptions. If you do not get approval, your drug may not be covered.
QL	Quantity Limit. For certain drugs, our plan limits the amount of the drug that will be covered.
PV	Preventive medication. This medication may be available at zero copay.
NDS	Non-Extended Days' Supply. This prescription drugs is not available for an extended days' supply.

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Drug Name	Drug Tier	Requirements /Limits
Analgesics		
Non-FRF		
acetaminophen intravenous solution	1	
JOURNAVX ORAL TABLET	3	
Nonsteroidal Anti-inflammatory Drugs		
ACETYL SALICYLIC ACID POWDER	2	
ANAPROX DS ORAL TABLET	3	
ARTHROTEC ORAL TABLET DELAYED RELEASE	3	
aspirin 81 oral tablet delayed release	1	PV
aspirin adult low dose oral tablet delayed release	1	PV
aspirin adult low strength oral tablet delayed release	2	PV
aspirin childrens oral tablet chewable	2	PV
aspirin ec adult low dose oral tablet delayed release	2	PV
aspirin ec low dose oral tablet delayed release	2	PV
aspirin ec low strength oral tablet delayed release	2	PV
aspirin low dose oral tablet chewable	1	PV
aspirin low dose oral tablet delayed release	1	PV
aspirin oral tablet chewable	1	PV
aspirin oral tablet delayed release	1	PV
aspirin regimen oral tablet delayed release	1	PV
CALDOLOR INTRAVENOUS SOLUTION	3	
CAMBIA ORAL PACKET	3	
CELEBREX ORAL CAPSULE	3	
celecoxib oral capsule	1	
COMBOGESIC INTRAVENOUS SOLUTION	3	
COMBOGESIC ORAL TABLET	3	
COXANTO ORAL CAPSULE	3	
DAYPRO ORAL TABLET	3	
DICLOFENAC EPOLAMINE EXTERNAL PATCH	1	PA
diclofenac potassium oral capsule	1	
diclofenac potassium oral tablet	1	
diclofenac potassium(migraine) oral packet	1	
diclofenac sodium er oral tablet extended release 24 hour	1	
diclofenac sodium external gel	1	
diclofenac sodium external solution	1	
diclofenac sodium oral tablet delayed release	1	
diclofenac-misoprostol oral tablet delayed release	1	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
DICLOFONO EXTERNAL GEL	2	
DICLONA EXTERNAL GEL	3	
diflunisal oral tablet	1	
DIFLUNISAL POWDER	2	
DOLOBID ORAL TABLET	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	2	
DUEXIS ORAL TABLET	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE	3	
ec-naproxen oral tablet delayed release	1	
ELYXYB ORAL SOLUTION	3	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM	2	
ENOVARX-IBUPROFEN EXTERNAL CREAM	2	
ENOVARX-NAPROXEN EXTERNAL CREAM	2	
etodolac er oral tablet extended release 24 hour	1	
etodolac oral capsule	1	
etodolac oral tablet	1	
FBL KIT EXTERNAL CREAM	2	
fenoprofen calcium oral capsule	1	
fenoprofen calcium oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
FENOPROFEN CALCIUM POWDER	2	
FENOPRON ORAL CAPSULE	3	
FLECTOR EXTERNAL PATCH	3	PA
flurbiprofen oral tablet	1	
FLURBIPROFEN POWDER	2	
FROTEK EXTERNAL CREAM	2	
ft aspirin low dose oral tablet delayed release	1	PV
ft aspirin oral tablet chewable	2	PV
goodsense aspirin low dose oral tablet delayed release	1	PV
ibu oral tablet	1	
ibuprofen lysine intravenous solution	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet	1	
IBUPROFEN POWDER	2	
ibuprofen-famotidine oral tablet	1	
INDOCIN ORAL SUSPENSION	3	
INDOCIN RECTAL SUPPOSITORY	3	
indomethacin er oral capsule extended release	1	
indomethacin oral capsule	1	
indomethacin oral suspension	1	

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Drug Name	Drug Tier	Requirements /Limits
INDOMETHACIN POWDER	2	
indomethacin rectal suppository	1	
indomethacin sodium intravenous solution reconstituted	1	
K.B.G.L IN TERODERM EXTERNAL CREAM	2	
ketoprofen er oral capsule extended release 24 hour	1	
ketoprofen oral capsule	1	
ketorolac tromethamine injection solution	1	
ketorolac tromethamine intramuscular solution	1	
ketorolac tromethamine oral tablet	1	
KIPROFEN ORAL CAPSULE	3	
LICART EXTERNAL PATCH 24 HOUR	3	
LODINE ORAL TABLET	3	
LOFENA ORAL TABLET	3	
LURBIPR ORAL TABLET	2	
LURBIRO ORAL TABLET	3	PA
meclofenamate sodium oral capsule	1	
MECLOFENAMATE SODIUM POWDER	2	
mefenamic acid oral capsule	1	
meloxicam oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
MELOXICAM ORAL SUSPENSION	3	
meloxicam oral tablet	1	
mm aspirin oral tablet delayed release	2	PV
nabumetone oral tablet	1	
NALFON ORAL CAPSULE	3	
NALFON ORAL TABLET	3	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
NAPRO EXTERNAL CREAM	2	
NAPROSYN ORAL SUSPENSION	3	
NAPROSYN ORAL TABLET	3	
naproxen dr oral tablet delayed release	1	
naproxen oral suspension	1	
naproxen oral tablet	1	
naproxen oral tablet delayed release	1	
NAPROXEN POWDER	2	
naproxen sodium er oral tablet extended release 24 hour	1	
naproxen sodium oral tablet	1	
NAPROXEN SODIUM POWDER	2	
naproxen-esomeprazole mg oral tablet delayed release	1	
NEOPROFEN INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
OXAPROZIN ORAL CAPSULE	1	
oxaprozin oral tablet	1	
PENNSAID EXTERNAL SOLUTION	3	
PHENYLBUTAZONE POWDER	2	
piroxicam oral capsule	1	
PIROXICAM POWDER	2	
RELAFEN DS ORAL TABLET	3	
salsalate oral tablet	1	
SPRIX NASAL SOLUTION	3	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE	2	PV
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE	2	PV
sulindac oral tablet	1	
SULINDAC POWDER	2	
TOLECTIN 600 ORAL TABLET	3	
tolmetin sodium oral capsule	1	
tolmetin sodium oral tablet	1	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM	2	
VIMOVO ORAL TABLET DELAYED RELEASE	3	
VP FC KIT EXTERNAL CREAM	2	
VP GKL KIT EXTERNAL CREAM	2	

Drug Name	Drug Tier	Requirements /Limits
ZIPSOR ORAL CAPSULE	3	
ZORVOLEX ORAL CAPSULE	3	
ZYNRELEF INJECTION SOLUTION	2	
Opioid Analgesics, Long-acting		
BELBUCA BUCCAL FILM	3	NDS
buprenorphine transdermal patch weekly	1	NDS
BUTRANS TRANSDERMAL PATCH WEEKLY	3	NDS
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	NDS
fentanyl transdermal patch 72 hour	1	NDS
hydrocodone bitartrate er oral capsule extended release 12 hour	1	NDS
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	1	NDS
hydromorphone hcl er oral tablet extended release 24 hour	1	NDS
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT	3	NDS
INFUMORPH 200 INJECTION SOLUTION	3	B/D; NDS
INFUMORPH 500 INJECTION SOLUTION	3	B/D; NDS

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Drug Name	Drug Tier	Requirements /Limits
levorphanol tartrate oral tablet	1	NDS
methadone hcl injection solution	1	NDS
methadone hcl intensol oral concentrate	1	NDS
methadone hcl oral concentrate	1	NDS
methadone hcl oral solution	1	NDS
methadone hcl oral tablet	1	NDS
METHADONE HCL POWDER	2	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
METHADOSE ORAL CONCENTRATE	1	NDS
METHADOSE SUGAR-FREE ORAL CONCENTRATE	1	NDS
mitigo injection solution	1	B/D; NDS
morphine sulfate er beads oral capsule extended release 24 hour	1	NDS
morphine sulfate er oral capsule extended release 24 hour	1	NDS
morphine sulfate er oral tablet extended release	1	NDS
MS CONTIN ORAL TABLET EXTENDED RELEASE	3	NDS
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	NDS
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	1	NDS
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	3	NDS
oxymorphone hcl er oral tablet extended release 12 hour	1	NDS
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	1	NDS
tramadol hcl (er biphasic) oral tablet extended release 24 hour	1	NDS
tramadol hcl er oral tablet extended release 24 hour	1	NDS
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT	2	NDS
Opioid Analgesics, Short-acting		
acetaminophen-codeine oral solution	1	NDS
acetaminophen-codeine oral tablet	1	NDS
apap-caff-dihydrocodeine oral capsule	1	NDS
ascomp-codeine oral capsule	1	NDS
butalbital-apap-caff-cod oral capsule	1	NDS
butalbital-asa-caff-codeine oral capsule	1	NDS
butorphanol tartrate injection solution	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
butorphanol tartrate nasal solution	1	NDS
codeine sulfate oral tablet	1	NDS
DEMEROL INJECTION SOLUTION	3	NDS
DILAUDID INJECTION SOLUTION	3	NDS
DILAUDID ORAL LIQUID	3	NDS
DILAUDID ORAL TABLET	3	NDS
DURAMORPH INJECTION SOLUTION	1	NDS
endocet oral tablet	1	NDS
FENTANYL CITRATE (BULK) SOLUTION	2	
fentanyl citrate (pf) injection solution	1	B/D; NDS
fentanyl citrate (pf) injection solution prefilled syringe	1	B/D; NDS
fentanyl citrate buccal lozenge on a handle	1	PA; NDS
FENTANYL CITRATE BUCCAL TABLET	1	PA; NDS
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE	1	B/D; NDS
FENTANYL CITRATE POWDER	2	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION	2	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION	2	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION	2	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE	2	
FENTORA BUCCAL TABLET	3	PA; NDS
FIORICET/CODEINE ORAL CAPSULE	3	NDS
hydrocodone-acetaminophen oral solution	1	NDS
hydrocodone-acetaminophen oral tablet	1	NDS
hydrocodone-ibuprofen oral tablet	1	NDS
HYDROMORPHONE HCL (BULK) SOLUTION	2	
hydromorphone hcl injection solution	1	NDS
HYDROMORPHONE HCL INTRAVENOUS SOLUTION	2	
hydromorphone hcl oral liquid	1	NDS
hydromorphone hcl oral tablet	1	NDS
hydromorphone hcl pf injection solution	1	NDS
HYDROMORPHONE HCL POWDER	2	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
HYDROMORPHONE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE	2	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION	2	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
meperidine hcl injection solution	1	NDS
meperidine hcl oral solution	1	NDS
meperidine hcl oral tablet	1	NDS
MEPERIDINE HCL POWDER	2	
MORPHINE SULFATE (BULK) SOLUTION	2	
morphine sulfate (concentrate) oral solution	1	NDS
morphine sulfate (pf) injection solution	1	NDS
morphine sulfate (pf) intravenous solution	1	NDS
morphine sulfate injection solution	1	NDS
morphine sulfate intravenous solution	1	NDS
morphine sulfate oral solution	1	NDS
morphine sulfate oral tablet	1	NDS
MORPHINE SULFATE POWDER	2	
MORPHINE SULFATE-NACL INJECTION SOLUTION PREFILLED SYRINGE	2	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION	2	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
nalbuphine hcl injection solution	1	NDS
NALOCET ORAL TABLET	3	NDS
NUCYNTA ORAL TABLET	3	NDS
OXAYDO ORAL TABLET	3	NDS
oxycodone hcl oral capsule	1	NDS
oxycodone hcl oral concentrate	1	NDS
oxycodone hcl oral solution	1	NDS
oxycodone hcl oral tablet	1	NDS
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	1	NDS
OXYCODONE HCL POWDER	2	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	1	NDS
oxycodone-acetaminophen oral tablet	1	NDS
oxymorphone hcl oral tablet	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
pentazocine-naloxone hcl oral tablet	1	NDS
PERCOCET ORAL TABLET	3	NDS
PROLATE ORAL SOLUTION	3	NDS
PROLATE ORAL TABLET	3	NDS
QDOLO ORAL SOLUTION	3	NDS
remifentanil hcl intravenous solution reconstituted	1	
ROXICODONE ORAL TABLET	3	NDS
ROXYBOND ORAL TABLET ABUSE-DETERRENT	3	PA
SEGLENTIS ORAL TABLET	3	NDS
SUFENTANIL CITRATE (BULK) SOLUTION	2	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED	2	
TRAMADOL HCL ORAL SOLUTION	1	NDS
tramadol hcl oral tablet	1	NDS
tramadol-acetaminophen oral tablet	1	NDS
TREZIX ORAL CAPSULE	3	NDS
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED	2	

Drug Name	Drug Tier	Requirements /Limits
Anesthetics		
Local Anesthetics		
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE	3	
bupivacaine fisiopharma injection solution	1	
BUPIVACAINE HCL (BULK) SOLUTION	2	
bupivacaine hcl (pf) injection solution	1	
bupivacaine hcl injection solution	1	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE	2	
BUPIVACAINE HCL POWDER	2	
bupivacaine in dextrose intrathecal solution	1	
bupivacaine spinal intrathecal solution	1	
bupivacaine-epinephrine (pf) injection solution	1	
bupivacaine-epinephrine injection solution	1	
BUP-LIDO INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
chloroprocaine hcl (pf) injection solution	1	
CLOROTEKAL INTRATHECAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
COCAINE HCL NASAL SOLUTION	2	
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM	2	
ethyl chloride external aerosol	1	
EXPAREL INJECTION SUSPENSION	2	
GEBAUERS PAIN EASE EXTERNAL AEROSOL	2	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL	2	
GEN7T EXTERNAL LOTION	3	
GEN7T EXTERNAL PATCH	3	
GEN7T PLUS EXTERNAL LOTION	3	
GEN7T PLUS EXTERNAL PATCH	3	
glydo external prefilled syringe	1	PA
HURRI-FREEZE MEDIUM STREAM EXTERNAL AEROSOL	2	
HURRI-FREEZE MIST SPRAY EXTERNAL AEROSOL	2	
L.E.T. (RACEPINEPHRINE) EXTERNAL GEL	2	
L.E.T. (RACEPINEPHRINE) EXTERNAL SOLUTION	2	
L.E.T. EXTERNAL GEL	2	
LETS KIT	2	

Drug Name	Drug Tier	Requirements /Limits
lidocaine external ointment	1	PA
lidocaine external patch	1	PA
LIDOCAINE HCL (BUFFERED) INJECTION SOLUTION PREFILLED SYRINGE	2	
lidocaine hcl (pf) injection solution	1	
lidocaine hcl external cream	1	
lidocaine hcl external lotion	1	
lidocaine hcl external solution	1	PA
lidocaine hcl injection solution	1	
lidocaine hcl injection solution prefilled syringe	1	
LIDOCAINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
lidocaine hcl urethral/mucosal external gel	1	PA
lidocaine hcl urethral/mucosal external prefilled syringe	1	PA
LIDOCAINE HCL-BUPIVACAINE HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
LIDOCAINE HCL-OXYMETAZOLINE NASAL SOLUTION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
LIDOCAINE(BUFFERD)-EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE	2	
LIDOCAINE-EPINEPHRINE (3 ML) INJECTION SOLUTION PREFILLED SYRINGE	2	
lidocaine-epinephrine (pf) injection solution	1	
lidocaine-epinephrine injection solution	1	
lidocaine-prilocaine external cream	1	PA
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE	2	
LIDOCAN EXTERNAL PATCH	3	PA
LIDODERM EXTERNAL PATCH	3	PA
LIDOMAR INJECTION SOLUTION	3	
LIDOPIN EXTERNAL CREAM	3	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL GEL	2	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL SOLUTION	2	
LIDOTHOL EXTERNAL PATCH	3	
LIDTOPIC MAX EXTERNAL CREAM	2	

Drug Name	Drug Tier	Requirements /Limits
MARCAINE INJECTION SOLUTION	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION	3	
MARCAINE SPINAL INTRATHECAL SOLUTION	3	
MARCAINE/EPINEPHRINE INJECTION SOLUTION	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION	3	
NAROPIN INJECTION SOLUTION	3	
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
ORABLOC INJECTION SOLUTION CARTRIDGE	3	
PLIAGLIS EXTERNAL CREAM	3	PA
POLOCAINE INJECTION SOLUTION	3	
POLOCAINE-MPF INJECTION SOLUTION	3	
PRAMOXINE HCL POWDER	2	
PREPIV SUPPLY COMBINATION KIT	2	
PROCAINE HCL POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
QUTENZA (2 PATCH) EXTERNAL KIT	3	
QUTENZA (4 PATCH) EXTERNAL KIT	3	
QUTENZA EXTERNAL KIT	3	
ROPIVACAINE HCL EPIDURAL SOLUTION	2	
ropivacaine hcl injection solution	1	
ROPIVACAINE HCL-NACL INJECTION SOLUTION	2	
ROPIVACAINE HCL-NACL INJECTION SOLUTION PREFILLED SYRINGE	2	
SENSORCAINE INJECTION SOLUTION	3	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION	3	
SENSORCAINE-MPF INJECTION SOLUTION	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL	2	
TOPICAL L.E.T. EXTERNAL GEL	2	
TRIDACAINE II EXTERNAL PATCH	3	PA
TRIDACAINE III EXTERNAL PATCH	3	PA
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT	2	
XYLOCAINE INJECTION SOLUTION	3	
XYLOCAINE MPF +RFID INJECTION SOLUTION	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF +RFID INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
ZTLIDO EXTERNAL PATCH	3	PA
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium oral tablet delayed release	1	
disulfiram oral tablet	1	
naltrexone hcl oral tablet	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements /Limits
Opioid Dependence		
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	NDS
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	NDS
buprenorphine hcl injection solution	1	
buprenorphine hcl sublingual tablet sublingual	1	
buprenorphine hcl-naloxone hcl sublingual film	1	
buprenorphine hcl-naloxone hcl sublingual tablet sublingual	1	
lofexidine hcl oral tablet	1	
LUCEMYRA ORAL TABLET	3	
methadone hcl oral tablet soluble	1	
methadose oral tablet soluble	1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	NDS
SUBOXONE SUBLINGUAL FILM	2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL	3	
Opioid Reversal Agents		
ft naloxone hcl nasal liquid	1	
KLOXXADO NASAL LIQUID	3	
NALMEFENE HCL INJECTION SOLUTION	2	
naloxone hcl injection solution	1	
naloxone hcl injection solution cartridge	1	
naloxone hcl injection solution prefilled syringe	1	
naloxone hcl nasal liquid	1	
NARCAN NASAL LIQUID	2	
OPVEE NASAL SOLUTION	3	
REXTOVY NASAL LIQUID	3	PA
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE	3	
ZURNAI INJECTION SOLUTION AUTO-INJECTOR	3	
Smoking Cessation Agents		
APO-VARENICLINE ORAL TABLET	3	PA; PV
bupropion hcl er (smoking det) oral tablet extended release 12 hour	1	PV
CHANTIX CONTINUING MONTH PAK ORAL TABLET	3	
CHANTIX ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
CHANTIX STARTING MONTH PAK ORAL TABLET THERAPY PACK	3	
ft nicotine mini mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
ft nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
ft nicotine mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
ft nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
goodsense nicotine mouth/throat gum	1	PV; QL (24 EA per 1 day)
goodsense nicotine mouth/throat lozenge	2	PV; QL (20 EA per 1 day)
goodsense nicotine policrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
habitrol transdermal patch 24 hour	2	PV; QL (1 EA per 1 day)
NICORETTE MINI MOUTH/THROAT LOZENGE	2	PV; QL (20 EA per 1 day)
NICORETTE MOUTH/THROAT GUM	2	PV; QL (24 EA per 1 day)
NICORETTE MOUTH/THROAT LOZENGE	2	PV; QL (20 EA per 1 day)
nicotine mini mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
nicotine polacrilex mini mouth/throat lozenge	2	PV; QL (20 EA per 1 day)
nicotine polacrilex mouth/throat gum	1	PV; QL (24 EA per 1 day)
nicotine polacrilex mouth/throat lozenge	1	PV; QL (20 EA per 1 day)
nicotine step 1 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
nicotine step 2 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
nicotine step 3 transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
nicotine transdermal kit	2	PV; QL (1 EA per 1 day)
nicotine transdermal patch 24 hour	1	PV; QL (1 EA per 1 day)
NICOTROL NS NASAL SOLUTION	2	PV
varenicline tartrate (starter) oral tablet therapy pack	1	PV
varenicline tartrate oral tablet	1	PV
varenicline tartrate(continue) oral tablet	1	PV
Antibacterials		
Aminoglycosides		
amikacin sulfate injection solution	1	
ARIKAYCE INHALATION SUSPENSION	3	PA
gentamicin in saline intravenous solution	1	
gentamicin sulfate external cream	1	
gentamicin sulfate external ointment	1	
gentamicin sulfate injection solution	1	
HUMATIN ORAL CAPSULE	3	
neomycin sulfate oral tablet	1	
neomycin-polymyxin b gu irrigation solution	1	

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Drug Name	Drug Tier	Requirements /Limits
streptomycin sulfate intramuscular solution reconstituted	1	
tobramycin sulfate injection solution	1	
tobramycin sulfate injection solution reconstituted	1	
TOBRAMYCIN SULFATE POWDER	2	
ZEMDRI INTRAVENOUS SOLUTION	3	
Antibacterials, Other		
AEMCOLO ORAL TABLET DELAYED RELEASE	3	
ALTABAX EXTERNAL OINTMENT	3	
AMZEEQ EXTERNAL FOAM	3	
AZACTAM INJECTION SOLUTION RECONSTITUTED	3	
aztreonam injection solution reconstituted	1	
benzalkonium chloride external solution	1	
BLUJEPA ORAL TABLET	3	
chloramphenicol sod succinate intravenous solution reconstituted	1	
CLEOCIN ORAL CAPSULE	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED	3	

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN PHOSPHATE INJECTION SOLUTION	3	
CLEOCIN VAGINAL CREAM	3	
CLEOCIN VAGINAL SUPPOSITORY	3	
clindacin etz external swab	1	
clindacin-p external swab	1	
clindamycin hcl oral capsule	1	
clindamycin palmitate hcl oral solution reconstituted	1	
clindamycin phosphate external swab	1	
clindamycin phosphate in d5w intravenous solution	1	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
clindamycin phosphate injection solution	1	
clindamycin phosphate vaginal cream	1	
colistimethate sodium (cba) injection solution reconstituted	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED	3	
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements /Limits
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
daptomycin intravenous solution reconstituted	1	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	1	
EMBLAVEO INTRAVENOUS SOLUTION RECONSTITUTED	3	
ESSENTRA WIPES 9X9" SHEET	2	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED	2	
FIRVANQ ORAL SOLUTION RECONSTITUTED	3	
FLAGYL ORAL CAPSULE	3	
fosfomycin tromethamine oral packet	1	
HIPREX ORAL TABLET	3	
hydrogen peroxide solution	1	
HYPOCYN ANTIPRURITIC EXTERNAL GEL	2	
IMPAVIDO ORAL CAPSULE	3	
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED	3	
LIKMEZ ORAL SUSPENSION	3	
LINCOCIN INJECTION SOLUTION	3	
lincomycin hcl injection solution	1	
linezolid in sodium chloride intravenous solution	1	
linezolid intravenous solution	1	
linezolid oral suspension reconstituted	1	
linezolid oral tablet	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION	2	
MACROBID ORAL CAPSULE	3	
MACRODANTIN ORAL CAPSULE	3	
methenamine hippurate oral tablet	1	
methenamine mandelate oral tablet	1	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED	2	
metronidazole intravenous solution	1	
metronidazole oral capsule	1	
metronidazole oral tablet	1	
metronidazole vaginal gel	1	
nitrofurantoin macrocrystal oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
nitrofurantoin monohyd macro oral capsule	1	
nitrofurantoin oral suspension	1	
NUVESSA VAGINAL GEL	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORLYNVAH ORAL TABLET	3	
PHENOL CRYSTALS	2	
PHENOL LIQUID	2	
polymyxin b sulfate injection solution reconstituted	1	
SILVER NITRATE CRYSTALS	2	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED	3	
SIVEXTRO ORAL TABLET	3	
SOLOSEC ORAL PACKET	3	
THIMEROSAL POWDER	2	
tigecycline intravenous solution reconstituted	1	
tinidazole oral tablet	1	
trimethoprim oral tablet	1	
TRIMETHOPRIM POWDER	2	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED	3	
VANCOCIN ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements /Limits
vancomycin hcl in dextrose intravenous solution	1	
vancomycin hcl in nacl intravenous solution	1	
vancomycin hcl intravenous solution	1	
vancomycin hcl intravenous solution reconstituted	1	
vancomycin hcl oral capsule	1	
vancomycin hcl oral solution reconstituted	1	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION	2	
VANDAZOLE VAGINAL GEL	3	
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED	3	
VOQUEZNA DUAL PAK ORAL THERAPY PACK	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK	3	
XACDURO INTRAVENOUS SOLUTION RECONSTITUTED	3	
XACIATO VAGINAL GEL	3	
ZYVOX INTRAVENOUS SOLUTION	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED	3	
ZYVOX ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
Beta-lactam, Cephalosporins		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED	3	
cefaclor er oral tablet extended release 12 hour	1	
cefaclor oral capsule	1	
cefaclor oral suspension reconstituted	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension reconstituted	1	
cefadroxil oral tablet	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE	2	
cefazolin sodium injection solution reconstituted	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
cefazolin sodium intravenous solution reconstituted	1	
cefazolin sodium-dextrose intravenous solution	1	
cefazolin sodium-dextrose intravenous solution reconstituted	1	
cefdinir oral capsule	1	
cefdinir oral suspension reconstituted	1	
cefepime hcl injection solution reconstituted	1	
cefepime hcl intravenous solution	1	
cefepime hcl intravenous solution reconstituted	1	
cefepime-dextrose intravenous solution reconstituted	1	
cefixime oral capsule	1	
cefixime oral suspension reconstituted	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED	3	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED	1	
cefotetan disodium injection solution reconstituted	1	
cefoxitin sodium intravenous solution reconstituted	1	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
cefpodoxime proxetil oral suspension reconstituted	1	
cefpodoxime proxetil oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
cefprozil oral suspension reconstituted	1	
cefprozil oral tablet	1	
ceftazidime injection solution reconstituted	1	
ceftazidime intravenous solution reconstituted	1	
ceftriaxone sodium in dextrose intravenous solution	1	
ceftriaxone sodium injection solution reconstituted	1	
ceftriaxone sodium intravenous solution reconstituted	1	
ceftriaxone sodium-dextrose intravenous solution reconstituted	1	
cefuroxime axetil oral tablet	1	
cefuroxime sodium injection solution reconstituted	1	
cefuroxime sodium intravenous solution reconstituted	1	
cephalexin oral capsule	1	
cephalexin oral suspension reconstituted	1	
cephalexin oral tablet	1	
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED	3	
tazicef injection solution reconstituted	1	
TAZICEF INTRAVENOUS SOLUTION	3	
tazicef intravenous solution reconstituted	1	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZEVTERA INTRAVENOUS SOLUTION RECONSTITUTED	3	
Beta-lactam, Penicillins		
amoxicillin oral capsule	1	
amoxicillin oral suspension reconstituted	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet chewable	1	
amoxicillin-pot clavulanate er oral tablet extended release 12 hour	1	
amoxicillin-pot clavulanate oral suspension reconstituted	1	
amoxicillin-pot clavulanate oral tablet	1	
amoxicillin-pot clavulanate oral tablet chewable	1	
ampicillin oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
ampicillin sodium injection solution reconstituted	1	
ampicillin sodium intravenous solution reconstituted	1	
ampicillin-sulbactam sodium injection solution reconstituted	1	
ampicillin-sulbactam sodium intravenous solution reconstituted	1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
dicloxacillin sodium oral capsule	1	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	1	
nafcillin sodium injection solution reconstituted	1	
nafcillin sodium intravenous solution reconstituted	1	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	1	
oxacillin sodium injection solution reconstituted	1	
oxacillin sodium intravenous solution reconstituted	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
penicillin g potassium injection solution reconstituted	1	
penicillin g sodium injection solution reconstituted	1	
penicillin v potassium oral solution reconstituted	1	
penicillin v potassium oral tablet	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED	3	
piperacillin sod-tazobactam so intravenous solution reconstituted	1	
UNASYN INJECTION SOLUTION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements /Limits
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZOSYN INTRAVENOUS SOLUTION	3	
Carbapenems		
ertapenem sodium injection solution reconstituted	1	
imipenem-cilastatin intravenous solution reconstituted	1	
meropenem intravenous solution reconstituted	1	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	1	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED	3	
Macrolides		
azithromycin intravenous solution reconstituted	1	
azithromycin oral packet	1	
azithromycin oral suspension reconstituted	1	
azithromycin oral tablet	1	
clarithromycin er oral tablet extended release 24 hour	1	
clarithromycin oral suspension reconstituted	1	
clarithromycin oral tablet	1	
DIFICID ORAL SUSPENSION RECONSTITUTED	3	
DIFICID ORAL TABLET	3	
E.E.S. 400 ORAL TABLET	3	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED	3	
ERY-TAB ORAL TABLET DELAYED RELEASE	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERYTHROCIN STEARATE ORAL TABLET	3	
erythromycin base oral capsule delayed release particles	1	

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Drug Name	Drug Tier	Requirements /Limits
erythromycin base oral tablet	1	
erythromycin base oral tablet delayed release	1	
ERYTHROMYCIN BASE POWDER	2	
erythromycin ethylsuccinate oral suspension reconstituted	1	
erythromycin ethylsuccinate oral tablet	1	
erythromycin lactobionate intravenous solution reconstituted	1	
erythromycin oral tablet delayed release	1	
fidaxomicin oral tablet	1	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZITHROMAX ORAL PACKET	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED	3	
ZITHROMAX ORAL TABLET	3	
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
Quinolones		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
BAXDELA ORAL TABLET	3	
CIPRO ORAL SUSPENSION RECONSTITUTED	3	
CIPRO ORAL TABLET	3	
ciprofloxacin hcl oral tablet	1	
ciprofloxacin in d5w intravenous solution	1	
levofloxacin in d5w intravenous solution	1	
levofloxacin intravenous solution	1	
levofloxacin oral solution	1	
levofloxacin oral tablet	1	
moxifloxacin hcl in nacl intravenous solution	1	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
moxifloxacin hcl oral tablet	1	
ofloxacin oral tablet	1	
Sulfonamides		
BACTRIM DS ORAL TABLET	3	
BACTRIM ORAL TABLET	3	
KLARON EXTERNAL LOTION	3	
sulfacetamide sodium (acne) external lotion	1	
SULFACETAMIDE SODIUM POWDER	2	
sulfadiazine oral tablet	1	
SULFADIAZINE SODIUM POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
SULFAMETHOXAZOLE POWDER	2	
sulfamethoxazole-trimethoprim intravenous solution	1	
sulfamethoxazole-trimethoprim oral suspension	1	
sulfamethoxazole-trimethoprim oral tablet	1	
sulfatrim pediatric oral suspension	1	
Tetracyclines		
AVIDOXY ORAL TABLET	3	
demeclocycline hcl oral tablet	1	
DORYX MPC ORAL TABLET DELAYED RELEASE	3	
DORYX ORAL TABLET DELAYED RELEASE	3	
doxy 100 intravenous solution reconstituted	1	
doxycycline hyclate intravenous solution reconstituted	1	
doxycycline hyclate oral capsule	1	
doxycycline hyclate oral tablet	1	
doxycycline hyclate oral tablet delayed release	1	
DOXYCYCLINE HYCLATE POWDER	2	
doxycycline monohydrate oral capsule	1	
doxycycline monohydrate oral suspension reconstituted	1	
doxycycline monohydrate oral tablet	1	
doxycycline oral capsule delayed release	1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
minocycline hcl er oral tablet extended release 24 hour	1	
minocycline hcl oral capsule	1	
minocycline hcl oral tablet	1	
MINOCYCLINE HCL POWDER	2	
MONDOXYNE NL ORAL CAPSULE	3	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED	3	
NUZYRA ORAL TABLET	3	
ORACEA ORAL CAPSULE DELAYED RELEASE	3	
SEYSARA ORAL TABLET	3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

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Drug Name	Drug Tier	Requirements /Limits
TARGADOX ORAL TABLET	3	
tetracycline hcl oral capsule	1	
TETRACYCLINE HCL ORAL TABLET	3	
VIBRAMYCIN ORAL CAPSULE	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED	3	
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED	3	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT INTRAVENOUS SOLUTION	3	
BRIVIACT ORAL SOLUTION	3	
BRIVIACT ORAL TABLET	3	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
EPIDIOLEX ORAL SOLUTION	3	PA
EPRONTIA ORAL SOLUTION	3	
felbamate oral suspension	1	
felbamate oral tablet	1	
FELBATOL ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
FINTEPLA ORAL SOLUTION	3	PA
FYCOMPA ORAL SUSPENSION	3	
FYCOMPA ORAL TABLET	3	
KEPPRA INTRAVENOUS SOLUTION	3	
KEPPRA ORAL SOLUTION	3	
KEPPRA ORAL TABLET	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
LAMICTAL ODT ORAL KIT	3	
LAMICTAL ODT ORAL TABLET DISPERSIBLE	3	
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET CHEWABLE	3	
LAMICTAL STARTER ORAL KIT	3	
LAMICTAL XR ORAL KIT	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
lamotrigine er oral tablet extended release 24 hour	1	
lamotrigine oral kit	1	
lamotrigine oral tablet	1	
lamotrigine oral tablet chewable	1	
lamotrigine oral tablet dispersible	1	

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Drug Name	Drug Tier	Requirements /Limits
lamotrigine starter kit-blue oral kit	1	
lamotrigine starter kit-green oral kit	1	
lamotrigine starter kit-orange oral kit	1	
levetiracetam er oral tablet extended release 24 hour	1	
levetiracetam in nacl intravenous solution	1	
levetiracetam intravenous solution	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE	1	
NAYZILAM NASAL SOLUTION	3	
perampanel oral tablet	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
roweepra oral tablet	1	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED	3	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE	3	
subvenite oral tablet	1	
subvenite starter kit-blue oral kit	1	
subvenite starter kit-green oral kit	1	
subvenite starter kit-orange oral kit	1	
TOPAMAX ORAL TABLET	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE	3	
topiramate er oral capsule er 24 hour sprinkle	1	
topiramate er oral capsule extended release 24 hour	1	
topiramate oral capsule sprinkle	1	
topiramate oral solution	1	
topiramate oral tablet	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
valproate sodium intravenous solution	1	
valproic acid oral capsule	1	
valproic acid oral solution	1	
Calcium Channel Modifying Agents		
CELONTIN ORAL CAPSULE	3	
ethosuximide oral capsule	1	
ethosuximide oral solution	1	
methsuximide oral capsule	1	
ZARONTIN ORAL CAPSULE	3	
ZARONTIN ORAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
Gamma-aminobutyric Acid (GABA) Modulating Agents		
clobazam oral suspension	1	
clobazam oral tablet	1	
clonazepam oral tablet	1	
clonazepam oral tablet dispersible	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
DEPAKOTE ORAL TABLET DELAYED RELEASE	3	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
DIACOMIT ORAL CAPSULE	3	PA
DIACOMIT ORAL PACKET	3	PA
DIASTAT ACUDIAL RECTAL GEL	3	
diazepam rectal gel	1	
divalproex sodium er oral tablet extended release 24 hour	1	
divalproex sodium oral capsule delayed release sprinkle	1	
divalproex sodium oral tablet delayed release	1	
FANATREX FUSEPAQ ORAL SUSPENSION	2	
gabapentin oral capsule	1	
gabapentin oral solution	1	
gabapentin oral tablet	1	
GABARONE ORAL TABLET	3	
KLONOPIN ORAL TABLET	3	
LIBERVANT BUCCAL FILM	3	
LYRICA ORAL CAPSULE	3	
LYRICA ORAL SOLUTION	3	
MYSOLINE ORAL TABLET	3	
NEURONTIN ORAL CAPSULE	3	
NEURONTIN ORAL SOLUTION	3	
NEURONTIN ORAL TABLET	3	
ONFI ORAL SUSPENSION	3	
ONFI ORAL TABLET	3	
phenobarbital oral elixir	1	
phenobarbital oral tablet	1	
PHENOBARBITAL POWDER	2	
phenobarbital sodium injection solution	1	
pregabalin oral capsule	1	
pregabalin oral solution	1	
primidone oral tablet	1	
SABRIL ORAL PACKET	3	PA
SABRIL ORAL TABLET	3	PA
SYMPAZAN ORAL FILM	3	
tiagabine hcl oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
VALTOCO 10 MG DOSE NASAL LIQUID	3	
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK	3	
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK	3	
VALTOCO 5 MG DOSE NASAL LIQUID	3	
vigabatrin oral packet	1	PA
vigabatrin oral tablet	1	PA
VIGADRONE ORAL PACKET	3	PA
VIGADRONE ORAL TABLET	3	PA
VIGAFYDE ORAL SOLUTION	3	PA
vigpoder oral packet	1	PA
ZTALMY ORAL SUSPENSION	3	PA
Sodium Channel Agents		
APTIOM ORAL TABLET	3	
BANZEL ORAL SUSPENSION	3	
BANZEL ORAL TABLET	3	
carbamazepine er oral capsule extended release 12 hour	1	
carbamazepine er oral tablet extended release 12 hour	1	
carbamazepine oral suspension	1	
carbamazepine oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
carbamazepine oral tablet chewable	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
CEREBYX INJECTION SOLUTION	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE	3	
DILANTIN ORAL CAPSULE	3	
DILANTIN ORAL SUSPENSION	3	
DILANTIN-125 ORAL SUSPENSION	3	
epitol oral tablet	1	
eslicarbazepine acetate oral tablet	1	
fosphenytoin sodium injection solution	1	
lacosamide intravenous solution	1	
lacosamide oral solution	1	
lacosamide oral tablet	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA
oxcarbazepine er oral tablet extended release 24 hour	1	
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
phenytek oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
phenytoin infatabs oral tablet chewable	1	
phenytoin oral suspension	1	
phenytoin oral tablet chewable	1	
phenytoin sodium extended oral capsule	1	
phenytoin sodium injection solution	1	
PHENYTOIN SODIUM POWDER	2	
rufinamide oral suspension	1	
rufinamide oral tablet	1	
TEGRETOL ORAL SUSPENSION	3	
TEGRETOL ORAL TABLET	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
TRILEPTAL ORAL SUSPENSION	3	
TRILEPTAL ORAL TABLET	3	
VIMPAT INTRAVENOUS SOLUTION	3	
VIMPAT ORAL SOLUTION	3	
VIMPAT ORAL TABLET	3	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	
XCOPRI ORAL TABLET	3	
XCOPRI ORAL TABLET THERAPY PACK	3	
ZONEGRAN ORAL CAPSULE	3	
ZONISADE ORAL SUSPENSION	3	
zonisamide oral capsule	1	
Antidementia Agents		
Antidementia Agents, Other		
ergoloid mesylates oral tablet	1	
LEQEMBI IQLIK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
memantine hcl-donepezil hcl oral capsule extended release 24 hour	1	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	
ARICEPT ORAL TABLET	3	
donepezil hcl oral tablet	1	
donepezil hcl oral tablet dispersible	1	

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Drug Name	Drug Tier	Requirements /Limits
EXELON TRANSDERMAL PATCH 24 HOUR	3	
galantamine hydrobromide er oral capsule extended release 24 hour	1	
galantamine hydrobromide oral solution	1	
galantamine hydrobromide oral tablet	1	
rivastigmine tartrate oral capsule	1	
rivastigmine transdermal patch 24 hour	1	
ZUNVEYL ORAL TABLET DELAYED RELEASE	3	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er oral capsule extended release 24 hour	1	
memantine hcl oral solution	1	
memantine hcl oral tablet	1	
NAMENDA ORAL TABLET	3	
NAMENDA TITRATION PAK ORAL TABLET	3	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	

Drug Name	Drug Tier	Requirements /Limits
Antidepressants		
Antidepressants, Other		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
AUVELITY ORAL TABLET EXTENDED RELEASE	3	
bupropion hcl er (sr) oral tablet extended release 12 hour	1	
bupropion hcl er (xl) oral tablet extended release 24 hour	1	
bupropion hcl oral tablet	1	
chlordiazepoxide-amitriptyline oral tablet	1	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
mirtazapine oral tablet	1	
mirtazapine oral tablet dispersible	1	
olanzapine-fluoxetine hcl oral capsule	1	
perphenazine-amitriptyline oral tablet	1	
quetiapine fumarate oral tablet	1	
REMERON ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
REMERON SOLTAB ORAL TABLET DISPERSIBLE	3	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK	3	PA
SYMBYAX ORAL CAPSULE	3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
ZULRESSO INTRAVENOUS SOLUTION	2	
ZURZUVAE ORAL CAPSULE	3	
Monoamine Oxidase Inhibitors		
EMSAM TRANSDERMAL PATCH 24 HOUR	3	
MARPLAN ORAL TABLET	3	
NARDIL ORAL TABLET	3	
PARNATE ORAL TABLET	3	
phenelzine sulfate oral tablet	1	
tranylcypromine sulfate oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
CELEXA ORAL TABLET	3	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	1	
citalopram hydrobromide oral solution	1	
citalopram hydrobromide oral tablet	1	
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
desvenlafaxine succinate er oral tablet extended release 24 hour	1	
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE	3	
duloxetine hcl oral capsule delayed release particles	1	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ESCITALOPRAM OXALATE ORAL CAPSULE	1	
escitalopram oxalate oral solution	1	

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Drug Name	Drug Tier	Requirements /Limits
escitalopram oxalate oral tablet	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK	3	
fluoxetine hcl (pmdd) oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral capsule delayed release	1	
fluoxetine hcl oral solution	1	
fluoxetine hcl oral tablet	1	
fluvoxamine maleate er oral capsule extended release 24 hour	1	
fluvoxamine maleate oral tablet	1	
LEXAPRO ORAL TABLET	3	
nefazodone hcl oral tablet	1	
paroxetine hcl er oral tablet extended release 24 hour	1	
paroxetine hcl oral suspension	1	
paroxetine hcl oral tablet	1	
paroxetine mesylate oral capsule	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	

Drug Name	Drug Tier	Requirements /Limits
PAXIL ORAL SUSPENSION	3	
PAXIL ORAL TABLET	3	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
PROZAC ORAL CAPSULE	3	
RALDESY ORAL SOLUTION	3	
sertraline hcl oral capsule	1	
sertraline hcl oral concentrate	1	
sertraline hcl oral tablet	1	
trazodone hcl oral tablet	1	
TRINTELLIX ORAL TABLET	3	
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
venlafaxine hcl er oral capsule extended release 24 hour	1	
venlafaxine hcl er oral tablet extended release 24 hour	1	
venlafaxine hcl oral tablet	1	
VIIBRYD ORAL TABLET	3	
vilazodone hcl oral tablet	1	
ZOLOFT ORAL CONCENTRATE	3	
ZOLOFT ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
Tricyclics		
amitriptyline hcl oral tablet	1	
amoxapine oral tablet	1	
ANAFRANIL ORAL CAPSULE	3	
clomipramine hcl oral capsule	1	
desipramine hcl oral tablet	1	
doxepin hcl oral capsule	1	
doxepin hcl oral concentrate	1	
imipramine hcl oral tablet	1	
IMIPRAMINE HCL POWDER	2	
imipramine pamoate oral capsule	1	
NORPRAMIN ORAL TABLET	3	
nortriptyline hcl oral capsule	1	
nortriptyline hcl oral solution	1	
NORTRIPTYLINE HCL POWDER	2	
PAMELOR ORAL CAPSULE	3	
protriptyline hcl oral tablet	1	
trimipramine maleate oral capsule	1	
Antiemetics		
Antiemetics, Other		
ANTIVERT ORAL TABLET	3	
ANTIVERT ORAL TABLET CHEWABLE	3	
BARHEMSYS INTRAVENOUS SOLUTION	3	B/D
BONJESTA ORAL TABLET EXTENDED RELEASE	3	
COMPRO RECTAL SUPPOSITORY	1	
DICLEGIS ORAL TABLET DELAYED RELEASE	3	
dimenhydrinate injection solution	1	
doxylamine-pyridoxine oral tablet delayed release	1	
droperidol injection solution	1	
meclizine hcl oral tablet	1	
MECLIZINE HCL POWDER	2	
PHENERGAN INJECTION SOLUTION	3	
prochlorperazine edisylate injection solution	1	
prochlorperazine maleate oral tablet	1	
PROCHLORPERAZINE MALEATE POWDER	2	
prochlorperazine rectal suppository	1	
promethazine hcl injection solution	1	
promethazine hcl oral solution	1	
promethazine hcl oral tablet	1	
promethazine hcl rectal suppository	1	

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Drug Name	Drug Tier	Requirements /Limits
PROMETHEGAN RECTAL SUPPOSITORY	1	
scopolamine transdermal patch 72 hour	1	
TIGAN INTRAMUSCULAR SOLUTION	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR	3	
trimethobenzamide hcl oral capsule	1	B/D
Emetogenic Therapy Adjuncts		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION	3	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED	3	
AKYNZEO ORAL CAPSULE	3	B/D
ANZEMET ORAL TABLET	3	B/D
APONVIE INTRAVENOUS EMULSION	3	
aprepitant oral capsule	1	B/D
CINVANTI INTRAVENOUS EMULSION	3	
dronabinol oral capsule	1	PA
EMEND BIPACK ORAL CAPSULE	3	B/D
EMEND INTRAVENOUS SOLUTION RECONSTITUTED	3	
EMEND ORAL SUSPENSION RECONSTITUTED	3	B/D
EMEND TRIPACK ORAL CAPSULE	3	B/D
FOCINVEZ INTRAVENOUS SOLUTION	3	
fosaprepitant dimeglumine intravenous solution reconstituted	1	
granisetron hcl intravenous solution	1	
granisetron hcl oral tablet	1	B/D
MARINOL ORAL CAPSULE	3	PA
ondansetron hcl +rfid injection solution	1	
ondansetron hcl injection solution	1	
ondansetron hcl injection solution prefilled syringe	1	
ondansetron hcl oral solution	1	B/D
ondansetron hcl oral tablet	1	B/D
ondansetron oral tablet dispersible	1	B/D
palonosetron hcl intravenous solution	1	
palonosetron hcl intravenous solution prefilled syringe	1	

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Drug Name	Drug Tier	Requirements /Limits
POSFREA INTRAVENOUS SOLUTION	3	
SANCUSO TRANSDERMAL PATCH	3	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE	3	
SYNDROS ORAL SOLUTION	3	PA
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK	3	B/D
Antifungals		
ABELCET INTRAVENOUS SUSPENSION	3	B/D
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED	3	B/D
amphotericin b intravenous solution reconstituted	1	B/D
ANCOBON ORAL CAPSULE	3	
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED	3	
caspofungin acetate intravenous solution reconstituted	1	
clotrimazole external cream	1	
clotrimazole external solution	1	
CRESEMBA ORAL CAPSULE	3	

Drug Name	Drug Tier	Requirements /Limits
DIFLUCAN ORAL SUSPENSION RECONSTITUTED	3	
DIFLUCAN ORAL TABLET	3	
econazole nitrate external cream	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ERTACZO EXTERNAL CREAM	3	
EXELDERM EXTERNAL CREAM	3	
EXELDERM EXTERNAL SOLUTION	3	
fluconazole in sodium chloride intravenous solution	1	
fluconazole oral suspension reconstituted	1	
fluconazole oral tablet	1	
flucytosine oral capsule	1	
griseofulvin microsize oral suspension	1	
griseofulvin microsize oral tablet	1	
griseofulvin ultramicrosize oral tablet	1	
GYNAZOLE-1 VAGINAL CREAM	3	
itraconazole oral capsule	1	
itraconazole oral solution	1	
JUBLIA EXTERNAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
KERYDIN EXTERNAL SOLUTION	3	
ketoconazole external cream	1	
ketoconazole external foam	1	
ketoconazole external shampoo	1	
ketoconazole oral tablet	1	
LULICONAZOLE EXTERNAL CREAM	3	
LUZU EXTERNAL CREAM	3	
miconazole 3 vaginal suppository	1	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
naftifine hcl external cream	1	
NAFTIN EXTERNAL GEL	3	
NOXAFIL ORAL SUSPENSION	3	
NOXAFIL ORAL TABLET DELAYED RELEASE	3	
nyamyc external powder	1	
nystatin external cream	1	
nystatin external ointment	1	
nystatin external powder	1	
nystatin mouth/throat suspension	1	
nystatin oral tablet	1	
nystop external powder	1	

Drug Name	Drug Tier	Requirements /Limits
ORAVIG BUCCAL TABLET	3	
oxiconazole nitrate external cream	1	
OXISTAT EXTERNAL CREAM	3	
OXISTAT EXTERNAL LOTION	3	
posaconazole oral tablet delayed release	1	
SPORANOX ORAL CAPSULE	3	
SPORANOX ORAL SOLUTION	3	
terbinafine hcl oral tablet	1	
terconazole vaginal cream	1	
terconazole vaginal suppository	1	
TOLSURA ORAL CAPSULE	3	
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
VFEND ORAL SUSPENSION RECONSTITUTED	3	
VFEND ORAL TABLET	3	
voriconazole intravenous solution reconstituted	1	PA
voriconazole oral suspension reconstituted	1	
voriconazole oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
Non-FRF		
amphotericin b liposome intravenous suspension reconstituted	1	B/D
BREXAFEMME ORAL TABLET	3	
CICLOPIROX OLAMINE POWDER	2	
CLOTRIMAZOLE CRYSTALS	2	
clotrimazole mouth/throat troche	1	
CLOTRIMAZOLE POWDER	2	
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED	3	
CRESEMBA ORAL CAPSULE	3	
ECONAZOLE NITRATE EXTERNAL FOAM	3	
ECOZA EXTERNAL FOAM	3	
EXODERM EXTERNAL LOTION	3	
fluconazole in sodium chloride intravenous solution	1	
FULVICIN P/G 165 ORAL TABLET	3	
griseofulvin ultramicrosize oral tablet	1	
ketodan external foam	1	
klayesta external powder	1	

Drug Name	Drug Tier	Requirements /Limits
micafungin sodium intravenous solution reconstituted	1	
MICAFUNGIN SODIUM-NACL INTRAVENOUS SOLUTION	1	
MICONAZOLE NITRATE POWDER	2	
MICONAZOLE POWDER	2	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT	3	
MYCOZYL AL EXTERNAL SOLUTION	2	
naftifine hcl external gel	1	
NOXAFIL INTRAVENOUS SOLUTION	3	
NOXAFIL ORAL PACKET	3	
posaconazole intravenous solution	1	
posaconazole oral suspension	1	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED	3	
SULCONAZOLE NITRATE EXTERNAL CREAM	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION	1	
tavaborole external solution	1	
TOLNAFTATE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
VIVJOA ORAL CAPSULE THERAPY PACK	3	
VUSION EXTERNAL OINTMENT	3	
XOLEGEL COREPAK EXTERNAL KIT	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT	3	
Antigout Agents		
allopurinol oral tablet	1	
colchicine oral capsule	1	
colchicine oral tablet	1	
colchicine-probenecid oral tablet	1	
febuxostat oral tablet	1	
MITIGARE ORAL CAPSULE	3	
probenecid oral tablet	1	
ULORIC ORAL TABLET	3	
Non-FRF		
allopurinol oral tablet	1	
allopurinol sodium intravenous solution reconstituted	1	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED	3	
GLOPERBA ORAL SOLUTION	3	
KRYSTEXXA INTRAVENOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
Antimigraine Agents		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
NURTEC ORAL TABLET DISPERSIBLE	3	PA
QULIPTA ORAL TABLET	3	
UBRELVY ORAL TABLET	3	
ZAVZPRET NASAL SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
Ergot Alkaloids		
BREKIYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
DIHYDROERGOTAMINE MESYLATE CRYSTALS	2	
dihydroergotamine mesylate injection solution	1	
dihydroergotamine mesylate nasal solution	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL	3	
ergotamine-caffeine oral tablet	1	
MIGERGOT RECTAL SUPPOSITORY	3	
MIGRANAL NASAL SOLUTION	3	
TRUDHESA NASAL AEROSOL SOLUTION	3	
Prophylactic		
timolol maleate oral tablet	1	
VYEPTI INTRAVENOUS SOLUTION	3	
Serotonin (5-HT) Receptor Agonist		
almotriptan malate oral tablet	1	
eletriptan hydrobromide oral tablet	1	
FROVA ORAL TABLET	3	
frovatriptan succinate oral tablet	1	
IMITREX NASAL SOLUTION	3	
IMITREX ORAL TABLET	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
MAXALT ORAL TABLET	3	
MAXALT-MLT ORAL TABLET DISPERSIBLE	3	
naratriptan hcl oral tablet	1	
ONZETRA XSAIL NASAL EXHALER POWDER	3	
RELPAX ORAL TABLET	3	
REYVOW ORAL TABLET	3	
rizatriptan benzoate oral tablet	1	
rizatriptan benzoate oral tablet dispersible	1	
sumatriptan nasal solution	1	
sumatriptan succinate oral tablet	1	
sumatriptan succinate refill subcutaneous solution cartridge	1	
sumatriptan succinate subcutaneous solution	1	
sumatriptan succinate subcutaneous solution auto-injector	1	

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Drug Name	Drug Tier	Requirements /Limits
sumatriptan-naproxen sodium oral tablet	1	
SYMBRAVO ORAL TABLET	3	
TOSYMRA NASAL SOLUTION	3	
TREXIMET ORAL TABLET	3	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
zolmitriptan nasal solution	1	
zolmitriptan oral tablet	1	
zolmitriptan oral tablet dispersible	1	
ZOMIG NASAL SOLUTION	3	
ZOMIG ORAL TABLET	3	
Antimyasthenic Agents		
Parasympathomimetics		
BLOXIVERZ INTRAVENOUS SOLUTION	2	
BLOXIVERZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
MESTINON ORAL SOLUTION	3	
MESTINON ORAL TABLET	3	
MESTINON ORAL TABLET EXTENDED RELEASE	3	

Drug Name	Drug Tier	Requirements /Limits
neostigmine methylsulfate intravenous solution	1	
neostigmine methylsulfate intravenous solution prefilled syringe	1	
neostigmine methylsulfate rfid intravenous solution	1	
neostigmine methylsulfate rfid intravenous solution prefilled syringe	1	
pyridostigmine bromide er oral tablet extended release	1	
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
pyridostigmine bromide oral solution	1	
pyridostigmine bromide oral tablet	1	
REGONOL INTRAVENOUS SOLUTION	3	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	3	PA
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral tablet	1	
EMROSI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
MYCOBUTIN ORAL CAPSULE	3	
PRETOMANID ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
rifabutin oral capsule	1	
ZILXI EXTERNAL FOAM	3	
Antituberculars		
cycloserine oral capsule	1	
ethambutol hcl oral tablet	1	
isoniazid injection solution	1	
isoniazid oral syrup	1	
isoniazid oral tablet	1	
MYAMBUTOL ORAL TABLET	3	
PRIFTIN ORAL TABLET	3	
pyrazinamide oral tablet	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
rifampin intravenous solution reconstituted	1	
rifampin oral capsule	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION	2	
SIRTURO ORAL TABLET	3	
TRECATOR ORAL TABLET	3	
Antineoplastics		
Alkylating Agents		
BELRAPZO INTRAVENOUS SOLUTION	3	
BENDAMUSTINE HCL INTRAVENOUS SOLUTION	1	
bendamustine hcl intravenous solution reconstituted	1	
BENDEKA INTRAVENOUS SOLUTION	3	
busulfan intravenous solution	1	
BUSULFEX INTRAVENOUS SOLUTION	3	
carboplatin intravenous solution	1	
carmustine intravenous solution reconstituted	1	
cisplatin intravenous solution	1	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	1	
cyclophosphamide injection solution reconstituted	1	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	1	
cyclophosphamide oral capsule	1	B/D
CYCLOPHOSPHAMIDE ORAL TABLET	1	B/D
dacarbazine intravenous solution reconstituted	1	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED	3	
FRINDOVYX INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
GLEOSTINE ORAL CAPSULE	3	
GRAFAPEX INTRAVENOUS SOLUTION RECONSTITUTED	3	
IFEX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ifosfamide intravenous solution	1	
ifosfamide intravenous solution reconstituted	1	
IVRA INTRAVENOUS SOLUTION	3	
KEMOPLAT INTRAVENOUS SOLUTION	3	
KYXATA INTRAVENOUS SOLUTION	3	
LEUKERAN ORAL TABLET	3	
MATULANE ORAL CAPSULE	3	
melphalan hcl intravenous solution reconstituted	1	
melphalan oral tablet	1	
MYLERAN ORAL TABLET	2	
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION	3	PA
oxaliplatin intravenous solution	1	
oxaliplatin intravenous solution reconstituted	1	
PARAPLATIN INTRAVENOUS SOLUTION	3	
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED	3	
temozolomide oral capsule	1	
TEPADINA INJECTION SOLUTION RECONSTITUTED	3	
TEPADINA INTRAVENOUS SOLUTION RECONSTITUTED	3	
TEPYLUTE INTRAVENOUS SOLUTION	3	
thiotepa injection solution reconstituted	1	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED	3	
VALCHLOR EXTERNAL GEL	3	PA
VIVIMUSTA INTRAVENOUS SOLUTION	3	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED	3	
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
Antiandrogens		
abiraterone acetate oral tablet	1	PA

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Drug Name	Drug Tier	Requirements /Limits
abirtega oral tablet	1	PA
bicalutamide oral tablet	1	
CASODEX ORAL TABLET	3	
ERLEADA ORAL TABLET	3	PA
EULEXIN ORAL CAPSULE	3	
NILANDRON ORAL TABLET	3	
nilutamide oral tablet	1	
NUBEQA ORAL TABLET	3	PA
XTANDI ORAL CAPSULE	3	PA
XTANDI ORAL TABLET	3	PA
YONSA ORAL TABLET	3	PA
ZYTIGA ORAL TABLET	3	PA
Antiangiogenic Agents		
lenalidomide oral capsule	1	PA
POMALYST ORAL CAPSULE	3	PA
REVLIMID ORAL CAPSULE	3	PA
THALOMID ORAL CAPSULE	3	PA
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE	3	
FARESTON ORAL TABLET	3	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
fulvestrant intramuscular solution prefilled syringe	1	
INLURIYO ORAL TABLET	3	PA
ORSERDU ORAL TABLET	3	PA
SOLTAMOX ORAL SOLUTION	3	
tamoxifen citrate oral tablet	1	
toremifene citrate oral tablet	1	
Antimetabolites		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED	3	
ARRANON INTRAVENOUS SOLUTION	3	
AVGEMSI INTRAVENOUS SOLUTION	3	
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED	3	
capecitabine oral tablet	1	
cladribine intravenous solution	1	B/D
clofarabine intravenous solution	1	
CLOLAR INTRAVENOUS SOLUTION	3	
cytarabine (pf) injection solution	1	B/D
cytarabine injection solution	1	B/D

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Drug Name	Drug Tier	Requirements /Limits
DROXIA ORAL CAPSULE	3	
floxuridine injection solution reconstituted	1	B/D
fluorouracil intravenous solution	1	B/D
FOLOTYN INTRAVENOUS SOLUTION	3	PA
gemcitabine hcl intravenous solution	1	
gemcitabine hcl intravenous solution reconstituted	1	
HYDREA ORAL CAPSULE	3	
hydroxyurea oral capsule	1	
INLEXZO INTRAVESICAL DEVICE	3	PA
mercaptopurine oral suspension	1	
mercaptopurine oral tablet	1	
nelarabine intravenous solution	1	
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED	3	
PEMETREXED DIPOTASSIUM INTRAVENOUS SOLUTION RECONSTITUTED	1	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	1	
pemetrexed disodium intravenous solution reconstituted	1	
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED	1	
PEMETREXED INTRAVENOUS SOLUTION	1	
PEMFEXY INTRAVENOUS SOLUTION	3	
PEMRYDI RTU INTRAVENOUS SOLUTION	3	
PRALATREXATE INTRAVENOUS SOLUTION	1	PA
PURIXAN ORAL SUSPENSION	3	
SIKLOS ORAL TABLET	3	
TABLOID ORAL TABLET	3	
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA
XELODA ORAL TABLET	2	
XROMI ORAL SOLUTION	3	
Antineoplastics, Other		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED	3	
adriamycin intravenous solution reconstituted	1	B/D

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Drug Name	Drug Tier	Requirements /Limits
ADSTILADRIN INTRAVESICAL SUSPENSION	3	PA
AKEEGA ORAL TABLET	3	PA
ANKTIVA INTRAVESICAL SOLUTION	3	PA
arsenic trioxide intravenous solution	1	
ASPARLAS INTRAVENOUS SOLUTION	3	
azacitidine injection suspension reconstituted	1	
BEIZRAY INTRAVENOUS SOLUTION	3	
bleomycin sulfate injection solution reconstituted	1	B/D
bortezomib injection solution reconstituted	1	PA
bortezomib intravenous solution	1	PA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
BORUZU INJECTION SOLUTION	3	PA
COLUMVI INTRAVENOUS SOLUTION	3	PA
dactinomycin intravenous solution reconstituted	1	
daunorubicin hcl intravenous solution	1	
decitabine intravenous solution reconstituted	1	
docetaxel intravenous concentrate	1	
docetaxel intravenous solution	1	
DOCIVYX INTRAVENOUS SOLUTION	3	
DOXIL INTRAVENOUS SUSPENSION	3	
doxorubicin hcl intravenous solution	1	B/D
doxorubicin hcl intravenous solution reconstituted	1	B/D
doxorubicin hcl liposomal intravenous suspension	1	
ELLENCE INTRAVENOUS SOLUTION	3	
ELREXFIO SUBCUTANEOUS SOLUTION	3	PA
ELZONRIS INTRAVENOUS SOLUTION	3	PA
EPKINLY SUBCUTANEOUS SOLUTION	3	PA
eribulin mesylate intravenous solution	1	PA
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED	3	
HALAVEN INTRAVENOUS SOLUTION	3	PA
IBRANCE ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	
idarubicin hcl intravenous solution	1	
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
INREBIC ORAL CAPSULE	3	PA
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ITOVEBI ORAL TABLET	3	PA
IWILFIN ORAL TABLET	3	PA
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED	3	
JEVTANA INTRAVENOUS SOLUTION	3	PA
KIMMTRAK INTRAVENOUS SOLUTION	3	PA
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
LAZCLUZE ORAL TABLET	3	PA
leucovorin calcium injection solution	1	
leucovorin calcium injection solution reconstituted	1	
leucovorin calcium oral tablet	1	
LEVAMISOLE HCL POWDER	2	
levoleucovorin calcium intravenous solution reconstituted	1	
levoleucovorin calcium pf intravenous solution	1	
LONSURF ORAL TABLET	3	PA
LYNOZYFIC INTRAVENOUS SOLUTION	3	PA
LYSODREN ORAL TABLET	3	
mitomycin intravenous solution reconstituted	1	
MODEYSO ORAL CAPSULE	3	PA
MUTAMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
OGSIVEO ORAL TABLET	3	PA
OJEMDA ORAL SUSPENSION RECONSTITUTED	3	PA
OJEMDA ORAL TABLET	3	PA
ONCASPAR INJECTION SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
ONUREG ORAL TABLET	3	PA
paclitaxel intravenous concentrate	1	
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	1	
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	1	
PHESGO SUBCUTANEOUS SOLUTION	3	PA
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
REVUFORJ ORAL TABLET	3	PA
romidepsin intravenous solution reconstituted	1	PA
RYLAZE INTRAMUSCULAR SOLUTION	3	
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TALVEY SUBCUTANEOUS SOLUTION	3	PA
TECVAYLI SUBCUTANEOUS SOLUTION	3	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED	3	
TRISENOX INTRAVENOUS SOLUTION	3	
valrubicin intravesical solution	1	
VALSTAR INTRAVESICAL SOLUTION	3	
VELCADE INJECTION SOLUTION RECONSTITUTED	3	PA
VIDAZA INJECTION SUSPENSION RECONSTITUTED	3	
vinblastine sulfate intravenous solution	1	B/D
vincristine sulfate intravenous solution	1	B/D
vinorelbine tartrate intravenous solution	1	
VONJO ORAL CAPSULE	3	PA
XOFIGO INTRAVENOUS SOLUTION	2	
ZALTRAP INTRAVENOUS SOLUTION	3	PA
ZOLINZA ORAL CAPSULE	3	PA
ZUSDURI INTRAVESICAL SOLUTION RECONSTITUTED	2	
Aromatase Inhibitors, 3rd Generation		
anastrozole oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
ARIMIDEX ORAL TABLET	3	
AROMASIN ORAL TABLET	3	
exemestane oral tablet	1	
FEMARA ORAL TABLET	3	
letrozole oral tablet	1	
Enzyme Inhibitors		
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK	3	PA
CAMPTOSAR INTRAVENOUS SOLUTION	3	
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED	3	
etoposide intravenous solution	1	
etoposide oral capsule	1	
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
HYCAMTIN ORAL CAPSULE	2	
irinotecan hcl intravenous solution	1	
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ONIVYDE INTRAVENOUS SUSPENSION	3	
topotecan hcl intravenous solution	1	
topotecan hcl intravenous solution reconstituted	1	
Molecular Target Inhibitors		
AFINITOR DISPERZ ORAL TABLET SOLUBLE	3	PA
AFINITOR ORAL TABLET	3	PA
ALECENSA ORAL CAPSULE	3	PA
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ALUNBRIG ORAL TABLET	3	PA
ALUNBRIG ORAL TABLET THERAPY PACK	3	PA
AUGTYRO ORAL CAPSULE	3	PA
AYVAKIT ORAL TABLET	3	PA
BALVERSA ORAL TABLET	3	PA
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
BOSULIF ORAL CAPSULE	3	PA
BOSULIF ORAL TABLET	3	PA
BRAFTOVI ORAL CAPSULE	3	PA
BRUKINSA ORAL CAPSULE	3	PA
BRUKINSA ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
CABOMETYX ORAL TABLET	3	PA
CALQUENCE ORAL TABLET	3	PA
CAPRELSA ORAL TABLET	3	PA
COMETRIQ (100 MG DAILY DOSE) ORAL KIT	3	PA
COMETRIQ (140 MG DAILY DOSE) ORAL KIT	3	PA
COMETRIQ (60 MG DAILY DOSE) ORAL KIT	3	PA
COPIKTRA ORAL CAPSULE	3	PA
COTELLIC ORAL TABLET	3	PA
DANZITEN ORAL TABLET	3	PA
dasatinib oral tablet	1	PA
DAURISMO ORAL TABLET	3	PA
ENSACOVE ORAL CAPSULE	3	PA
ERIVEDGE ORAL CAPSULE	3	PA
erlotinib hcl oral tablet	1	PA
everolimus oral tablet	1	PA
everolimus oral tablet soluble	1	PA
EXKIVITY ORAL CAPSULE	3	
fludarabine phosphate intravenous solution	1	
fludarabine phosphate intravenous solution reconstituted	1	

Drug Name	Drug Tier	Requirements /Limits
FOTIVDA ORAL CAPSULE	3	PA
FRUZAQLA ORAL CAPSULE	3	PA
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA
GAVRETO ORAL CAPSULE	3	PA
gefitinib oral tablet	1	PA
GILOTRIF ORAL TABLET	3	PA
GLEEVEC ORAL TABLET	3	PA
GOMEKLI ORAL CAPSULE	3	PA
GOMEKLI ORAL TABLET SOLUBLE	3	PA
HERNEXEOS ORAL TABLET	3	PA
IBRANCE ORAL CAPSULE	3	PA
IBTROZI ORAL CAPSULE	3	PA
ICLUSIG ORAL TABLET	3	PA
IDHIFA ORAL TABLET	3	PA
imatinib mesylate oral tablet	1	PA
IMBRUVICA ORAL CAPSULE	3	PA
IMBRUVICA ORAL SUSPENSION	3	PA
IMBRUVICA ORAL TABLET	3	PA
IMKELDI ORAL SOLUTION	3	PA
INLYTA ORAL TABLET	3	PA
INQOVI ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
IRESSA ORAL TABLET	3	PA
JAKAFI ORAL TABLET	3	PA
JAYPIRCA ORAL TABLET	3	PA
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK	3	PA
KOSELUGO ORAL CAPSULE	3	PA
KOSELUGO ORAL CAPSULE SPRINKLE	3	PA
KRAZATI ORAL TABLET	3	PA
lapatinib ditosylate oral tablet	1	PA
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK	3	PA
LORBRENA ORAL TABLET	3	PA
LUMAKRAS ORAL TABLET	3	PA
LYNPARZA ORAL TABLET	3	PA
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA
MEKINIST ORAL SOLUTION RECONSTITUTED	3	PA
MEKINIST ORAL TABLET	3	PA
MEKTOVI ORAL TABLET	3	PA
NERLYNX ORAL TABLET	3	PA
NEXAVAR ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
NILOTINIB D-TARTRATE ORAL CAPSULE	1	PA
nilotinib hcl oral capsule	1	PA
NINLARO ORAL CAPSULE	3	PA
ODOMZO ORAL CAPSULE	3	PA
OJJAARA ORAL TABLET	3	PA
pazopanib hcl oral tablet	1	PA
PEMAZYRE ORAL TABLET	3	PA
PHYRAGO ORAL TABLET	3	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK	3	PA
QINLOCK ORAL TABLET	3	PA
RETEVMO ORAL CAPSULE	3	PA
RETEVMO ORAL TABLET	3	PA
REZLIDHIA ORAL CAPSULE	3	PA
ROMVIMZA ORAL CAPSULE	3	PA
ROZLYTREK ORAL CAPSULE	3	PA
ROZLYTREK ORAL PACKET	3	PA
RUBRACA ORAL TABLET	3	PA
RYDAPT ORAL CAPSULE	3	PA
SCEMBLIX ORAL TABLET	3	PA
sorafenib tosylate oral tablet	1	PA
SPRYCEL ORAL TABLET	3	PA
STIVARGA ORAL TABLET	3	PA
sunitinib malate oral capsule	1	PA
SUTENT ORAL CAPSULE	3	PA
TABRECTA ORAL TABLET	3	PA
TAFINLAR ORAL CAPSULE	3	PA
TAFINLAR ORAL TABLET SOLUBLE	3	PA
TAGRISSO ORAL TABLET	3	PA
TALZENNA ORAL CAPSULE	3	PA
TARCEVA ORAL TABLET	3	PA
TASIGNA ORAL CAPSULE	3	PA
TAZVERIK ORAL TABLET	3	PA
temsirolimus intravenous solution	1	
TEPMETKO ORAL TABLET	3	PA
TIBSOVO ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
TORISEL INTRAVENOUS SOLUTION	3	
torpenz oral tablet	1	PA
TRUQAP ORAL TABLET	3	PA
TRUQAP ORAL TABLET THERAPY PACK	3	PA
TUKYSA ORAL TABLET	3	PA
TURALIO ORAL CAPSULE	3	PA
TYKERB ORAL TABLET	3	PA
VANFLYTA ORAL TABLET	3	PA
VENCLEXTA ORAL TABLET	2	PA
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK	3	PA
VERZENIO ORAL TABLET	3	PA
VIJOICE ORAL PACKET	3	PA
VIJOICE ORAL TABLET THERAPY PACK	3	PA
VITRAKVI ORAL CAPSULE	3	PA
VITRAKVI ORAL SOLUTION	3	PA
VIZIMPRO ORAL TABLET	3	PA
VOTRIENT ORAL TABLET	3	PA
XALKORI ORAL CAPSULE	3	PA
XALKORI ORAL CAPSULE SPRINKLE	3	PA
XOSPATA ORAL TABLET	3	PA
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK	3	PA
ZEJULA ORAL TABLET	3	PA
ZELBORAF ORAL TABLET	3	PA
ZYDELIG ORAL TABLET	3	PA
ZYKADIA ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
Monoclonal Antibodies/Antibody-Drug Conjugates		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ALYMSYS INTRAVENOUS SOLUTION	3	PA
ARZERRA INTRAVENOUS CONCENTRATE	3	PA
AVASTIN INTRAVENOUS SOLUTION	3	PA
BAVENCIO INTRAVENOUS SOLUTION	3	PA
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK	3	PA
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
CYRAMZA INTRAVENOUS SOLUTION	3	PA
DANYELZA INTRAVENOUS SOLUTION	3	PA
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	3	PA
DARZALEX INTRAVENOUS SOLUTION	3	PA
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ELAHERE INTRAVENOUS SOLUTION	3	PA
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
EMRELIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ERBITUX INTRAVENOUS SOLUTION	3	PA
GAZYVA INTRAVENOUS SOLUTION	3	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	3	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA

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Drug Name	Drug Tier	Requirements /Limits
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
IMFINZI INTRAVENOUS SOLUTION	3	PA
IMJUDO INTRAVENOUS SOLUTION	3	PA
JEMPERLI INTRAVENOUS SOLUTION	3	PA
JOBEVNE INTRAVENOUS SOLUTION	3	PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
KEYTRUDA INTRAVENOUS SOLUTION	3	PA
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION	3	PA
LIBTAYO INTRAVENOUS SOLUTION	3	PA
LOQTORZI INTRAVENOUS SOLUTION	3	PA
LUNSUMIO INTRAVENOUS SOLUTION	3	PA
MARGENZA INTRAVENOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
MVASI INTRAVENOUS SOLUTION	3	PA
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
OPDIVO INTRAVENOUS SOLUTION	3	PA
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
PERJETA INTRAVENOUS SOLUTION	3	PA
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
PORTRAZZA INTRAVENOUS SOLUTION	3	PA
POTELIGEO INTRAVENOUS SOLUTION	3	PA
RIABNI INTRAVENOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	3	PA
RITUXAN INTRAVENOUS SOLUTION	3	PA
RUXIENCE INTRAVENOUS SOLUTION	3	PA
RYBREVANT INTRAVENOUS SOLUTION	3	PA
SARCLISA INTRAVENOUS SOLUTION	3	PA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION	3	PA
TECENTRIQ INTRAVENOUS SOLUTION	3	PA
TEVIMBRA INTRAVENOUS SOLUTION	3	PA
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TRUXIMA INTRAVENOUS SOLUTION	3	PA
UNITUXIN INTRAVENOUS SOLUTION	3	PA
UNLOXCYT INTRAVENOUS SOLUTION	3	PA
VECTIBIX INTRAVENOUS SOLUTION	3	
VEGZELMA INTRAVENOUS SOLUTION	3	PA
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
YERVOY INTRAVENOUS SOLUTION	3	PA
ZEVALIN Y-90 INTRAVENOUS KIT	3	
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ZIRABEV INTRAVENOUS SOLUTION	3	PA
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ZYNYZ INTRAVENOUS SOLUTION	3	PA
Non-FRF		
OPDUALAG INTRAVENOUS SOLUTION	3	PA
Retinoids		
bexarotene external gel	1	PA
bexarotene oral capsule	1	PA
PANRETIN EXTERNAL GEL	3	

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Drug Name	Drug Tier	Requirements /Limits
TARGRETIN EXTERNAL GEL	3	PA
TARGRETIN ORAL CAPSULE	3	PA
tretinoin oral capsule	1	
Treatment Adjuncts		
dexrazoxane hcl intravenous solution reconstituted	1	
dexrazoxane intravenous solution reconstituted	1	
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED	3	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED	3	
mesna intravenous solution	1	
mesna oral tablet	1	
MESNEX INTRAVENOUS SOLUTION	3	
MESNEX ORAL TABLET	3	
VORANIGO ORAL TABLET	3	PA
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED	3	
Antiparasitics		
Anthelmintics		
albendazole oral tablet	1	
BILTRICIDE ORAL TABLET	3	
EGATEN ORAL TABLET	2	
EMVERM ORAL TABLET CHEWABLE	3	
ivermectin oral tablet	1	PA
MEBENDAZOLE POWDER	2	
praziquantel oral tablet	1	
STROMECTOL ORAL TABLET	3	PA
THIABENDAZOLE POWDER	2	
Antiprotozoals		
ALINIA ORAL SUSPENSION RECONSTITUTED	3	
ALINIA ORAL TABLET	3	
ARAKODA ORAL TABLET	3	
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	1	
atovaquone oral suspension	1	
atovaquone-proguanil hcl oral tablet	1	
BENZNIDAZOLE ORAL TABLET	1	
chloroquine phosphate oral tablet	1	
COARTEM ORAL TABLET	3	
DARAPRIM ORAL TABLET	3	PA
hydroxychloroquine sulfate oral tablet	1	
IODOQUINOL POWDER	2	
KRINTAFEL ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
LAMPIT ORAL TABLET	3	
MALARONE ORAL TABLET	3	
mefloquine hcl oral tablet	1	
MEPACRINE POWDER	2	
MEPRON ORAL SUSPENSION	3	
NEBUPENT INHALATION SOLUTION RECONSTITUTED	3	B/D
nitazoxanide oral tablet	1	
PENTAM INJECTION SOLUTION RECONSTITUTED	3	
pentamidine isethionate inhalation solution reconstituted	1	B/D
pentamidine isethionate injection solution reconstituted	1	
PLAQUENIL ORAL TABLET	3	
primaquine phosphate oral tablet	1	
pyrimethamine oral tablet	1	PA
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE	2	
QUALAQUIN ORAL CAPSULE	3	PA
QUINACRINE HCL POWDER	2	
quinine sulfate oral capsule	1	PA
SOVUNA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate injection solution	1	
benztropine mesylate oral tablet	1	
trihexyphenidyl hcl oral solution	1	
trihexyphenidyl hcl oral tablet	1	
Antiparkinson Agents, Other		
carbidopa-levodopa-entacapone oral tablet	1	
COMTAN ORAL TABLET	3	
entacapone oral tablet	1	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
NOURIANZ ORAL TABLET	3	
ONGENTYS ORAL CAPSULE	3	
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
STALEVO 100 ORAL TABLET	3	
STALEVO 125 ORAL TABLET	3	
STALEVO 150 ORAL TABLET	3	
STALEVO 200 ORAL TABLET	3	
STALEVO 50 ORAL TABLET	3	
STALEVO 75 ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
TASMAR ORAL TABLET	3	
tolcapone oral tablet	1	
Dopamine Agonists		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
apomorphine hcl subcutaneous solution cartridge	1	PA
bromocriptine mesylate oral capsule	1	
bromocriptine mesylate oral tablet	1	
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
pramipexole dihydrochloride er oral tablet extended release 24 hour	1	
pramipexole dihydrochloride oral tablet	1	
ropinirole hcl er oral tablet extended release 24 hour	1	
ropinirole hcl oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral tablet	1	
CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE	3	
carbidopa-levodopa er oral tablet extended release	1	
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet dispersible	1	
CREXONT ORAL CAPSULE EXTENDED RELEASE	3	PA
DHIVY ORAL TABLET	3	
DUOPA ENTERAL SUSPENSION	3	PA
INBRIJA INHALATION CAPSULE	3	PA
LODOSYN ORAL TABLET	3	
RYTARY ORAL CAPSULE EXTENDED RELEASE	3	
SINEMET ORAL TABLET	3	
VYALEV SUBCUTANEOUS SOLUTION	3	PA
Monoamine Oxidase B (MAO-B) Inhibitors		
AZILECT ORAL TABLET	3	
rasagiline mesylate oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
selegiline hcl oral capsule	1	
selegiline hcl oral tablet	1	
SELEGILINE HCL POWDER	2	
XADAGO ORAL TABLET	3	
ZELAPAR ORAL TABLET DISPERSIBLE	3	
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl injection solution	1	
chlorpromazine hcl oral concentrate	1	
chlorpromazine hcl oral tablet	1	
fluphenazine decanoate injection solution	1	
fluphenazine hcl injection solution	1	
fluphenazine hcl oral concentrate	1	
fluphenazine hcl oral elixir	1	
fluphenazine hcl oral tablet	1	
HALDOL DECANOATE INTRAMUSCULAR SOLUTION	3	
haloperidol decanoate intramuscular solution	1	
haloperidol lactate injection solution	1	
haloperidol lactate oral concentrate	1	
haloperidol oral tablet	1	
loxapine succinate oral capsule	1	
molindone hcl oral tablet	1	
perphenazine oral tablet	1	
pimozide oral tablet	1	
thioridazine hcl oral tablet	1	
thiothixene oral capsule	1	
trifluoperazine hcl oral tablet	1	
2nd Generation/Atypical		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK	3	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK	3	
ABILIFY ORAL TABLET	3	
aripiprazole oral solution	1	
aripiprazole oral tablet	1	
aripiprazole oral tablet dispersible	1	

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Drug Name	Drug Tier	Requirements /Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE	3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE	3	
asenapine maleate sublingual tablet sublingual	1	
CAPLYTA ORAL CAPSULE	3	
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PA
FANAPT ORAL TABLET	3	
FANAPT TITRATION PACK A ORAL TABLET	3	
FANAPT TITRATION PACK B ORAL TABLET	3	
FANAPT TITRATION PACK C ORAL TABLET	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
GEODON ORAL CAPSULE	3	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
LATUDA ORAL TABLET	3	
lurasidone hcl oral tablet	1	
LYBALVI ORAL TABLET	3	
NUPLAZID ORAL CAPSULE	3	
NUPLAZID ORAL TABLET	3	
olanzapine intramuscular solution reconstituted	1	
olanzapine oral tablet	1	
olanzapine oral tablet dispersible	1	
OPIPZA ORAL FILM	3	
paliperidone er oral tablet extended release 24 hour	1	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE	3	
quetiapine fumarate er oral tablet extended release 24 hour	1	
quetiapine fumarate oral tablet	1	
REXULTI ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	
RISPERDAL ORAL SOLUTION	3	
RISPERDAL ORAL TABLET	3	
risperidone microspheres er intramuscular suspension reconstituted er	1	
risperidone oral solution	1	
risperidone oral tablet	1	
risperidone oral tablet dispersible	1	
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL	3	
SECUADO TRANSDERMAL PATCH 24 HOUR	3	
SEROQUEL ORAL TABLET	3	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	3	
VRAYLAR ORAL CAPSULE	3	
ziprasidone hcl oral capsule	1	
ziprasidone mesylate intramuscular solution reconstituted	1	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ZYPREXA ORAL TABLET	3	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE	3	
Treatment-Resistant		
clozapine oral tablet	1	
clozapine oral tablet dispersible	1	
CLOZARIL ORAL TABLET	3	
VERSACLOZ ORAL SUSPENSION	3	
Antispasticity Agents		
baclofen oral tablet	1	
DANTRIUM ORAL CAPSULE	3	
dantrolene sodium oral capsule	1	
tizanidine hcl oral capsule	1	
tizanidine hcl oral tablet	1	
ZANAFLEX ORAL CAPSULE	3	
ZANAFLEX ORAL TABLET	3	
Non-FRF		
BACLOFEN (BULK) SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
baclofen intrathecal solution	1	B/D
baclofen intrathecal solution prefilled syringe	1	B/D
baclofen oral solution	1	
baclofen oral suspension	1	
baclofen oral tablet	1	
BACLOFEN POWDER	2	
BACLOFEN REFILL KIT-SYNCHROMED INTRATHECAL KIT	2	
BOTOX INJECTION SOLUTION RECONSTITUTED	3	PA
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
dantrolene sodium intravenous solution reconstituted	1	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
FLEQSUVY ORAL SUSPENSION	3	
GABLOFEN INTRATHECAL SOLUTION	3	B/D
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	3	B/D
LIORESAL INTRATHECAL SOLUTION	3	B/D
LYVISPAH ORAL PACKET	3	
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA
OZOBAX DS ORAL SOLUTION	3	
OZOBAX ORAL SOLUTION	3	
revonto intravenous solution reconstituted	1	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED	2	
SOHONOS ORAL CAPSULE	3	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
ZANAFLEX ORAL CAPSULE	3	
Antivirals		
Anti-cytomegalovirus (CMV) Agents		
cidofovir intravenous solution	1	
foscarnet sodium intravenous solution	1	B/D
FOSCAVIR INTRAVENOUS SOLUTION	3	B/D
ganciclovir sodium intravenous solution	1	B/D
ganciclovir sodium intravenous solution reconstituted	1	B/D
LIVTENCITY ORAL TABLET	3	
PREVYMIS INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
PREVYMIS ORAL PACKET	3	
PREVYMIS ORAL TABLET	3	
VALCYTE ORAL SOLUTION RECONSTITUTED	3	
VALCYTE ORAL TABLET	3	
valganciclovir hcl oral solution reconstituted	1	
valganciclovir hcl oral tablet	1	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil oral tablet	1	
BARACLUDE ORAL SOLUTION	3	
BARACLUDE ORAL TABLET	3	
entecavir oral tablet	1	
lamivudine oral tablet	1	
VEMLIDY ORAL TABLET	3	
Anti-hepatitis C (HCV) Agents		
EPCLUSA ORAL PACKET	3	PA
EPCLUSA ORAL TABLET	3	PA
HARVONI ORAL PACKET	3	PA
HARVONI ORAL TABLET	3	PA
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	1	PA
MAVYRET ORAL PACKET	3	PA
MAVYRET ORAL TABLET	3	PA
ribavirin oral capsule	1	
ribavirin oral tablet	1	
SOFOSBUVIR-VELPATASVIR ORAL TABLET	1	PA
SOVALDI ORAL PACKET	3	PA
SOVALDI ORAL TABLET	3	PA
VOSEVI ORAL TABLET	3	PA
ZEPATIER ORAL TABLET	3	PA
Antiherpetic Agents		
acyclovir oral capsule	1	
acyclovir oral suspension	1	
acyclovir oral tablet	1	
acyclovir sodium intravenous solution	1	B/D
ACYCLOVIR SODIUM-NACL INTRAVENOUS SOLUTION	2	
famciclovir oral tablet	1	
SITAVIG BUCCAL TABLET	3	
valacyclovir hcl oral tablet	1	
VALTREX ORAL TABLET	3	
VYJUVEK EXTERNAL GEL	3	PA

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Drug Name	Drug Tier	Requirements /Limits
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	PV
BIKTARVY ORAL TABLET	3	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE	3	
DOVATO ORAL TABLET	3	
GENVOYA ORAL TABLET	3	
ISENTRESS HD ORAL TABLET	3	
ISENTRESS ORAL PACKET	3	
ISENTRESS ORAL TABLET	3	
ISENTRESS ORAL TABLET CHEWABLE	2	
JULUCA ORAL TABLET	3	
STRIBILD ORAL TABLET	3	
TIVICAY ORAL TABLET	3	
TIVICAY PD ORAL TABLET SOLUBLE	3	
VOCABRIA ORAL TABLET	3	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA ORAL TABLET	3	
DELSTRIGO ORAL TABLET	3	
EDURANT ORAL TABLET	3	
EDURANT PED ORAL TABLET SOLUBLE	3	
efavirenz oral capsule	1	
efavirenz oral tablet	1	
efavirenz-emtricitab-tenofo df oral tablet	1	
efavirenz-lamivudine-tenofovir oral tablet	1	
emtricitab-rilpivir-tenofov df oral tablet	1	
etravirine oral tablet	1	
INTELENCE ORAL TABLET	3	
nevirapine er oral tablet extended release 24 hour	1	
nevirapine oral suspension	1	
nevirapine oral tablet	1	
PIFELTRO ORAL TABLET	3	
SYMFI LO ORAL TABLET	3	
SYMFI ORAL TABLET	3	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate oral solution	1	
abacavir sulfate oral tablet	1	
abacavir sulfate-lamivudine oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
CIMDUO ORAL TABLET	3	
COMBIVIR ORAL TABLET	3	
DESCOVY ORAL TABLET	3	PV
emtricitabine oral capsule	1	
emtricitabine-tenofovir df oral tablet	1	PV
EMTRIVA ORAL CAPSULE	3	
EMTRIVA ORAL SOLUTION	3	
EPIVIR ORAL SOLUTION	3	
EPIVIR ORAL TABLET	3	
EPZICOM ORAL TABLET	3	
lamivudine oral solution	1	
lamivudine oral tablet	1	
lamivudine-zidovudine oral tablet	1	
ODEFSEY ORAL TABLET	3	
RETROVIR INTRAVENOUS SOLUTION	3	
RETROVIR ORAL CAPSULE	3	
RETROVIR ORAL SYRUP	3	
tenofovir disoproxil fumarate oral tablet	1	PV
TRIUMEQ ORAL TABLET	3	
TRIUMEQ PD ORAL TABLET SOLUBLE	3	
TRUVADA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL POWDER	3	
VIREAD ORAL TABLET	3	
ZIAGEN ORAL SOLUTION	3	
zidovudine oral capsule	1	
zidovudine oral syrup	1	
zidovudine oral tablet	1	
Anti-HIV Agents, Other		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
maraviroc oral tablet	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
SELZENTRY ORAL SOLUTION	3	
SELZENTRY ORAL TABLET	3	
SUNLENCA ORAL TABLET	3	
SUNLENCA ORAL TABLET THERAPY PACK	3	
SUNLENCA SUBCUTANEOUS SOLUTION	3	
TROGARZO INTRAVENOUS SOLUTION	3	
TYBOST ORAL TABLET	2	
YEZTUGO ORAL TABLET	2	
YEZTUGO SUBCUTANEOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
Anti-HIV Agents, Protease Inhibitors (PI)		
APTIVUS ORAL CAPSULE	3	
atazanavir sulfate oral capsule	1	
darunavir oral tablet	1	
EVOTAZ ORAL TABLET	3	
fosamprenavir calcium oral tablet	1	
KALETRA ORAL SOLUTION	3	
KALETRA ORAL TABLET	3	
LEXIVA ORAL SUSPENSION	3	
LEXIVA ORAL TABLET	3	
lopinavir-ritonavir oral solution	1	
lopinavir-ritonavir oral tablet	1	
NORVIR ORAL CAPSULE	3	
NORVIR ORAL PACKET	3	
NORVIR ORAL TABLET	3	
PREZCOBIX ORAL TABLET	3	
PREZISTA ORAL SUSPENSION	3	
PREZISTA ORAL TABLET	3	
REYATAZ ORAL CAPSULE	3	
REYATAZ ORAL PACKET	3	
ritonavir oral tablet	1	
SYMTUZA ORAL TABLET	3	
VIRACEPT ORAL TABLET	3	
Anti-influenza Agents		
amantadine hcl oral capsule	1	
amantadine hcl oral solution	1	
amantadine hcl oral tablet	1	
oseltamivir phosphate oral capsule	1	
oseltamivir phosphate oral suspension reconstituted	1	
RAPIVAB INTRAVENOUS SOLUTION	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
rimantadine hcl oral tablet	1	
TAMIFLU ORAL CAPSULE	3	
TAMIFLU ORAL SUSPENSION RECONSTITUTED	3	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK	2	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK	2	
Antiviral, Coronavirus Agents		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK	2	

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Drug Name	Drug Tier	Requirements /Limits
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK	2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK	2	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED	3	
Non-FRF		
TEMBEXA ORAL SUSPENSION	2	
TEMBEXA ORAL TABLET	2	
TPOXX INTRAVENOUS SOLUTION	2	
TPOXX ORAL CAPSULE	2	
Anxiolytics		
Anxiolytics, Other		
BUCAPSOL ORAL CAPSULE	3	
buspirone hcl oral tablet	1	
meprobamate oral tablet	1	
Benzodiazepines		
alprazolam er oral tablet extended release 24 hour	1	
alprazolam intensol oral concentrate	1	
alprazolam oral tablet	1	
alprazolam oral tablet dispersible	1	
alprazolam xr oral tablet extended release 24 hour	1	

Drug Name	Drug Tier	Requirements /Limits
ATIVAN INJECTION SOLUTION	3	
ATIVAN ORAL TABLET	3	
chlordiazepoxide hcl oral capsule	1	
clorazepate dipotassium oral tablet	1	
diazepam injection solution	1	
diazepam intensol oral concentrate	1	
diazepam oral concentrate	1	
diazepam oral solution	1	
diazepam oral tablet	1	
lorazepam injection solution	1	
lorazepam intensol oral concentrate	1	
lorazepam oral concentrate	1	
lorazepam oral tablet	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
midazolam hcl (pf) +rfid injection solution	1	
midazolam hcl (pf) injection solution	1	
midazolam hcl injection solution	1	
midazolam hcl oral syrup	1	
oxazepam oral capsule	1	
VALIUM ORAL TABLET	3	
XANAX ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Bipolar Agents		
Bipolar Agents, Other		
IGALMI SUBLINGUAL FILM	3	
Mood Stabilizers		
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
lithium carbonate er oral tablet extended release	1	
lithium carbonate oral capsule	1	
lithium carbonate oral tablet	1	
lithium oral solution	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral tablet	1	
ACTOPLUS MET ORAL TABLET	3	
ACTOS ORAL TABLET	3	
ALOGLIPTIN BENZOATE ORAL TABLET	1	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET	1	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET	1	
BEXAGLIFLOZIN ORAL TABLET	1	
BRENZAVVY ORAL TABLET	3	
BRYNOVIN ORAL SOLUTION	3	PA
CYCLOSET ORAL TABLET	3	
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
DUETACT ORAL TABLET	3	
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	PA
glimepiride oral tablet	1	
glipizide er oral tablet extended release 24 hour	1	
glipizide oral tablet	1	
glipizide xl oral tablet extended release 24 hour	1	
glipizide-metformin hcl oral tablet	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
glyburide micronized oral tablet	1	
glyburide oral tablet	1	
GLYBURIDE POWDER	2	
glyburide-metformin oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
GLYXAMBI ORAL TABLET	2	
INVOKAMET ORAL TABLET	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
JANUMET ORAL TABLET	2	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
JANUVIA ORAL TABLET	2	
JENTADUETO ORAL TABLET	2	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
liraglutide subcutaneous solution pen-injector	3	PA
metformin hcl er (mod) oral tablet extended release 24 hour	1	
metformin hcl er (osm) oral tablet extended release 24 hour	1	
metformin hcl er oral tablet extended release 24 hour	1	
metformin hcl oral solution	1	
metformin hcl oral tablet	1	
miglitol oral tablet	1	
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
nateglinide oral tablet	1	
ONGLYZA ORAL TABLET	3	PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
pioglitazone hcl oral tablet	1	
pioglitazone hcl-glimepiride oral tablet	1	
pioglitazone hcl-metformin hcl oral tablet	1	
QTERN ORAL TABLET	3	
repaglinide oral tablet	1	
RIOMET ORAL SOLUTION	3	
RYBELSUS ORAL TABLET	2	PA
saxagliptin hcl oral tablet	1	
saxagliptin-metformin er oral tablet extended release 24 hour	1	
SEGLUROMET ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
SITAGLIPT BASE-METFORM HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
SITAGLIPTIN BASE-METFORMIN HCL ORAL TABLET	3	PA
SITAGLIPTIN ORAL TABLET	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
STEGLUJAN ORAL TABLET	3	
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
SYNJARDY ORAL TABLET	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
TRADJENTA ORAL TABLET	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	PA
TZIELD INTRAVENOUS SOLUTION	3	PA
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
ZITUVIMET ORAL TABLET	3	
ZITUVIMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
ZITUVIO ORAL TABLET	3	PA
Glycemic Agents		
BAQSIMI ONE PACK NASAL POWDER	2	
BAQSIMI TWO PACK NASAL POWDER	2	
dextrose intravenous solution	1	
diazoxide oral suspension	1	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED	3	
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	

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Drug Name	Drug Tier	Requirements /Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
GVOKE KIT SUBCUTANEOUS SOLUTION	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
PROGLYCEM ORAL SUSPENSION	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
Insulins		
ADMELOG INJECTION SOLUTION	3	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
AFREZZA INHALATION POWDER	3	
APIDRA INJECTION SOLUTION	3	
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
FIASP INJECTION SOLUTION	2	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMALOG INJECTION SOLUTION	2	
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION	2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION	2	

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Drug Name	Drug Tier	Requirements /Limits
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	2	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION	2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
HUMULIN N SUBCUTANEOUS SUSPENSION	2	
HUMULIN R INJECTION SOLUTION	2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION	2	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	

Drug Name	Drug Tier	Requirements /Limits
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	1	
INSULIN ASPART INJECTION SOLUTION	1	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	1	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION	3	
INSULIN GLARGINE MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	

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Drug Name	Drug Tier	Requirements /Limits
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN LISPRO INJECTION SOLUTION	1	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	
KIRSTY INJECTION SOLUTION	3	
KIRSTY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LANTUS SUBCUTANEOUS SOLUTION	2	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	
LEVEMIR SUBCUTANEOUS SOLUTION	3	
LYUMJEV INJECTION SOLUTION	2	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
MERILOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
MERILOG SUBCUTANEOUS SOLUTION	3	PA
MYXREDLIN INTRAVENOUS SOLUTION	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	

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Drug Name	Drug Tier	Requirements /Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLIN N SUBCUTANEOUS SUSPENSION	2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR	2	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR	2	
NOVOLIN R INJECTION SOLUTION	2	
NOVOLIN R RELION INJECTION SOLUTION	2	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
NOVOLOG INJECTION SOLUTION	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION	2	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION	2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	2	
NOVOLOG RELION INJECTION SOLUTION	2	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	3	PA
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	

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Drug Name	Drug Tier	Requirements /Limits
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
TRESIBA SUBCUTANEOUS SOLUTION	2	
Blood Products and Modifiers		
Anticoagulants		
ACD FORMULA A IN VITRO SOLUTION	2	
ACD-A NOCLOT-50 IN VITRO SOLUTION	2	
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED	2	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION	2	
argatroban in sodium chloride intravenous solution	1	
argatroban intravenous solution	1	
ARIXTRA SUBCUTANEOUS SOLUTION	3	
bivalirudin trifluoroacetate intravenous solution reconstituted	1	
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
dabigatran etexilate mesylate oral capsule	1	
DEFENCATH IN VITRO SOLUTION	2	
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE	2	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE	2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	2	
ELIQUIS ORAL CAPSULE SPRINKLE	2	
ELIQUIS ORAL TABLET	2	
ELIQUIS ORAL TABLET SOLUBLE	2	
enoxaparin sodium injection solution	1	
enoxaparin sodium injection solution prefilled syringe	1	
fondaparinux sodium subcutaneous solution	1	
FRAGMIN SUBCUTANEOUS SOLUTION	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
heparin (porcine) in nacl intravenous solution	1	
heparin sod (porcine) in d5w intravenous solution	1	
heparin sodium (porcine) injection solution	1	

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Drug Name	Drug Tier	Requirements /Limits
heparin sodium (porcine) injection solution prefilled syringe	1	
heparin sodium (porcine) pf injection solution	1	
jantoven oral tablet	1	
LOVENOX INJECTION SOLUTION	3	
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE	3	
PRADAXA ORAL CAPSULE	3	PA
PRADAXA ORAL PACKET	3	PA
RETAVASE HALF-KIT INTRAVENOUS KIT	2	
RETAVASE INTRAVENOUS KIT	2	
rivaroxaban oral suspension reconstituted	1	
rivaroxaban oral tablet	1	
SAVAYSA ORAL TABLET	3	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION	2	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
TISSEEL EXTERNAL KIT	3	
TISSEEL EXTERNAL SOLUTION	3	
TNKASE INTRAVENOUS KIT	2	
TRICITRASOL IN VITRO CONCENTRATE	2	
warfarin sodium oral tablet	1	
XARELTO ORAL SUSPENSION RECONSTITUTED	2	
XARELTO ORAL TABLET	2	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK	2	
ZONTIVITY ORAL TABLET	3	
Blood Products and Modifiers, Other		
ADAKVEO INTRAVENOUS SOLUTION	3	PA
AGRYLIN ORAL CAPSULE	3	
ALVAIZ ORAL TABLET	3	PA
anagrelide hcl oral capsule	1	
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	
ARANESP (ALBUMIN FREE) INJECTION SOLUTION	3	PA
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	3	PA
eltrombopag olamine oral packet	1	PA

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Drug Name	Drug Tier	Requirements /Limits
eltrombopag olamine oral tablet	1	PA
EPOGEN INJECTION SOLUTION	3	PA
FABHALTA ORAL CAPSULE	3	PA
FERRO-PLEX ORAL TABLET	2	
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
GRANIX SUBCUTANEOUS SOLUTION	3	
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
JESDUVROQ ORAL TABLET	3	PA
LEUKINE INJECTION SOLUTION RECONSTITUTED	3	PA
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE	3	
MOZOBIL SUBCUTANEOUS SOLUTION	3	
MULPLETA ORAL TABLET	3	PA
NEULASTA ONPRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
NEUPOGEN INJECTION SOLUTION	3	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	3	
NIVESTYM INJECTION SOLUTION	3	
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE	3	
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE	3	
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
plerixafor subcutaneous solution	1	
PROCRIT INJECTION SOLUTION	3	PA
PROMACTA ORAL PACKET	3	PA
PROMACTA ORAL TABLET	3	PA
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA

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Drug Name	Drug Tier	Requirements /Limits
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
RETACRIT INJECTION SOLUTION	3	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
RYZNEUTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
VAFSEO ORAL TABLET	3	
VOYDEYA ORAL TABLET	3	PA
VOYDEYA ORAL TABLET THERAPY PACK	3	PA
XOLREMDI ORAL CAPSULE	3	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE	3	
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
Hemostasis Agents		
ACCRUFER ORAL CAPSULE	2	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
AFSTYLA INTRAVENOUS KIT	2	
ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED	2	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED	2	
ALTUVIIIO INTRAVENOUS SOLUTION RECONSTITUTED	2	
aminocaproic acid intravenous solution	1	
aminocaproic acid oral solution	1	

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Drug Name	Drug Tier	Requirements /Limits
aminocaproic acid oral tablet	1	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED	2	
ASTRINGYN EXTERNAL SOLUTION	2	
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED	2	
BENEFIX INTRAVENOUS KIT	2	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED	2	
CORIFACT INTRAVENOUS KIT	2	
CYKLOKAPRON INTRAVENOUS SOLUTION	3	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED	2	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED	2	
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED	2	
HEMLIBRA SUBCUTANEOUS SOLUTION	2	

Drug Name	Drug Tier	Requirements /Limits
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED	2	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED	2	
HYMPAVZI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED	2	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED	2	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED	2	
KCENTRA INTRAVENOUS KIT	2	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED	2	
KOGENATE FS INTRAVENOUS KIT	2	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED	2	
MONSELS FERRIC SUBSULFATE EXTERNAL PASTE	2	

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Drug Name	Drug Tier	Requirements /Limits
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED	2	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED	2	
NUWIQ INTRAVENOUS KIT	2	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED	2	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED	2	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED	2	
protamine sulfate intravenous solution	1	
QFITLIA SUBCUTANEOUS SOLUTION	2	
QFITLIA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED	2	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED	2	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED	2	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED	2	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED	2	
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	2	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED	2	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT	2	
THROMBIN-JMI EXTERNAL KIT	2	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED	2	
THROMBOGEN EXTERNAL KIT	2	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED	2	
tranexamic acid intravenous solution	1	
tranexamic acid oral tablet	1	
tranexamic acid-nacl intravenous solution	1	
TRETTEN INTRAVENOUS SOLUTION RECONSTITUTED	2	

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Drug Name	Drug Tier	Requirements /Limits
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED	2	
WILATE INTRAVENOUS KIT	2	
XYNTHA INTRAVENOUS KIT	2	
XYNTHA SOLOFUSE INTRAVENOUS KIT	2	
Platelet Modifying Agents		
AGGRASTAT INTRAVENOUS CONCENTRATE	2	
AGGRASTAT INTRAVENOUS SOLUTION	2	
aspirin-dipyridamole er oral capsule extended release 12 hour	1	
BRILINTA ORAL TABLET	3	
CABLIVI INJECTION KIT	3	PA
cilostazol oral tablet	1	
clopidogrel bisulfate oral tablet	1	
dipyridamole oral tablet	1	
DOPTELET ORAL TABLET	3	PA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE	3	PA
EFFIENT ORAL TABLET	3	
eptifibatide intravenous solution	1	

Drug Name	Drug Tier	Requirements /Limits
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED	3	
PLAVIX ORAL TABLET	3	
prasugrel hcl oral tablet	1	
TAVALISSE ORAL TABLET	3	PA
ticagrelor oral tablet	1	
tirofiban hcl in nacl intravenous solution	1	
WAYRILZ ORAL TABLET	3	PA
YOSPRALA ORAL TABLET DELAYED RELEASE	3	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
AKOVAZ INTRAVENOUS SOLUTION	2	
BIORPHEN INTRAVENOUS SOLUTION	3	
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY	3	
CLONIDINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	1	
clonidine hcl oral tablet	1	
CLONIDINE HCL POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
clonidine transdermal patch weekly	1	
droxidopa oral capsule	1	PA
ephedrine sulfate (pressors) intravenous solution	1	
guanfacine hcl oral tablet	1	
IMMPHENTIV INTRAVENOUS SOLUTION	2	
methyldopa oral tablet	1	
midodrine hcl oral tablet	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
NORTHERA ORAL CAPSULE	3	PA
phenylephrine hcl (pf) intravenous solution	1	
phenylephrine hcl (pressors) intravenous solution	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION	2	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION	2	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
VAZCULEP INTRAVENOUS SOLUTION	3	
Alpha-adrenergic Blocking Agents		
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
DIBENZYLINE ORAL CAPSULE	3	
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
MINIPRESS ORAL CAPSULE	3	
phenoxybenzamine hcl oral capsule	1	
phentolamine mesylate injection solution reconstituted	1	
prazosin hcl oral capsule	1	
PRAZOSIN HCL POWDER	2	
Angiotensin II Receptor Antagonists		
ARBLI ORAL SUSPENSION	3	
ATACAND ORAL TABLET	3	
AVAPRO ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
BENICAR ORAL TABLET	3	
candesartan cilexetil oral tablet	1	
COZAAR ORAL TABLET	3	
DIOVAN ORAL TABLET	3	
EDARBI ORAL TABLET	3	
irbesartan oral tablet	1	
losartan potassium oral tablet	1	
MICARDIS ORAL TABLET	3	
olmesartan medoxomil oral tablet	1	
telmisartan oral tablet	1	
valsartan oral solution	1	
valsartan oral tablet	1	
Angiotensin-converting Enzyme (ACE) Inhibitors		
ACCUPRIL ORAL TABLET	3	
ALTACE ORAL CAPSULE	3	
benazepril hcl oral tablet	1	
captopril oral tablet	1	
enalapril maleate oral solution	1	
enalapril maleate oral tablet	1	
enalaprilat intravenous solution	1	
EPANED ORAL SOLUTION	3	
fosinopril sodium oral tablet	1	
lisinopril oral tablet	1	
LOTENSIN ORAL TABLET	3	
moexipril hcl oral tablet	1	
perindopril erbumine oral tablet	1	
QBRELIS ORAL SOLUTION	3	
quinapril hcl oral tablet	1	
ramipril oral capsule	1	
trandolapril oral tablet	1	
VASOTEC ORAL TABLET	3	
ZESTRIL ORAL TABLET	3	
Antiarrhythmics		
adenosine intravenous solution	1	
amiodarone hcl intravenous solution	1	
amiodarone hcl oral tablet	1	
BETAPACE AF ORAL TABLET	3	
BETAPACE ORAL TABLET	3	
CORVERT INTRAVENOUS SOLUTION	3	
digoxin injection solution	1	
digoxin oral solution	1	
digoxin oral tablet	1	
disopyramide phosphate oral capsule	1	
dofetilide oral capsule	1	
flecainide acetate oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
ibutilide fumarate intravenous solution	1	
LANOXIN INJECTION SOLUTION	3	
LANOXIN ORAL TABLET	3	
LANOXIN PEDIATRIC INJECTION SOLUTION	3	
lidocaine hcl (cardiac) intravenous solution prefilled syringe	1	
lidocaine hcl (cardiac) pf intravenous solution	1	
lidocaine hcl (cardiac) pf intravenous solution prefilled syringe	1	
lidocaine in d5w intravenous solution	1	
mexiletine hcl oral capsule	1	
MULTAQ ORAL TABLET	2	
NEXTERONE INTRAVENOUS SOLUTION	3	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
NORPACE ORAL CAPSULE	3	
PACERONE ORAL TABLET	1	
procainamide hcl injection solution	1	
propafenone hcl er oral capsule extended release 12 hour	1	
propafenone hcl oral tablet	1	
quinidine gluconate er oral tablet extended release	1	
quinidine sulfate oral tablet	1	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR	3	
sotalol hcl (af) oral tablet	1	
SOTALOL HCL INTRAVENOUS SOLUTION	1	
sotalol hcl oral tablet	1	
SOTYLIZE ORAL SOLUTION	3	
TIKOSYN ORAL CAPSULE	3	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral capsule	1	
atenolol oral tablet	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION	2	
betaxolol hcl oral tablet	1	
bisoprolol fumarate oral tablet	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION	3	
BYSTOLIC ORAL TABLET	3	
carvedilol oral tablet	1	
carvedilol phosphate er oral capsule extended release 24 hour	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
COREG ORAL TABLET	3	
esmolol hcl intravenous solution	1	
esmolol hcl-sodium chloride intravenous solution	1	
HEMANGEOL ORAL SOLUTION	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE	3	
labetalol hcl intravenous solution	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
labetalol hcl oral tablet	1	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
LOPRESSOR ORAL SOLUTION	3	
LOPRESSOR ORAL TABLET	3	
metoprolol succinate er oral tablet extended release 24 hour	1	
metoprolol tartrate intravenous solution	1	
metoprolol tartrate oral tablet	1	
METOPROLOL TARTRATE POWDER	2	
nadolol oral tablet	1	
nebivolol hcl oral tablet	1	
pindolol oral tablet	1	
propranolol hcl er oral capsule extended release 24 hour	1	
propranolol hcl intravenous solution	1	
propranolol hcl oral solution	1	
propranolol hcl oral tablet	1	
PROPRANOLOL HCL POWDER	2	
RAPIBLYK INTRAVENOUS SOLUTION RECONSTITUTED	2	
TENORMIN ORAL TABLET	3	
TIMOLOL MALEATE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Calcium Channel Blocking Agents, Dihydropyridines		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION	2	
amlodipine besylate oral tablet	1	
CARDENE IV INTRAVENOUS SOLUTION	3	
CLEVIPREX INTRAVENOUS EMULSION	3	
CONJUPRI ORAL TABLET	3	
felodipine er oral tablet extended release 24 hour	1	
isradipine oral capsule	1	
KATERZIA ORAL SUSPENSION	3	
LEVAMLODIPINE MALEATE ORAL TABLET	1	
nicardipine hcl in nacl intravenous solution	1	
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
nicardipine hcl intravenous solution	1	
nicardipine hcl oral capsule	1	
nifedipine er oral tablet extended release 24 hour	1	
nifedipine er osmotic release oral tablet extended release 24 hour	1	
nifedipine oral capsule	1	
nimodipine oral capsule	1	
NIMODIPINE ORAL SOLUTION	1	
nisoldipine er oral tablet extended release 24 hour	1	
NORLIQVA ORAL SOLUTION	3	
NORVASC ORAL TABLET	3	
NYMALIZE ORAL SOLUTION	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Calcium Channel Blocking Agents, Nondihydropyridines		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
CARDIZEM ORAL TABLET	3	
cartia xt oral capsule extended release 24 hour	1	
diltiazem hcl er beads oral capsule extended release 24 hour	1	

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Drug Name	Drug Tier	Requirements /Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
diltiazem hcl er oral capsule extended release 12 hour	1	
diltiazem hcl er oral capsule extended release 24 hour	1	
diltiazem hcl er oral tablet extended release 24 hour	1	
diltiazem hcl intravenous solution	1	
diltiazem hcl intravenous solution reconstituted	1	
diltiazem hcl oral tablet	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION	2	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
dilt-xr oral capsule extended release 24 hour	1	
matzim la oral tablet extended release 24 hour	1	
taztia xt oral capsule extended release 24 hour	1	
tiadylt er oral capsule extended release 24 hour	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
verapamil hcl er oral capsule extended release 24 hour	1	
verapamil hcl er oral tablet extended release	1	
verapamil hcl intravenous solution	1	
verapamil hcl oral tablet	1	
VERAPAMIL HCL POWDER	2	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
Cardiovascular Agents, Other		
ACCURETIC ORAL TABLET	3	
acetazolamide sodium injection solution reconstituted	1	
ADRENALIN INJECTION SOLUTION	3	
ADRENALIN INTRAVENOUS SOLUTION	2	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
aliskiren fumarate oral tablet	1	
amiloride-hydrochlorothiazide oral tablet	1	
amlodipine besy-benazepril hcl oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
amlodipine besylate-valsartan oral tablet	1	
amlodipine-atorvastatin oral tablet	1	
amlodipine-olmesartan oral tablet	1	
amlodipine-valsartan-hctz oral tablet	1	
ASCLERA INTRAVENOUS SOLUTION	2	
ASPRUZYO SPRINKLE ORAL PACKET	3	
ATACAND HCT ORAL TABLET	3	
atenolol-chlorthalidone oral tablet	1	
ATTRUBY ORAL TABLET THERAPY PACK	3	PA
AVALIDE ORAL TABLET	3	
AZOR ORAL TABLET	3	
benazepril-hydrochlorothiazide oral tablet	1	
BENICAR HCT ORAL TABLET	3	
BIDIL ORAL TABLET	3	
bisoprolol-hydrochlorothiazide oral tablet	1	
CADUET ORAL TABLET	3	
CAMZYOS ORAL CAPSULE	3	PA
candesartan cilexetil-hctz oral tablet	1	
captopril-hydrochlorothiazide oral tablet	1	
CORLANOR ORAL SOLUTION	3	
CORLANOR ORAL TABLET	3	
DEFITELIO INTRAVENOUS SOLUTION	3	
DEMSER ORAL CAPSULE	3	
DIOVAN HCT ORAL TABLET	3	
dobutamine hcl intravenous solution	1	B/D
dobutamine-dextrose intravenous solution	1	B/D
dopamine hcl intravenous solution	1	B/D
dopamine-dextrose intravenous solution	1	B/D
EDARBYCLOR ORAL TABLET	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
enalapril-hydrochlorothiazide oral tablet	1	
ENTRESTO ORAL CAPSULE SPRINKLE	2	
ENTRESTO ORAL TABLET	2	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
ephedrine sulfate (pressors) intravenous solution prefilled syringe	1	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
epinephrine (anaphylaxis) injection solution	1	
EPINEPHRINE BITARTRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION	2	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION	2	
epinephrine injection solution	1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE	2	
EPINEPHRINE INTRAVENOUS SOLUTION	2	
epinephrine intravenous solution prefilled syringe	1	
epinephrine pf injection solution	1	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	2	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION	2	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EVKEEZA INTRAVENOUS SOLUTION	3	PA
EXFORGE HCT ORAL TABLET	3	
EXFORGE ORAL TABLET	3	
FILSPARI ORAL TABLET	3	PA
fosinopril sodium-hctz oral tablet	1	
HYZAAR ORAL TABLET	3	
irbesartan-hydrochlorothiazide oral tablet	1	
isosorb dinitrate-hydralazine oral tablet	1	
ivabradine hcl oral tablet	1	
LEVOPHED INTRAVENOUS SOLUTION	3	
lisinopril-hydrochlorothiazide oral tablet	1	
LODOCO ORAL TABLET	3	
losartan potassium-hctz oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
LOTENSIN HCT ORAL TABLET	3	
LOTREL ORAL CAPSULE	3	
mannitol intravenous solution	1	
MAXZIDE ORAL TABLET	3	
MAXZIDE-25 ORAL TABLET	3	
metoprolol-hydrochlorothiazide oral tablet	1	
metyrosine oral capsule	1	
MICARDIS HCT ORAL TABLET	3	
milrinone lactate in dextrose intravenous solution	1	B/D
milrinone lactate intravenous solution	1	B/D
NEFFY NASAL SOLUTION	3	
norepinephrine bitartrate intravenous solution	1	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION	2	
olmesartan medoxomil-hctz oral tablet	1	
olmesartan-amlodipine-hctz oral tablet	1	
OSMITROL INTRAVENOUS SOLUTION	3	
pentoxifylline er oral tablet extended release	1	
PRESTALIA ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
quinapril-hydrochlorothiazide oral tablet	1	
ranolazine er oral tablet extended release 12 hour	1	
REZIPRES INTRAVENOUS SOLUTION	2	
sacubitril-valsartan oral tablet	1	
sodium tetradecyl sulfate intravenous solution	1	
SOTRADECOL INTRAVENOUS SOLUTION	3	
spironolactone-hctz oral tablet	1	
TEKTURNA ORAL TABLET	3	
telmisartan-amlodipine oral tablet	1	
telmisartan-hctz oral tablet	1	
TENORETIC 100 ORAL TABLET	3	
TENORETIC 50 ORAL TABLET	3	
trandolapril-verapamil hcl er oral tablet extended release	1	
triamterene-hctz oral capsule	1	
triamterene-hctz oral tablet	1	
TRIBENZOR ORAL TABLET	3	
valsartan-hydrochlorothiazide oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
VARITHENA INTRAVENOUS FOAM	2	
VASERETIC ORAL TABLET	3	
VECAMYL ORAL TABLET	3	
VYNDAMAX ORAL CAPSULE	3	PA
ZESTORETIC ORAL TABLET	3	
Diuretics, Loop		
bumetanide injection solution	1	
bumetanide oral tablet	1	
BUMEX ORAL TABLET	3	
EDECRIN ORAL TABLET	3	
ENBUMYST NASAL SOLUTION	3	PA
ethacrynate sodium intravenous solution reconstituted	1	
ethacrynic acid oral tablet	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT	3	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
furosemide injection solution	1	
furosemide oral solution	1	
furosemide oral tablet	1	
FUROSEMIDE POWDER	2	
LASIX ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
SOAANZ ORAL TABLET	3	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
torsemide oral tablet	1	
Diuretics, Potassium-sparing		
amiloride hcl oral tablet	1	
DYRENIUM ORAL CAPSULE	3	
triamterene oral capsule	1	
Diuretics, Thiazide		
chlorothiazide sodium intravenous solution reconstituted	1	
chlorthalidone oral tablet	1	
DIURIL ORAL SUSPENSION	3	
HEMICLOR ORAL TABLET	3	
hydrochlorothiazide oral capsule	1	
hydrochlorothiazide oral tablet	1	
indapamide oral tablet	1	
INZIRQO ORAL SUSPENSION RECONSTITUTED	3	
metolazone oral tablet	1	
THALITONE ORAL TABLET	3	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule	1	
fenofibrate oral capsule	1	

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Drug Name	Drug Tier	Requirements /Limits
fenofibrate oral tablet	1	
fenofibric acid oral capsule delayed release	1	
fenofibric acid oral tablet	1	
FENOGLIDE ORAL TABLET	3	
FIBRICOR ORAL TABLET	3	
gemfibrozil oral tablet	1	
GEMFIBROZIL POWDER	2	
LIPOFEN ORAL CAPSULE	3	
LOPID ORAL TABLET	3	
TRICOR ORAL TABLET	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE	3	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
ATORVALIQ ORAL SUSPENSION	3	
atorvastatin calcium oral tablet	1	PV
CRESTOR ORAL TABLET	3	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE	3	
FLOLIPID ORAL SUSPENSION	3	
fluvastatin sodium er oral tablet extended release 24 hour	1	
fluvastatin sodium oral capsule	1	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
LIPITOR ORAL TABLET	3	
LIVALO ORAL TABLET	2	
lovastatin oral tablet	1	PV
pitavastatin calcium oral tablet	1	
pravastatin sodium oral tablet	1	PV
rosuvastatin calcium oral tablet	1	PV
simvastatin oral tablet	1	PV
ZOCOR ORAL TABLET	3	
ZYPITAMAG ORAL TABLET	3	
Dyslipidemics, Other		
cholestyramine light oral packet	1	
cholestyramine light oral powder	1	
cholestyramine oral packet	1	
cholestyramine oral powder	1	
colesevelam hcl oral packet	1	
colesevelam hcl oral tablet	1	
COLESTID FLAVORED ORAL GRANULES	3	
COLESTID FLAVORED ORAL PACKET	3	

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Drug Name	Drug Tier	Requirements /Limits
COLESTID ORAL GRANULES	3	
COLESTID ORAL TABLET	3	
colestipol hcl oral granules	1	
colestipol hcl oral packet	1	
colestipol hcl oral tablet	1	
ezetimibe oral tablet	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET	1	
ezetimibe-simvastatin oral tablet	1	
icosapent ethyl oral capsule	1	
JUXTAPID ORAL CAPSULE	3	PA
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
LOVAZA ORAL CAPSULE	3	
NEXLETOL ORAL TABLET	2	
NEXLIZET ORAL TABLET	2	
niacin (antihyperlipidemic) oral tablet	1	
niacin er (antihyperlipidemic) oral tablet extended release	1	
niacor oral tablet	1	
omega-3-acid ethyl esters oral capsule	1	

Drug Name	Drug Tier	Requirements /Limits
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
prevalite oral packet	1	
prevalite oral powder	1	
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL PACKET	3	
QUESTRAN ORAL POWDER	3	
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE	2	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	2	
ROSZET ORAL TABLET	3	
TRYNGOLZA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
VASCEPA ORAL CAPSULE	3	
VYTORIN ORAL TABLET	3	
WELCHOL ORAL PACKET	3	
WELCHOL ORAL TABLET	3	
ZETIA ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
Mineralocorticoid Receptor Antagonists		
ALDACTONE ORAL TABLET	3	
CAROSPIR ORAL SUSPENSION	3	
eplerenone oral tablet	1	
INSPRA ORAL TABLET	3	
KERENDIA ORAL TABLET	3	
spironolactone oral suspension	1	
spironolactone oral tablet	1	
SPIRONOLACTONE POWDER	2	
Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)		
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET	1	
FARXIGA ORAL TABLET	2	
INPEFA ORAL TABLET	3	
INVOKANA ORAL TABLET	3	
JARDIANCE ORAL TABLET	2	
STEGLATRO ORAL TABLET	3	
Vasodilators, Direct-acting Arterial		
hydralazine hcl injection solution	1	
hydralazine hcl oral tablet	1	
minoxidil oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
PAPAVERINE HCL POWDER	2	
Vasodilators, Direct-acting Arterial/Venous		
ISORDIL TITRADOSE ORAL TABLET	3	
isosorbide dinitrate oral tablet	1	
isosorbide mononitrate er oral tablet extended release 24 hour	1	
isosorbide mononitrate oral tablet	1	
NITRO-BID TRANSDERMAL OINTMENT	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	
nitroglycerin in d5w intravenous solution	1	
nitroglycerin intravenous solution	1	
nitroglycerin sublingual tablet sublingual	1	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual solution	1	
NITROLINGUAL TRANSLINGUAL SOLUTION	3	
nitroprusside sodium intravenous solution	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL	3	
sodium nitroprusside intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
VERQUVO ORAL TABLET	2	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL ORAL TABLET	3	
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	
AMPHETAMINE ER ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	
amphetamine sulfate oral tablet	1	
amphetamine-dextroamphet er oral capsule extended release 24 hour	1	
amphetamine-dextroamphetamine oral tablet	1	
amphet-dextroamphet 3-bead er oral capsule extended release 24 hour	1	
AZSTARYS ORAL CAPSULE	3	
DESOXYN ORAL TABLET	3	PA
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
dextroamphetamine sulfate er oral capsule extended release 24 hour	1	
dextroamphetamine sulfate oral solution	1	
dextroamphetamine sulfate oral tablet	1	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE	3	
DYANAVEL XR ORAL TABLET EXTENDED RELEASE	3	
EVEKEO ORAL TABLET	3	
lisdexamfetamine dimesylate oral capsule	1	
lisdexamfetamine dimesylate oral tablet chewable	1	
methamphetamine hcl oral tablet	1	PA
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
PROCENTRA ORAL SOLUTION	3	
VYVANSE ORAL CAPSULE	3	
VYVANSE ORAL TABLET CHEWABLE	3	
XELSTRYM TRANSDERMAL PATCH	3	
ZENZEDI ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
atomoxetine hcl oral capsule	1	
clonidine hcl er oral tablet extended release 12 hour	1	
CONCERTA ORAL TABLET EXTENDED RELEASE	3	
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE	3	
DAYTRANA TRANSDERMAL PATCH	3	
dexmethylphenidate hcl er oral capsule extended release 24 hour	1	
dexmethylphenidate hcl oral tablet	1	
FOCALIN ORAL TABLET	3	
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
guanfacine hcl er oral tablet extended release 24 hour	1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
METADATE CD ORAL CAPSULE EXTENDED RELEASE	3	
METHYLIN ORAL SOLUTION	3	
methylphenidate hcl er (cd) oral capsule extended release	1	
methylphenidate hcl er (la) oral capsule extended release 24 hour	1	
methylphenidate hcl er (osm) oral tablet extended release	1	
methylphenidate hcl er (xr) oral capsule extended release 24 hour	1	
methylphenidate hcl er oral tablet extended release	1	
methylphenidate hcl er oral tablet extended release 24 hour	1	
methylphenidate hcl oral solution	1	
methylphenidate hcl oral tablet	1	
methylphenidate hcl oral tablet chewable	1	
methylphenidate transdermal patch	1	
ONYDA XR ORAL SUSPENSION EXTENDED RELEASE	3	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	

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Drug Name	Drug Tier	Requirements /Limits
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE	3	
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER	3	
RELEXXII ORAL TABLET EXTENDED RELEASE	3	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
RITALIN ORAL TABLET	3	
STRATTERA ORAL CAPSULE	3	
Central Nervous System, Other		
ALLZITAL ORAL TABLET	3	
AQNEURSA ORAL PACKET	3	PA
AUSTEDO ORAL TABLET	3	PA
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK	2	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA
bac (butalbital-acetamin-caff) oral tablet	1	
benzphetamine hcl oral tablet	1	

Drug Name	Drug Tier	Requirements /Limits
BUPAP ORAL TABLET	3	
butalbital-acetaminophen oral capsule	1	
butalbital-acetaminophen oral tablet	1	
butalbital-apap-caffeine oral capsule	1	
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	3	
butalbital-apap-caffeine oral tablet	1	
butalbital-aspirin-caffeine oral capsule	1	
CAFFEINE ANHYDROUS POWDER	2	
caffeine citrate intravenous solution	1	
caffeine citrate oral solution	1	
clonidine hcl (analgesia) epidural solution	1	B/D
CLONIDINE HCL (BULK) SOLUTION	2	
COBENFY ORAL CAPSULE	3	
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK	3	
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR	2	PA
diethylpropion hcl er oral tablet extended release 24 hour	1	

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Drug Name	Drug Tier	Requirements /Limits
diethylpropion hcl oral tablet	1	
DOPRAM INTRAVENOUS SOLUTION	2	
DURACLON EPIDURAL SOLUTION	3	B/D
edaravone intravenous solution	1	PA
ESGIC ORAL CAPSULE	3	
ESGIC ORAL TABLET	3	
EXSERVAN ORAL FILM	3	
FIORICET ORAL CAPSULE	3	
FIRDAPSE ORAL TABLET	3	PA
flumazenil intravenous solution	1	
gabapentin (once-daily) oral tablet	1	
GRALISE ORAL	3	PA
GRALISE ORAL TABLET	3	PA
HORIZANT ORAL TABLET EXTENDED RELEASE	3	
INGREZZA ORAL CAPSULE	3	PA
INGREZZA ORAL CAPSULE SPRINKLE	3	PA
INGREZZA ORAL CAPSULE THERAPY PACK	3	PA
LOMAIRA ORAL TABLET	2	PA
NUEDEXTA ORAL CAPSULE	3	PA
phendimetrazine tartrate er oral capsule extended release 24 hour	1	
phentermine hcl oral capsule	1	
phentermine hcl oral tablet	1	
phentermine-topiramate er oral capsule extended release 24 hour	1	
PRIALT INTRATHECAL SOLUTION	3	B/D
QALSODY INTRATHECAL SOLUTION	3	PA
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	2	PA
RADICAVA INTRAVENOUS SOLUTION	3	PA
RADICAVA ORS ORAL SUSPENSION	3	PA
RADICAVA ORS STARTER KIT ORAL SUSPENSION	3	PA
RELYVRIO ORAL PACKET	3	PA
RILUTEK ORAL TABLET	3	
riluzole oral tablet	1	
TEGLUTIK ORAL SUSPENSION	3	
TENCON ORAL TABLET	1	
tetrabenazine oral tablet	1	PA

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Drug Name	Drug Tier	Requirements /Limits
TIGLUTIK ORAL SUSPENSION	3	
VEOZAH ORAL TABLET	3	
XENAZINE ORAL TABLET	3	PA
Fibromyalgia Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
pregabalin er oral tablet extended release 24 hour	1	
SAVELLA ORAL TABLET	2	
SAVELLA TITRATION PACK ORAL	2	
Multiple Sclerosis Agents		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR	3	PA
AUBAGIO ORAL TABLET	3	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	3	PA
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	3	PA
BAFIERTAM ORAL CAPSULE DELAYED RELEASE	3	PA
BETASERON SUBCUTANEOUS KIT	3	PA
BRIUMVI INTRAVENOUS SOLUTION	3	PA
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
dalfampridine er oral tablet extended release 12 hour	1	PA
dimethyl fumarate oral capsule delayed release	1	PA
dimethyl fumarate starter pack oral capsule delayed release therapy pack	1	PA
EXTAVIA SUBCUTANEOUS KIT	3	PA
fingolimod hcl oral capsule	1	PA
GILENYA ORAL CAPSULE	3	PA
glatiramer acetate subcutaneous solution prefilled syringe	1	PA
glatopa subcutaneous solution prefilled syringe	1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK	3	PA

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Drug Name	Drug Tier	Requirements /Limits
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK	3	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK	3	PA
MAYZENT ORAL TABLET	3	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK	3	PA
mitoxantrone hcl intravenous concentrate	1	PA
OCREVUS INTRAVENOUS SOLUTION	3	PA
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION	3	PA
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
PONVORY ORAL TABLET	3	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK	3	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE	3	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE	3	PA
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK	3	PA
teriflunomide oral tablet	1	PA
TYRUKO INTRAVENOUS CONCENTRATE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
TYSABRI INTRAVENOUS CONCENTRATE	3	PA
VUMERITY ORAL CAPSULE DELAYED RELEASE	3	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK	3	PA
ZEPOSIA ORAL CAPSULE	3	PA
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK	3	PA
Currently Undefined		
Non-FRF		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
AQUASOL A INTRAMUSCULAR SOLUTION	2	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION	2	
EUA PATIENT ASSESSMENT	2	
PEMGARDA INTRAVENOUS SOLUTION	2	
SCENESSE SUBCUTANEOUS IMPLANT	2	
SELARSDI SUBCUTANEOUS SOLUTION	3	
vancomycin hcl in dextrose intravenous solution	1	

Drug Name	Drug Tier	Requirements /Limits
Dental and Oral Agents		
cevimeline hcl oral capsule	1	
chlorhexidine gluconate mouth/throat solution	1	
doxycycline hyclate oral tablet	1	
EVOXAC ORAL CAPSULE	3	
lidocaine viscous hcl mouth/throat solution	1	
pilocarpine hcl oral tablet	1	
SALAGEN ORAL TABLET	3	
triamcinolone acetonide mouth/throat paste	1	
Non-FRF		
AQUORAL MOUTH/THROAT SOLUTION	2	
ARESTIN DENTAL	3	
CAPHOSOL MOUTH/THROAT SOLUTION	2	
CHLORHEXIDINE GLUCONATE SOLUTION	2	
CLINPRO 5000 DENTAL PASTE	3	
DENTA 5000 PLUS DENTAL CREAM	3	
DENTA 5000 PLUS SENSITIVE DENTAL GEL	3	
DENTAGEL DENTAL GEL	3	
EASYGEL DENTAL GEL	3	

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Drug Name	Drug Tier	Requirements /Limits
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION	2	
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE	3	
FLUORIDEX DENTAL PASTE	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE	3	
FLUORIMAX 5000 DENTAL PASTE	3	
FLUORIMAX 5000 SENSITIVE DENTAL GEL	3	
FRAICHE 5000 DENTAL DENTAL GEL	3	
FRAICHE 5000 PREVI DENTAL GEL	3	
FRAICHE 5000 SENSITIVE DENTAL GEL	3	
JUST RIGHT 5000 DENTAL PASTE	3	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED	3	
KOURZEQ MOUTH/THROAT PASTE	1	
lidocaine hcl mouth/throat solution	1	
MI PASTE DENTAL PASTE	2	
MI PASTE PLUS DENTAL PASTE	2	
ORALONE MOUTH/THROAT PASTE	1	
PERIDEX MOUTH/THROAT SOLUTION	3	
periogard mouth/throat solution	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	
PREVIDENT 5000 DRY MOUTH DENTAL GEL	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL	3	
PREVIDENT 5000 KIDS DENTAL PASTE	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	
PREVIDENT 5000 PLUS DENTAL CREAM	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL	3	
PREVIDENT DENTAL GEL	3	
PREVIDENT MOUTH/THROAT SOLUTION	3	
REMESENSE DENTAL	2	
sf 5000 plus dental cream	1	
sf dental gel	1	
sod fluoride-potassium nitrate dental gel	1	
sodium fluoride 5000 enamel dental gel	1	

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Drug Name	Drug Tier	Requirements /Limits
sodium fluoride 5000 plus dental cream	1	
sodium fluoride 5000 ppm dental cream	1	
sodium fluoride 5000 ppm dental gel	1	
sodium fluoride 5000 ppm dental paste	1	
sodium fluoride 5000 sensitive dental gel	1	
sodium fluoride dental cream	1	
sodium fluoride dental gel	1	
sodium fluoride mouth/throat solution	1	
VANISH DENTAL LIQUID EXTENDED RELEASE	2	
Dermatological Agents		
Acne and Rosacea Agents		
ABSORICA LD ORAL CAPSULE	3	
ABSORICA ORAL CAPSULE	3	
ACANYA EXTERNAL GEL	3	
accutane oral capsule	1	
acitretin oral capsule	1	
adapalene external cream	1	
adapalene external gel	1	
ADAPALENE EXTERNAL PAD	1	
ADAPALENE EXTERNAL SOLUTION	1	
adapalene-benzoyl peroxide external gel	1	
AKLIEF EXTERNAL CREAM	3	
ALTRENO EXTERNAL LOTION	3	
amnesteem oral capsule	1	
ARAZLO EXTERNAL LOTION	3	
ATRALIN EXTERNAL GEL	3	
azelaic acid external gel	1	
AZELEX EXTERNAL CREAM	3	
BENZAMYCIN EXTERNAL GEL	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION	1	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION	1	
benzoyl peroxide-erythromycin external gel	1	
brimonidine tartrate external gel	1	
claravis oral capsule	1	
clindamycin phos-benzoyl perox external gel	1	
clindamycin-tretinoin external gel	1	
DIFFERIN EXTERNAL CREAM	3	
DIFFERIN EXTERNAL GEL	3	
DIFFERIN EXTERNAL LOTION	3	

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Drug Name	Drug Tier	Requirements /Limits
EPIDUO EXTERNAL GEL	3	
EPIDUO FORTE EXTERNAL GEL	3	
FABIOR EXTERNAL FOAM	3	
FINACEA EXTERNAL FOAM	2	
INOVA EXTERNAL KIT	3	
isotretinoin oral capsule	1	
METROCREAM EXTERNAL CREAM	3	
METROGEL EXTERNAL GEL	3	
METROLOTION EXTERNAL LOTION	3	
metronidazole external cream	1	
metronidazole external gel	1	
metronidazole external lotion	1	
MIRVASO EXTERNAL GEL	3	
neuac external gel	1	
NORITATE EXTERNAL CREAM	3	
ONEXTON EXTERNAL GEL	3	
OVACE PLUS EXTERNAL CREAM	3	
OVACE PLUS EXTERNAL FOAM	3	
OVACE PLUS EXTERNAL LOTION	3	
RETIN-A EXTERNAL CREAM	3	
RETIN-A EXTERNAL GEL	3	

Drug Name	Drug Tier	Requirements /Limits
RETIN-A MICRO EXTERNAL GEL	3	
RETIN-A MICRO PUMP EXTERNAL GEL	3	
RHOFADE EXTERNAL CREAM	3	
selenium sulfide external shampoo	1	
sulfacetamide sodium external liquid	1	
tazarotene external cream	1	
TAZAROTENE EXTERNAL FOAM	1	
tazarotene external gel	1	
TAZORAC EXTERNAL CREAM	3	
TAZORAC EXTERNAL GEL	3	
tretinoin external cream	1	
tretinoin external gel	1	
tretinoin microsphere external gel	1	
tretinoin microsphere pump external gel	1	
TRETINOIN POWDER	2	
TWYNEO EXTERNAL CREAM	3	
WINLEVI EXTERNAL CREAM	3	
ZACARE EXTERNAL KIT	3	
zenatane oral capsule	1	
ZIANA EXTERNAL GEL	3	

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Drug Name	Drug Tier	Requirements /Limits
Dermatitis and Pruritus Agents		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ADVANCED ALLERGY COLLECTION EXTERNAL KIT	3	
ALA SCALP EXTERNAL LOTION	3	
ala-cort external cream	1	
alclometasone dipropionate external cream	1	
alclometasone dipropionate external ointment	1	
amcinonide external cream	1	
amcinonide external lotion	1	
amcinonide external ointment	1	
ammonium lactate external cream	1	
ammonium lactate external lotion	1	
ANZUPGO EXTERNAL CREAM	3	PA
APEXICON E EXTERNAL CREAM	3	
betamethasone dipropionate aug external cream	1	
betamethasone dipropionate aug external gel	1	
betamethasone dipropionate aug external lotion	1	
betamethasone dipropionate aug external ointment	1	
betamethasone dipropionate external cream	1	
betamethasone dipropionate external lotion	1	
betamethasone dipropionate external ointment	1	
betamethasone valerate external cream	1	
betamethasone valerate external foam	1	
betamethasone valerate external lotion	1	
betamethasone valerate external ointment	1	
BRYHALI EXTERNAL LOTION	3	
CAPEX EXTERNAL SHAMPOO	3	
clobetasol prop emollient base external cream	1	
clobetasol propionate e external cream	1	
clobetasol propionate emulsion external foam	1	
clobetasol propionate external cream	1	

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Drug Name	Drug Tier	Requirements /Limits
clobetasol propionate external foam	1	
clobetasol propionate external gel	1	
clobetasol propionate external liquid	1	
clobetasol propionate external lotion	1	
clobetasol propionate external ointment	1	
clobetasol propionate external shampoo	1	
clobetasol propionate external solution	1	
CLOBEX EXTERNAL LOTION	3	
CLOBEX EXTERNAL SHAMPOO	3	
CLOBEX SPRAY EXTERNAL LIQUID	3	
clocortolone pivalate external cream	1	
clodan external shampoo	1	
CLODERM EXTERNAL CREAM	3	
CORDRAN EXTERNAL TAPE	3	
DERMA-SMOOTHE/FS BODY EXTERNAL OIL	3	
DERMA-SMOOTHE/FS SCALP EXTERNAL OIL	3	
desonide external cream	1	
desonide external gel	1	
desonide external lotion	1	
desonide external ointment	1	

Drug Name	Drug Tier	Requirements /Limits
DESOWEN EXTERNAL CREAM	3	
desoximetasone external cream	1	
desoximetasone external gel	1	
desoximetasone external liquid	1	
desoximetasone external ointment	1	
diflorasone diacetate external cream	1	
diflorasone diacetate external ointment	1	
DIPROLENE EXTERNAL OINTMENT	3	
doxepin hcl external cream	1	
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ELIDEL EXTERNAL CREAM	3	
EUCRISA EXTERNAL OINTMENT	3	
fluocinolone acetonide body external oil	1	
fluocinolone acetonide external cream	1	
fluocinolone acetonide external ointment	1	
fluocinolone acetonide external solution	1	
fluocinolone acetonide scalp external oil	1	
fluocinonide emulsified base external cream	1	
fluocinonide external cream	1	

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Drug Name	Drug Tier	Requirements /Limits
fluocinonide external gel	1	
fluocinonide external ointment	1	
fluocinonide external solution	1	
flurandrenolide external cream	1	
flurandrenolide external lotion	1	
fluticasone propionate external cream	1	
fluticasone propionate external lotion	1	
fluticasone propionate external ointment	1	
halcinonide external cream	1	
HALCINONIDE EXTERNAL SOLUTION	3	
halobetasol propionate external cream	1	
halobetasol propionate external foam	1	
halobetasol propionate external ointment	1	
HALOG EXTERNAL CREAM	3	
HALOG EXTERNAL OINTMENT	3	
HALOG EXTERNAL SOLUTION	3	
HYDROCORTISONE ACETATE EXTERNAL CREAM	3	
hydrocortisone butyr lipo base external cream	1	
hydrocortisone butyrate external cream	1	
hydrocortisone butyrate external lotion	1	
hydrocortisone butyrate external ointment	1	
hydrocortisone butyrate external solution	1	
hydrocortisone external cream	1	
hydrocortisone external lotion	1	
hydrocortisone external ointment	1	
HYDROCORTISONE EXTERNAL SOLUTION	3	
hydrocortisone valerate external cream	1	
hydrocortisone valerate external ointment	1	
HYDROXATE EXTERNAL GEL	2	
HYFTOR EXTERNAL GEL	3	
IMPOYZ EXTERNAL CREAM	3	
KENALOG EXTERNAL AEROSOL SOLUTION	3	
KORSUVA INTRAVENOUS SOLUTION	3	PA; NDS
LEXETTE EXTERNAL FOAM	3	
LOCOID EXTERNAL LOTION	3	
LOCOID LIPOCREAM EXTERNAL CREAM	3	
MICORT HC EXTERNAL CREAM	3	
mometasone furoate external cream	1	

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Drug Name	Drug Tier	Requirements /Limits
mometasone furoate external ointment	1	
mometasone furoate external solution	1	
OPZELURA EXTERNAL CREAM	3	
PANDEL EXTERNAL CREAM	3	
pimecrolimus external cream	1	
PRUDOXIN EXTERNAL CREAM	3	
selenium sulfide external lotion	1	
SERNIVO EXTERNAL EMULSION	3	
SPEVIGO INTRAVENOUS SOLUTION	3	PA
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SYNALAR EXTERNAL CREAM	3	
SYNALAR EXTERNAL OINTMENT	3	
SYNALAR EXTERNAL SOLUTION	3	
tacrolimus external ointment	1	
TEXACORT EXTERNAL SOLUTION	3	
TOPICORT EXTERNAL CREAM	3	
TOPICORT EXTERNAL GEL	3	
TOPICORT EXTERNAL OINTMENT	3	
TOPICORT SPRAY EXTERNAL LIQUID	3	
tovet external foam	1	
triamcinolone acetonide external aerosol solution	1	
triamcinolone acetonide external cream	1	
triamcinolone acetonide external lotion	1	
triamcinolone acetonide external ointment	1	
triamcinolone in absorbase external ointment	1	
triderm external cream	1	
ULTRAVATE EXTERNAL LOTION	3	
VANOS EXTERNAL CREAM	3	
ZONALON EXTERNAL CREAM	3	
ZORYVE EXTERNAL CREAM	3	
Dermatological Agents, Other		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM	2	
ALUMINUM CHLORIDE ANHYDROUS POWDER	2	
ALUMINUM CHLORIDE HEXAHYDRATE CRYSTALS	2	
ALUMINUM CHLORIDE HEXAHYDRATE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
ANA-LEX RECTAL KIT	3	
ANALPRAM HC EXTERNAL CREAM	3	
ANALPRAM HC EXTERNAL LOTION	3	
ANALPRAM-HC EXTERNAL LOTION	3	
AVAR-E LS EXTERNAL CREAM	3	
BENSAL HP EXTERNAL OINTMENT	3	
CABTREO EXTERNAL GEL	3	
CALAMINE POWDER	2	
calcipotriene external cream	1	
CALCIPOTRIENE EXTERNAL FOAM	1	
calcipotriene external ointment	1	
calcipotriene external solution	1	
calcipotriene-betameth diprop external ointment	1	
calcipotriene-betameth diprop external suspension	1	
CALCITRENE EXTERNAL OINTMENT	3	
calcitriol external ointment	1	
CANTHARIDIN POWDER	2	
CARAC EXTERNAL CREAM	3	
CLENIA PLUS EXTERNAL SUSPENSION	3	

Drug Name	Drug Tier	Requirements /Limits
CLINOIN EXTERNAL CREAM	2	
clotrimazole-betamethasone external cream	1	
clotrimazole-betamethasone external lotion	1	
CONDYLOX EXTERNAL GEL	3	
diclofenac sodium external gel	1	
DRYSOL EXTERNAL SOLUTION	3	
DUOBRII EXTERNAL LOTION	3	
EFUDEX EXTERNAL CREAM	3	
ENOVARX-TRAMADOL EXTERNAL CREAM	2	
ENSTILAR EXTERNAL FOAM	3	
EPIFOAM EXTERNAL FOAM	3	
FILSUVEZ EXTERNAL GEL	3	PA
fluorouracil external cream	1	
fluorouracil external solution	1	
GORDOFILM EXTERNAL SOLUTION	2	
HYDRO 40 EXTERNAL FOAM	3	
HYDROCAINE EXTERNAL CREAM	3	
hydrocortisone ace-pramoxine external cream	1	

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Drug Name	Drug Tier	Requirements /Limits
HYDROQUINONE POWDER	2	
ICHTHAMMOL POWDER	2	
imiquimod external cream	1	
imiquimod pump external cream	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT	3	
KERALYT EXTERNAL GEL	3	
KLISYRI (250 MG) EXTERNAL OINTMENT	3	
KLISYRI (350 MG) EXTERNAL OINTMENT	3	
lactic acid e external cream	1	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED	3	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM	3	
lidocaine-hydrocortisone ace rectal kit	1	
METHOXSALEN POWDER	2	
methoxsalen rapid oral capsule	1	
NEO-SYNALAR EXTERNAL CREAM	3	

Drug Name	Drug Tier	Requirements /Limits
NEURAPTINE EXTERNAL CREAM	2	
NUTRASEB EXTERNAL CREAM	3	
nystatin-triamcinolone external cream	1	
nystatin-triamcinolone external ointment	1	
OTEZLA ORAL TABLET	3	PA
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK	3	PA
PLEXION CLEANSING CLOTH EXTERNAL PAD	3	
PLEXION EXTERNAL CREAM	3	
PLEXION EXTERNAL LOTION	3	
podofilox external gel	1	
podofilox external solution	1	
PODOPHYLLUM RESIN POWDER	2	
PRAMOSONE EXTERNAL LOTION	2	
PROCTOFOAM HC EXTERNAL FOAM	3	
PROMISEB EXTERNAL CREAM	3	
PYROGALLIC ACID EXTERNAL OINTMENT	2	
QBREXZA EXTERNAL PAD	3	

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Drug Name	Drug Tier	Requirements /Limits
REGENECARE EXTERNAL GEL	2	
REGRANEX EXTERNAL GEL	3	
ROCELIX EXTERNAL CREAM	2	
salicylic acid external foam	1	
salicylic acid external ointment	1	
SALIMEZ EXTERNAL CREAM	3	
SALIMEZ FORTE EXTERNAL CREAM	3	
SALYNTRA EXTERNAL GEL	3	
SANTYL EXTERNAL OINTMENT	3	
SILVADENE EXTERNAL CREAM	3	
silver sulfadiazine external cream	1	
SOFDRA EXTERNAL GEL	3	
SORILUX EXTERNAL FOAM	3	
SOTYKTU ORAL TABLET	3	PA
ssd external cream	1	
SSS 10-5 EXTERNAL FOAM	3	
sulfacetamide sodium-sulfur external liquid	1	
sulfacetamide sodium-sulfur external lotion	1	
sulfacetamide sodium-sulfur external pad	1	
sulfacetamide sodium-sulfur external suspension	1	
sulfamez wash external emulsion	1	
TACLONEX EXTERNAL SUSPENSION	3	
TOLAK EXTERNAL CREAM	3	
URAMAXIN EXTERNAL GEL	3	
urea external cream	1	
UREA EXTERNAL FOAM	3	
urea hydrating external foam	1	
uredeb external cream	1	
UREMEZ-40 EXTERNAL CREAM	3	
URESOL EXTERNAL CREAM	3	
UVADEX EXTRACORPOREAL SOLUTION	3	
VECTICAL EXTERNAL OINTMENT	3	
VEREGEN EXTERNAL OINTMENT	3	
VTAMA EXTERNAL CREAM	3	
WYNZORA EXTERNAL CREAM	3	
XERESE EXTERNAL CREAM	3	
YCANTH EXTERNAL SOLUTION	2	
ZORYVE EXTERNAL CREAM	3	
ZORYVE EXTERNAL FOAM	3	PA
ZYCLARA EXTERNAL CREAM	3	

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Drug Name	Drug Tier	Requirements /Limits
ZYCLARA PUMP EXTERNAL CREAM	3	
Pediculicides/Scabicides		
CROTAN EXTERNAL LOTION	3	
ELIMITE EXTERNAL CREAM	3	
ivermectin external cream	1	
malathion external lotion	1	
NATROBA EXTERNAL SUSPENSION	3	
OVIDE EXTERNAL LOTION	3	
permethrin external cream	1	
PRURADIK EXTERNAL LOTION	3	
SOOLANTRA EXTERNAL CREAM	3	
spinosad external suspension	1	
sulfurated lime external solution	1	
Topical Anti-infectives		
acyclovir external cream	1	
acyclovir external ointment	1	
ACZONE EXTERNAL GEL	3	
BENZAC AC WASH EXTERNAL LIQUID	3	
BENZEPRO EXTERNAL	3	
BENZEPRO EXTERNAL FOAM	3	

Drug Name	Drug Tier	Requirements /Limits
BENZEPRO EXTERNAL LIQUID	3	
benzoyl peroxide external foam	1	
BENZOYL PEROXIDE EXTERNAL GEL	1	
BENZOYL PEROXIDE HYDROUS POWDER	2	
ciclodan external solution	1	
ciclopirox external gel	1	
ciclopirox external shampoo	1	
ciclopirox external solution	1	
ciclopirox olamine external cream	1	
ciclopirox olamine external suspension	1	
CLEOCIN-T EXTERNAL LOTION	3	
clindacin external foam	1	
CLINDAGEL EXTERNAL GEL	3	
clindamycin phos (once-daily) external gel	1	
clindamycin phos (twice-daily) external gel	1	
clindamycin phosphate external foam	1	
clindamycin phosphate external lotion	1	
clindamycin phosphate external solution	1	
CLINDESSE VAGINAL CREAM	3	
dapsone external gel	1	

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Drug Name	Drug Tier	Requirements /Limits
DENAVIR EXTERNAL CREAM	3	
EPSOLAY EXTERNAL CREAM	3	
ERY EXTERNAL PAD	1	
ERYGEL EXTERNAL GEL	3	
erythromycin external gel	1	
erythromycin external solution	1	
mafenide acetate external packet	1	
mupirocin calcium external cream	1	
mupirocin external ointment	1	
penciclovir external cream	1	
PR BENZOYL PEROXIDE EXTERNAL LIQUID	3	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID	3	
SULFAMYLON EXTERNAL CREAM	3	
XEPI EXTERNAL CREAM	3	
ZACLIR CLEANSING EXTERNAL LOTION	3	
ZELSUVMI EXTERNAL GEL	3	
ZOVIRAX EXTERNAL CREAM	3	
ZOVIRAX EXTERNAL OINTMENT	3	

Drug Name	Drug Tier	Requirements /Limits
Electrolytes/Minerals/ Metals/Vitamins		
Electrolyte/Mineral Replacement		
ACTIVE FE ORAL TABLET	2	
AMINO ACID INTRAVENOUS SOLUTION	2	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION	2	
AMINOPROTECT INTRAVENOUS SOLUTION	2	
AMINOSYN II INTRAVENOUS SOLUTION	3	B/D
AMINOSYN-PF 7% INTRAVENOUS SOLUTION	3	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION	3	B/D
CALCIUM CARBONATE LIGHT POWDER	2	
CALCIUM CARBONATE POWDER	2	
CALCIUM CHLORIDE ANHYDROUS GRANULES	2	
CALCIUM CHLORIDE DIHYDRATE GRANULES	2	
CALCIUM CHLORIDE DIHYDRATE POWDER	2	
calcium chloride intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
CALCIUM GLUCONATE ANHYDROUS POWDER	2	
calcium gluconate intravenous solution	1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
CALCIUM GLUCONATE MONOHYDRATE POWDER	2	
CALCIUM GLUCONATE POWDER	2	
calcium gluconate-nacl intravenous solution	1	
CALCIUM LACTATE PENTAHYDRATE POWDER	2	
CALCIUM PHOSPHATE DIBASIC POWDER	2	
CALCIUM PHOSPHATE TRIBASIC POWDER	2	
CARBAGLU ORAL TABLET SOLUBLE	3	
carglumic acid oral tablet soluble	1	
CENTRATEX ORAL CAPSULE	2	
chromic chloride intravenous solution	1	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	B/D

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	B/D
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	B/D
CLINISOL SF INTRAVENOUS SOLUTION	1	B/D
corvita 150 oral tablet	1	
CORVITE 150 ORAL TABLET	2	
cupric chloride intravenous solution	1	
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
dextrose in lactated ringers intravenous solution	1	
dextrose intravenous solution	1	
dextrose-nacl intravenous solution	1	
dextrose-sodium chloride intravenous solution	1	
effer-k oral tablet effervescent	1	
FERAHEME INTRAVENOUS SOLUTION	2	
ferotrinsic oral capsule	1	
FERRALET 90 ORAL TABLET	2	
FERRLECIT INTRAVENOUS SOLUTION	2	
ferumoxytol intravenous solution	1	

Drug Name	Drug Tier	Requirements /Limits
FLORIVA ORAL LIQUID	1	PV
FOLIVANE-F ORAL CAPSULE	2	
FOLIVANE-PLUS ORAL CAPSULE	2	
foltrin oral capsule	1	
GALZIN ORAL CAPSULE	2	
glucose (dextrose) intravenous solution	1	
GLYCINE POWDER	2	
GLYCOPHOS INTRAVENOUS SOLUTION	3	
HEMATINIC PLUS VIT/MINERALS ORAL TABLET	2	
HEMATINIC/FOLIC ACID ORAL TABLET	2	
HEMATOGEN FA ORAL CAPSULE	2	
HEMOCYTE PLUS ORAL CAPSULE	2	
ICAR-C PLUS ORAL TABLET	2	
iferex 150 forte oral capsule	1	
INFED INJECTION SOLUTION	2	
INJECTAFER INTRAVENOUS SOLUTION	2	
INTEGRA F ORAL CAPSULE	2	
INTEGRA PLUS ORAL CAPSULE	2	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
IRON FOLATE PLUS ORAL CAPSULE	2	
IRON FOLATE-F ORAL CAPSULE	2	
iron sucrose intravenous solution	1	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	3	
ISOLYTE-S INTRAVENOUS SOLUTION	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	3	
KABIVEN INTRAVENOUS EMULSION	3	B/D
kcl (0.149%) in nacl intravenous solution	1	
kcl (0.298%) in nacl intravenous solution	1	
kcl in dextrose-nacl intravenous solution	1	
kcl-lactated ringers-d5w intravenous solution	1	
klor-con 10 oral tablet extended release	1	
klor-con m10 oral tablet extended release	1	
klor-con m15 oral tablet extended release	1	
klor-con m20 oral tablet extended release	1	
klor-con oral packet	1	
klor-con oral tablet extended release	1	
klor-con/ef oral tablet effervescent	1	

Drug Name	Drug Tier	Requirements /Limits
K-PRIME ORAL TABLET EFFERVESCENT	3	
K-TAB ORAL TABLET EXTENDED RELEASE	3	
k-tan plus oral capsule	1	
lactated ringers intravenous solution	1	
MAGNESIUM CARBONATE HEAVY POWDER	2	
MAGNESIUM CARBONATE POWDER	2	
MAGNESIUM CHLORIDE CRYSTALS	2	
magnesium sulfate in d5w intravenous solution	1	
magnesium sulfate injection solution	1	
magnesium sulfate intravenous solution	1	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION	2	
MANGANESE CHLORIDE INTRAVENOUS SOLUTION	2	
MONOFERRIC INTRAVENOUS SOLUTION	2	
MULTIGEN FOLIC ORAL TABLET	2	
MULTIGEN ORAL TABLET	2	
MULTIGEN PLUS ORAL TABLET	2	

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Drug Name	Drug Tier	Requirements /Limits
multiple electro type 1 ph 5.5 intravenous solution	1	
multiple electro type 1 ph 7.4 intravenous solution	1	
MULTRYS INTRAVENOUS SOLUTION	2	
na ferric gluc cplx in sucrose intravenous solution	1	
NEOPHE ORAL TABLET	2	
NEPHRON FA ORAL TABLET	2	
NICAPRIN ORAL TABLET	2	
NIFEREX ORAL TABLET	2	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-R INTRAVENOUS SOLUTION	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION	3	
PERIKABIVEN INTRAVENOUS EMULSION	3	B/D
phosphorous oral tablet	1	
phospho-trin 250 neutral oral tablet	1	
PHOSPHO-TRIN K500 ORAL TABLET	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION	3	
PLENAMINE INTRAVENOUS SOLUTION	1	B/D
POKONZA ORAL PACKET	3	
poly-iron 150 forte oral capsule	1	
polysaccharide iron forte oral capsule	1	
pot & sod cit-cit ac oral solution	1	
potassium acetate intravenous solution	1	
potassium chloride crys er oral tablet extended release	1	
potassium chloride er oral capsule extended release	1	
potassium chloride er oral tablet extended release	1	
POTASSIUM CHLORIDE GRANULES	2	
potassium chloride in nacl intravenous solution	1	
potassium chloride intravenous solution	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	

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Drug Name	Drug Tier	Requirements /Limits
potassium chloride oral packet	1	
potassium chloride oral solution	1	
POTASSIUM CHLORIDE POWDER	2	
potassium citrate er oral tablet extended release	1	
potassium citrate-citric acid oral solution	1	
potassium cl in dextrose 5% intravenous solution	1	
potassium phosphates intravenous solution	1	
potassium phosphates(66 meq k) intravenous solution	1	
potassium phosphates(71 meq k) intravenous solution	1	
POTASSIUM PHOSPHATES-NACL INTRAVENOUS SOLUTION	2	
PREMASOL INTRAVENOUS SOLUTION	3	B/D
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION	2	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION	2	
PROLEEVA ORAL CAPSULE	2	
PROLEVA ORAL TABLET	2	
PROSOL INTRAVENOUS SOLUTION	3	B/D
PROTEOLIN ORAL TABLET	2	
purevit dualfe plus oral capsule	1	
REFRESH AA 15 PKU ORAL LIQUID	2	
ringers intravenous solution	1	
saline bacteriostatic injection solution	1	
SALINE-PHENOL INJECTION SOLUTION	2	
se-tan plus oral capsule	1	
sod citrate-citric acid oral solution	1	
sodium acetate intravenous solution	1	
sodium bicarbonate intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
SODIUM BICARBONATE-DEXTROSE INTRAVENOUS SOLUTION	1	
sodium chloride (pf) injection solution	1	
sodium chloride bacteriostatic injection solution	1	
sodium chloride injection solution	1	
sodium chloride intravenous solution	1	
SODIUM CITRATE GRANULES	2	
sodium fluoride oral solution	1	PV
sodium fluoride oral tablet	1	PV
sodium fluoride oral tablet chewable	1	PV
sodium phosphates intravenous solution	1	
TANDEM PLUS ORAL CAPSULE	2	
TARON FORTE ORAL CAPSULE	2	
THAM INTRAVENOUS SOLUTION	2	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	3	
TRALEMENT INTRAVENOUS SOLUTION	2	
TRAVASOL INTRAVENOUS SOLUTION	3	B/D
TRI-AMINO INJECTION SOLUTION	2	
TRICON ORAL CAPSULE	2	
trigels-f forte oral capsule	1	
TRISODIUM CITRATE/CRRT EXTRACORPOREAL SOLUTION	2	
tromethamine intravenous solution	1	
TROPHAMINE INTRAVENOUS SOLUTION	3	B/D
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE	3	
VENOFER INTRAVENOUS SOLUTION	2	
wes-phos 250 neutral oral tablet	1	
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ZINC ACETATE CRYSTALS	2	
zinc chloride intravenous solution	1	
ZINC SULFATE HEPTAHYDRATE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
zinc sulfate intravenous solution	1	
ZINC SULFATE MONOHYDRATE POWDER	2	
ZYVEXOL ORAL TABLET	2	
Electrolyte/Mineral/Metal Modifiers		
CHEMET ORAL CAPSULE	3	
CUPRIMINE ORAL CAPSULE	3	PA
CUVRIOR ORAL TABLET	3	PA
deferasirox granules oral packet	1	
deferasirox oral packet	1	
deferasirox oral tablet	1	
deferasirox oral tablet soluble	1	
deferiprone oral tablet	1	
DEPEN TITRATABS ORAL TABLET	3	
EXJADE ORAL TABLET SOLUBLE	3	
FERRIPROX ORAL SOLUTION	3	
FERRIPROX ORAL TABLET	3	
FERRIPROX TWICE-A-DAY ORAL TABLET	3	
JADENU ORAL TABLET	3	
JADENU SPRINKLE ORAL PACKET	3	
JYNARQUE ORAL TABLET	3	PA
JYNARQUE ORAL TABLET THERAPY PACK	3	PA
penicillamine oral capsule	1	PA
penicillamine oral tablet	1	
SAMSCA ORAL TABLET	3	PA
SYPRINE ORAL CAPSULE	3	PA
tolvaptan oral tablet	1	PA
tolvaptan oral tablet therapy pack	1	PA
trientine hcl oral capsule	1	PA
XPHOZAH ORAL TABLET	3	
Phosphate Binders		
AURYXIA ORAL TABLET	3	PA
calcium acetate (phos binder) oral capsule	1	
calcium acetate (phos binder) oral tablet	1	
calcium acetate oral tablet	1	
FERRIC CITRATE ORAL TABLET	1	PA
FOSRENOL ORAL PACKET	3	
FOSRENOL ORAL TABLET CHEWABLE	3	
lanthanum carbonate oral tablet chewable	1	
RENVELA ORAL PACKET	3	
RENVELA ORAL TABLET	3	
sevelamer carbonate oral packet	1	

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Drug Name	Drug Tier	Requirements /Limits
sevelamer carbonate oral tablet	1	
sevelamer hcl oral tablet	1	
VELPHORO ORAL TABLET CHEWABLE	3	
Potassium Binders		
KIONEX COMBINATION SUSPENSION	3	
LOKELMA ORAL PACKET	3	
sodium polystyrene sulfonate oral powder	1	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION	1	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION	3	
VELTASSA ORAL PACKET	3	
Vitamins		
5-MTHF ORAL CAPSULE	2	
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL	2	
ADRENAL C FORMULA ORAL TABLET	2	
AIRAVITE ORAL TABLET	2	
ALTRIXA OB ORAL TABLET	3	
ASTAMED MYO ORAL CAPSULE	2	
ATABEX OB ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
AZESCO ORAL TABLET	3	PA
BACMIN ORAL TABLET	2	
BIOCEL ORAL TABLET	2	
BP VIT 3 ORAL CAPSULE	2	
b-plex oral tablet	1	
b-plex plus oral tablet	1	
CALCIFOL ORAL WAFER	2	
CALCIUM PANTOTHENATE POWDER	2	
CENFOL ORAL TABLET	2	
CITRANATAL MEDLEY ORAL CAPSULE	3	
cod liver oil oral oil	1	
CORVITA ORAL TABLET	2	
cyanocobalamin injection solution	1	
cyanocobalamin nasal solution	1	
DEPLIN MA ORAL CAPSULE	2	
DERMACINRX PRETRATE ORAL TABLET	3	PA
DIALYVITE 3000 ORAL TABLET	2	
DIALYVITE 5000 ORAL TABLET	2	
DIALYVITE ORAL TABLET	2	
DIALYVITE SUPREME D ORAL TABLET	2	

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Drug Name	Drug Tier	Requirements /Limits
DIALYVITE/ZINC ORAL TABLET	2	
DODEX INJECTION SOLUTION	2	
DRISDOL ORAL CAPSULE	2	
EB-N3 DR ORAL CAPSULE DELAYED RELEASE	2	
ELFOLATE ORAL TABLET	2	
ELITE-OB ORAL TABLET	3	
EMBRIVA ORAL TABLET	3	
ENBRACE HR ORAL CAPSULE	3	
ergocalciferol oral capsule	1	
FOLACHEW ORAL TABLET CHEWABLE	2	
FOLAFY ER ORAL TABLET EXTENDED RELEASE	2	
folate oral tablet	2	PV
FOLATEXCEL ORAL TABLET	3	
FOLBIC ORAL TABLET	2	
FOLBIC RF ORAL TABLET	2	
FOLGARD OS ORAL TABLET	2	
FOLGARD RX ORAL TABLET	2	
folic acid injection solution	1	
folic acid oral tablet	1	PV
FOLIXIA ORAL TABLET	2	
FOLPLEX 2.2 ORAL TABLET	2	
FOLTANX ORAL TABLET	2	
FOLTRATE ORAL TABLET	2	
FOLTX ORAL TABLET	2	
ft folic acid oral tablet	2	PV
ft prenatal oral tablet	2	PV
FUSION PLUS ORAL CAPSULE	2	
hydroxocobalamin acetate intramuscular solution	1	
INFUVITE ADULT INTRAVENOUS SOLUTION	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	2	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	
LIVITA CHILDREN ORAL LIQUID	2	
l-methylfolate calcium oral tablet	1	
l-methylfolate oral tablet	1	
l-methylfolate-algae-b12-b6 oral capsule	1	
l-methyl-mc oral tablet	1	
LUMAVEX ORAL CAPSULE	2	
LYSIPLEX PLUS ORAL TABLET	2	
MASONATAL ORAL TABLET	2	PV
MATERNACEL ORAL TABLET	3	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MATERVIA ORAL CAPSULE	3	PA
MEDI TAB ORAL TABLET	2	
METAFOLBIC ORAL TABLET	2	
METAFOLBIC PLUS ORAL TABLET	2	
METANX FC ORAL CAPSULE	2	
METANX RR ORAL CAPSULE	2	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED	2	
methylfol-algae-b12-acetylcyst oral tablet	1	
methyl-folate oral capsule	1	
MI-VITE RX ORAL TABLET	2	
M-NATAL PLUS ORAL TABLET	3	
MYNEPHRON ORAL CAPSULE	2	
NASCOBAL NASAL SOLUTION	2	
NATAL PNV ORAL TABLET	3	
NEOMATERNA ORAL TABLET	3	
NEONATAL + DHA ORAL	3	
NEONATAL 19 ORAL TABLET	3	PA
NEONATAL COMPLETE ORAL TABLET	3	
NEONATAL FE ORAL TABLET	3	PA

Drug Name	Drug Tier	Requirements /Limits
NEONATAL PLUS ORAL TABLET	3	
NEONATAL PRENATAL ORAL TABLET	2	PV
NEO-VITAL RX ORAL TABLET	3	
NEOVITE ORAL TABLET	2	
NEPHPLEX RX ORAL TABLET	2	
NESTABS ONE ORAL CAPSULE	3	
NESTABS ORAL TABLET	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	2	
NIACIN POWDER	2	
NIACINAMIDE POWDER	2	
NIVA-FOL ORAL TABLET	2	
NUFOL ORAL TABLET	2	
NUFOLA ORAL CAPSULE	2	
NUTRIFAC ZX ORAL TABLET	2	
NUTRIVIT ORAL LIQUID	2	
ONE VITE WOMENS ORAL TABLET	2	PV
ONE VITE WOMENS PLUS ORAL TABLET	3	
ONE-A-DAY WOMENS PRENATAL 1 ORAL CAPSULE	2	PV
ONENATAL RX ORAL TABLET	3	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
phytonadione injection solution	1	
phytonadione oral tablet	1	
pnv 27-ca/fe/fa oral tablet	1	
pnv prenatal plus multivit+dha oral	1	
PNV TABS 20-1 ORAL TABLET	3	
PODIAPN ORAL CAPSULE	2	
PREGEN DHA ORAL CAPSULE	3	PA
PREGENNA ORAL TABLET	3	PA
PREMESISRX ORAL TABLET	3	
PRENAISSANCE ORAL CAPSULE	3	
prenatal multi +dha oral capsule	2	PV
prenatal oral tablet	1	
prenatal plus vitamin/mineral oral tablet	1	
prenatal vitamins oral tablet	2	PV
prenatal/folic acid+dha oral capsule	2	PV
PRENATE DHA ORAL CAPSULE	3	
PRENATE ELITE ORAL TABLET	3	
PRENATE ENHANCE ORAL CAPSULE	3	
PRENATE ESSENTIAL ORAL CAPSULE	3	
PRENATE MINI ORAL CAPSULE	3	
PRENATE ORAL TABLET CHEWABLE	3	
PRENATE PIXIE ORAL CAPSULE	3	
PRENATE RESTORE ORAL CAPSULE	3	
PRENATOL-M ORAL TABLET	3	PA
PRENATRIX ORAL TABLET	3	PA
PRENATRYL ORAL TABLET	3	PA
PRENATVITE COMPLETE ORAL TABLET	3	
PRENATVITE PLUS ORAL TABLET	3	
PRENATVITE RX ORAL TABLET	3	
PRIMACARE ORAL CAPSULE	3	
PRO HERS RX ORAL CAPSULE	2	
PRO HIS RX ORAL CAPSULE	2	
PRO PCOS RX ORAL CAPSULE	2	
pyridoxine hcl injection solution	1	
PYRIDOXINE HCL POWDER	2	
RELNATE DHA ORAL CAPSULE	3	
RENAL ORAL CAPSULE	2	
RENATABS ORAL TABLET	2	
RENATABS WITH IRON ORAL	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
SELECT-OB ORAL TABLET CHEWABLE	3	
SIDEROL ORAL TABLET	2	
SODIUM ASCORBATE POWDER	2	
STROVITE FORTE ORAL SYRUP	2	
SUPERVITE ORAL LIQUID	2	
SUPPORT ORAL LIQUID	2	
thiamine hcl injection solution	1	
THIAMINE HCL POWDER	2	
THIAMINE MONONITRATE POWDER	2	
TRINATE ORAL TABLET	3	
triphrocaps oral capsule	1	
TRISTART DHA ORAL CAPSULE	3	
TRUE FOLIC ACID ORAL TABLET	2	PV
UDAMIN SP ORAL TABLET	2	
v-c forte oral capsule	1	
vic-forte oral capsule	1	
virt-caps oral capsule	1	
VIT B12-METHIONINE-INOS-CHOL INTRAMUSCULAR SOLUTION	2	
VITA S FORTE ORAL TABLET	2	
VITACEL ORAL TABLET	2	
VITAFOL FE+ ORAL CAPSULE	3	
VITAFOL STRIPS ORAL FILM	3	
VITAFOL-NANO ORAL TABLET	3	
VITAFOL-OB+DHA ORAL	3	
VITALARA ORAL TABLET	3	
VITAL-D RX ORAL TABLET	2	
VITALIPID N INFANT INTRAVENOUS EMULSION	2	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE	3	
vitamin d (ergocalciferol) oral capsule	1	
vitamin k1 injection solution	1	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE	3	
VITAROCA PLUS ORAL TABLET	2	
VITATHELY WITH GINGER ORAL TABLET	3	
VITLIPID N ADULT INTRAVENOUS EMULSION	2	
VITLIPID N INFANT INTRAVENOUS EMULSION	2	
WESCAP-C DHA ORAL CAPSULE	3	
WESCAP-PN DHA ORAL CAPSULE	3	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
wescaps oral capsule	1	
WESNATAL DHA COMPLETE ORAL	3	
WESNATE DHA ORAL CAPSULE	3	
WESTAB MAX ORAL TABLET	2	
WESTAB PLUS ORAL TABLET	3	
WESTGEL DHA ORAL CAPSULE	3	
XAQUIL XR ORAL TABLET EXTENDED RELEASE	2	
yl folic acid oral tablet	2	PV
ZALVIT ORAL TABLET	3	PA
ZIPHEX ORAL TABLET	3	PA
Gastrointestinal Agents		
Anti-Constipation Agents		
AMITIZA ORAL CAPSULE	2	
BASE D POLYETHYL GLYCOL 4600 GRANULES	2	
bisacodyl ec oral tablet delayed release	2	PV
bisacodyl oral tablet delayed release	1	PV
BISACODYL POWDER	2	
citroma oral solution	2	PV
clearlax oral powder	1	PV
constulose oral solution	1	
DOCUSATE SODIUM POWDER	2	
enulose oral solution	1	
ft clearlax oral powder	1	PV

Drug Name	Drug Tier	Requirements /Limits
ft laxative oral tablet delayed release	1	PV
ft magnesium citrate oral solution	1	PV
gavilax oral powder	2	PV
generlac oral solution	1	
gentle laxative oral tablet delayed release	2	PV
gentlelax oral powder	2	PV
glycolax oral powder	2	PV
IBSRELA ORAL TABLET	3	
KRISTALOSE ORAL PACKET	3	
lactulose encephalopathy oral solution	1	
lactulose oral packet	1	
lactulose oral solution	1	
LINZESS ORAL CAPSULE	2	
lubiprostone oral capsule	1	
magnesium citrate oral solution	1	PV
MINERAL OIL HEAVY OIL	2	
mineral oil heavy oral oil	1	
MINERAL OIL LIGHT OIL	2	
mm clearlax oral powder	2	PV
MOTEGRITY ORAL TABLET	2	
MOVANTIK ORAL TABLET	3	
MURI-LUBE OIL	2	
peg 3350 oral powder	1	PV

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
POLYETHYLENE GLYCOL 1450 FLAKES	2	
POLYETHYLENE GLYCOL 200 LIQUID	2	
POLYETHYLENE GLYCOL 300 LIQUID	2	
polyethylene glycol 3350 oral powder	1	PV
POLYETHYLENE GLYCOL 3350 POWDER	2	
POLYETHYLENE GLYCOL 4500 POWDER	2	
prucalopride succinate oral tablet	1	
qc magnesium citrate oral solution	2	PV
RELISTOR ORAL TABLET	3	
RELISTOR SUBCUTANEOUS SOLUTION	3	
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
smooth lax oral powder	1	PV
SYMPROIC ORAL TABLET	3	
true laxative oral powder	1	PV
TRULANCE ORAL TABLET	3	
Anti-Diarrheal Agents		
alosetron hcl oral tablet	1	
diphenoxylate-atropine oral liquid	1	
diphenoxylate-atropine oral tablet	1	
LOMOTIL ORAL TABLET	3	
loperamide hcl oral capsule	1	
LOPERAMIDE HCL POWDER	2	
LOTRONEX ORAL TABLET	3	
MOTOFEN ORAL TABLET	3	
MYTESI ORAL TABLET DELAYED RELEASE	3	
VIBERZI ORAL TABLET	3	
XERMELO ORAL TABLET	3	PA
Antispasmodics, Gastrointestinal		
ANASPAZ ORAL TABLET DISPERSIBLE	3	
BENTYL INTRAMUSCULAR SOLUTION	3	
chlordiazepoxide-clidinium oral capsule	1	
CUVPOSA ORAL SOLUTION	3	
dicyclomine hcl intramuscular solution	1	
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral solution	1	
dicyclomine hcl oral tablet	1	
GLYCATE ORAL TABLET	3	
glycopyrrolate injection solution	1	

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Drug Name	Drug Tier	Requirements /Limits
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE	2	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
glycopyrrolate oral solution	1	
glycopyrrolate oral tablet	1	
glycopyrrolate pf +rfid injection solution prefilled syringe	1	
glycopyrrolate pf injection solution prefilled syringe	1	
GLYRX-PF INJECTION SOLUTION	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	2	
hyoscyamine sulfate er oral tablet extended release 12 hour	1	
hyoscyamine sulfate oral solution	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet dispersible	1	
hyoscyamine sulfate sublingual tablet sublingual	1	
LIBRAX ORAL CAPSULE	3	
methscopolamine bromide oral tablet	1	
PROPANTHELINE BROMIDE POWDER	2	
ROBINUL ORAL TABLET	3	
ROBINUL-FORTE ORAL TABLET	3	
Gastrointestinal Agents, Other		
alvimopan oral capsule	1	
amoxicill-clarithro-lansopraz oral therapy pack	1	
BIO-KULT INFANTIS ORAL PACKET	2	
bis subcit-metronid-tetracyc oral capsule	1	
bismuth/metronidaz/tetracyclin oral capsule	1	
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE	3	PA
BYLVAY ORAL CAPSULE	3	PA
CHARCOAL ACTIVATED POWDER	2	
CHENODAL ORAL TABLET	3	PA
CLENPIQ ORAL SOLUTION	2	
CTEXLI ORAL TABLET	3	PA
CULTURELLE ABDOMINAL SUPPORT ORAL PACKET	2	
CULTURELLE KIDS GROW THRIVE ORAL PACKET	2	
DEXPANTHENOL INJECTION SOLUTION	2	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION	1	

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Drug Name	Drug Tier	Requirements /Limits
ENTEREG ORAL CAPSULE	2	
FLORATUMMYS KIDS ORAL PACKET	2	
GATTEX SUBCUTANEOUS KIT	3	PA
gavilyte-c oral solution reconstituted	1	PV
gavilyte-g oral solution reconstituted	1	PV
gavilyte-n with flavor pack oral solution reconstituted	1	PV
GIMOTI NASAL SOLUTION	3	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE	2	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE	2	
GOLYTELY ORAL SOLUTION RECONSTITUTED	3	
HELIDAC THERAPY ORAL	3	
IQIRVO ORAL TABLET	3	PA
L-GLUTAMIC ACID HCL POWDER	2	
LIVDELZI ORAL CAPSULE	3	PA
LIVMARLI ORAL SOLUTION	3	PA
LIVMARLI ORAL TABLET	3	PA
metoclopramide hcl injection solution	1	
METOCLOPRAMIDE HCL MONOHYDRATE POWDER	2	
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
metoclopramide hcl oral tablet dispersible	1	
MICROBALANCE ORAL CAPSULE	2	
MOVIPREP ORAL SOLUTION RECONSTITUTED	3	
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
na sulfate-k sulfate-mg sulf oral solution	1	PV
nitroglycerin rectal ointment	1	
OCALIVA ORAL TABLET	3	PA
OMECLAMOX-PAK ORAL	3	
OMNI-BIOTIC AB 10 ORAL PACKET	2	
OMNI-BIOTIC BALANCE ORAL PACKET	2	
OMNI-BIOTIC HETOX ORAL PACKET	2	
OMNI-BIOTIC PANDA ORAL PACKET	2	
OMNI-BIOTIC STRESS RELEASE ORAL PACKET	2	
opium oral tincture	1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted	1	PV

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
peg-3350/electrolytes oral solution reconstituted	1	PV
peg-3350/electrolytes/ascorbat oral solution reconstituted	1	
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted	1	
PEG-PREP ORAL KIT	3	
PLENVU ORAL SOLUTION RECONSTITUTED	3	
PROBIOMAX 350 DF ORAL PACKET	2	
PROBIOMAX PLUS DF ORAL PACKET	2	
PYLERA ORAL CAPSULE	3	
REBYOTA RECTAL SUSPENSION	2	
RECTIV RECTAL OINTMENT	3	
REGLAN ORAL TABLET	3	
RELTONE ORAL CAPSULE	3	
RESTORA RX ORAL CAPSULE	2	
RESTORE ORAL PACKET	2	
SIMILAC PROBIOTIC TRI-BLEND ORAL PACKET	2	
SUFLAVE ORAL SOLUTION RECONSTITUTED	3	PA
SUPREP BOWEL PREP KIT ORAL SOLUTION	2	
SUTAB ORAL TABLET	2	
TALICIA ORAL CAPSULE DELAYED RELEASE	3	
URSO 250 ORAL TABLET	3	
URSO FORTE ORAL TABLET	3	
ursodiol oral capsule	1	
ursodiol oral tablet	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION	2	
VOQUEZNA ORAL TABLET	3	
VOWST ORAL CAPSULE	3	PA
VSL#3 DS ORAL PACKET	2	
VSL#3 ORAL PACKET	2	
XIFAXAN ORAL TABLET	3	
ZINPLAVA INTRAVENOUS SOLUTION	3	
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl oral solution	1	
cimetidine oral tablet	1	
CIMETIDINE POWDER	2	
famotidine (pf) intravenous solution	1	
famotidine intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
famotidine oral suspension reconstituted	1	
famotidine oral tablet	1	
famotidine premixed intravenous solution	1	
nizatidine oral capsule	1	
PEPCID ORAL TABLET	3	
Protectants		
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	
CYTOTEC ORAL TABLET	3	
misoprostol oral tablet	1	
sucralfate oral suspension	1	
sucralfate oral tablet	1	
SUCRALFATE POWDER	2	
Proton Pump Inhibitors		
ACIPHEX ORAL TABLET DELAYED RELEASE	3	
DEXILANT ORAL CAPSULE DELAYED RELEASE	2	
dexlansoprazole oral capsule delayed release	1	
esomeprazole magnesium oral capsule delayed release	1	
esomeprazole magnesium oral packet	1	

Drug Name	Drug Tier	Requirements /Limits
esomeprazole sodium intravenous solution reconstituted	1	
FIRST-LANSOPRAZOLE ORAL SUSPENSION	2	
FIRST-OMEPRAZOLE ORAL SUSPENSION	2	
FIRST-PANTOPRAZOLE ORAL SUSPENSION	2	
KONVOMEP ORAL SUSPENSION RECONSTITUTED	3	
lansoprazole oral capsule delayed release	1	
lansoprazole oral tablet delayed release dispersible	1	
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED	3	
NEXIUM ORAL CAPSULE DELAYED RELEASE	3	
NEXIUM ORAL PACKET	3	
omeprazole oral capsule delayed release	1	
omeprazole-sodium bicarbonate oral capsule	1	
omeprazole-sodium bicarbonate oral packet	1	
pantoprazole sodium intravenous solution reconstituted	1	
pantoprazole sodium oral packet	1	

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Drug Name	Drug Tier	Requirements /Limits
pantoprazole sodium oral tablet delayed release	1	
PANTOPRAZOLE SODIUM-NACL INTRAVENOUS SOLUTION	3	
PREVACID ORAL CAPSULE DELAYED RELEASE	3	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE	3	
PRILOSEC ORAL PACKET	3	
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROTONIX ORAL PACKET	3	
PROTONIX ORAL TABLET DELAYED RELEASE	3	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	1	
rabeprazole sodium oral tablet delayed release	1	
ZEGERID ORAL CAPSULE	3	
ZEGERID ORAL PACKET	3	

Drug Name	Drug Tier	Requirements /Limits
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
BUPHENYL ORAL POWDER	3	
BUPHENYL ORAL TABLET	3	
CERDELGA ORAL CAPSULE	3	PA
CHOLBAM ORAL CAPSULE	3	PA
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES	2	
cromolyn sodium oral concentrate	1	
CYSTADANE ORAL POWDER	3	
CYSTAGON ORAL CAPSULE	3	
ENDARI ORAL PACKET	3	
GALAFOLD ORAL CAPSULE	3	PA
GASTROCROM ORAL CONCENTRATE	3	
GLASSIA INTRAVENOUS SOLUTION	3	PA
KEVEYIS ORAL TABLET	3	PA
KUVAN ORAL PACKET	3	PA
miglustat oral capsule	1	PA
NITYR ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
ORFADIN ORAL CAPSULE	3	
ORFADIN ORAL SUSPENSION	3	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
RAVICTI ORAL LIQUID	3	PA
sodium phenylbutyrate oral powder	1	
sodium phenylbutyrate oral tablet	1	
SUCRAID ORAL SOLUTION	3	PA
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
VIOKACE ORAL TABLET	3	
VYNDAQEL ORAL CAPSULE	3	PA
XURIDEN ORAL PACKET	3	PA
ZAVESCA ORAL CAPSULE	3	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	2	

Drug Name	Drug Tier	Requirements /Limits
Non-FRF		
ADZYNMA INTRAVENOUS KIT	3	PA
ALDURAZYME INTRAVENOUS SOLUTION	3	PA
AMONDYS 45 INTRAVENOUS SOLUTION	3	PA
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
betaine oral powder	1	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
CRENESSITY ORAL CAPSULE	3	PA
CRENESSITY ORAL SOLUTION	3	PA
CRYSVITA SUBCUTANEOUS SOLUTION	3	PA
DAYBUE ORAL SOLUTION	3	PA
dichlorphenamide oral tablet	1	PA
DOJOLVI ORAL LIQUID	3	
ELAPRASE INTRAVENOUS SOLUTION	3	PA
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA

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Drug Name	Drug Tier	Requirements /Limits
ELFABRIO INTRAVENOUS SOLUTION	3	PA
EVRYSDI ORAL SOLUTION RECONSTITUTED	3	PA
EVRYSDI ORAL TABLET	3	PA
EXONDYS 51 INTRAVENOUS SOLUTION	3	PA
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
FORZINITY SUBCUTANEOUS SOLUTION	3	PA
GLASSIA INTRAVENOUS SOLUTION	3	PA
glycerol phenylbutyrate oral liquid	1	
HARLIKU ORAL TABLET	3	PA
IMCIVREE SUBCUTANEOUS SOLUTION	2	
JAVYGTOR ORAL PACKET	3	PA
JAVYGTOR ORAL TABLET	3	PA
JOENJA ORAL TABLET	3	PA
KANUMA INTRAVENOUS SOLUTION	3	PA
KUVAN ORAL TABLET	3	PA
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
l-glutamine oral packet	1	
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
MEPSEVII INTRAVENOUS SOLUTION	3	PA
MIPLYFFA ORAL CAPSULE	3	PA
NAGLAZYME INTRAVENOUS SOLUTION	3	PA
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
nitisinone oral capsule	1	
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK	3	PA
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK	3	PA
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK	3	PA
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK	3	PA
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK	3	PA
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK	3	PA

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Drug Name	Drug Tier	Requirements /Limits
ONPATTRO INTRAVENOUS SOLUTION	3	PA
OPFOLDA ORAL CAPSULE	3	PA
ORMALVI ORAL TABLET	3	PA
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES	3	
PHEBURANE ORAL PELLET	3	
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
PROCYSBI ORAL CAPSULE DELAYED RELEASE	3	PA
PROCYSBI ORAL PACKET	3	PA
PROLASTIN-C INTRAVENOUS SOLUTION	3	PA
PYRUKYND ORAL TABLET	3	PA
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK	3	PA
REVCOVI INTRAMUSCULAR SOLUTION	3	PA
sapropterin dihydrochloride oral packet	1	PA
sapropterin dihydrochloride oral tablet	1	PA
SEPHIENCE ORAL PACKET	3	PA
SPINRAZA INTRATHECAL SOLUTION	3	PA
STRENSIQ SUBCUTANEOUS SOLUTION	3	PA
VILTEPSO INTRAVENOUS SOLUTION	3	PA
VIMIZIM INTRAVENOUS SOLUTION	3	PA
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
VYONDYS 53 INTRAVENOUS SOLUTION	3	PA
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
WELIREG ORAL TABLET	3	PA
XIAFLEX INJECTION SOLUTION RECONSTITUTED	3	PA
yargesa oral capsule	1	PA
zelvysia oral packet	1	PA
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES	2	

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Drug Name	Drug Tier	Requirements /Limits
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er oral tablet extended release 24 hour	1	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
DETROL ORAL TABLET	3	
fesoterodine fumarate er oral tablet extended release 24 hour	1	
flavoxate hcl oral tablet	1	
GELNIQUE TRANSDERMAL GEL	3	
GEMTESA ORAL TABLET	3	
mirabegron er oral tablet extended release 24 hour	3	PA
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	2	
oxybutynin chloride er oral tablet extended release 24 hour	1	
oxybutynin chloride oral solution	1	
oxybutynin chloride oral tablet	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY	3	
solifenacin succinate oral tablet	1	
tolterodine tartrate er oral capsule extended release 24 hour	1	
tolterodine tartrate oral tablet	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
trospium chloride er oral capsule extended release 24 hour	1	
trospium chloride oral tablet	1	
URIBEL ORAL CAPSULE	3	
URIMAR-T ORAL TABLET	3	
URO-458 ORAL TABLET	3	
URO-SP ORAL CAPSULE	3	
VESICARE LS ORAL SUSPENSION	3	
VESICARE ORAL TABLET	3	
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er oral tablet extended release 24 hour	1	
AVODART ORAL CAPSULE	3	
CARDURA ORAL TABLET	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
CIALIS ORAL TABLET	2	PA

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Drug Name	Drug Tier	Requirements /Limits
doxazosin mesylate oral tablet	1	
dutasteride oral capsule	1	
dutasteride-tamsulosin hcl oral capsule	1	
ENTADFI ORAL CAPSULE	3	
finasteride oral tablet	1	
FLOMAX ORAL CAPSULE	3	
JALYN ORAL CAPSULE	3	
PROSCAR ORAL TABLET	3	
RAPAFLO ORAL CAPSULE	3	
silodosin oral capsule	1	
tadalafil oral tablet	1	PA
tamsulosin hcl oral capsule	1	
terazosin hcl oral capsule	1	
TEZRULY ORAL SOLUTION	3	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
Genitourinary Agents, Other		
acetic acid irrigation solution	1	
avanafil oral tablet	1	PA
bethanechol chloride oral tablet	1	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED	2	PA
ELMIRON ORAL CAPSULE	3	
ENCARE VAGINAL SUPPOSITORY	2	PV; QL (12 EA per 23 days)
GLYCINE INJECTION SOLUTION	2	
glycine irrigation solution	1	
glycine urologic irrigation solution	1	
LITHOSTAT ORAL TABLET	3	
MUSE URETHRAL PELLET	2	PA
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL	2	PV; QL (85.5 GM per 23 days)
phenazo oral tablet	1	
phenazopyridine hcl oral tablet	1	
PHENAZOPYRIDINE HCL POWDER	2	
PHEXXI VAGINAL GEL	3	PV
PYRIDIUM ORAL TABLET	3	
RENACIDIN IRRIGATION SOLUTION	3	
RIMSO-50 INTRAVESICAL SOLUTION	3	
sildenafil citrate oral tablet	1	PA
STENDRA ORAL TABLET	2	PA
THIOLA EC ORAL TABLET DELAYED RELEASE	3	
THIOLA ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
tiopronin oral tablet	1	
tiopronin oral tablet delayed release	1	
TODAY SPONGE VAGINAL	2	PV; QL (12 EA per 23 days)
VANRAFIA ORAL TABLET	3	PA
vardenafil hcl oral tablet	1	PA
vardenafil hcl oral tablet dispersible	1	PA
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	2	PV; QL (12 EA per 23 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	2	PV; QL (2.7 GM per 23 days)
VENXXIVA ORAL TABLET DELAYED RELEASE	3	
VIAGRA ORAL TABLET	2	PA
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
ACTHAR INJECTION GEL	3	PA
CORTEF ORAL TABLET	3	
CORTISONE ACETATE ORAL TABLET	1	
dexamethasone intensol oral concentrate	1	
dexamethasone oral elixir	1	
dexamethasone oral tablet	1	
dexamethasone oral tablet therapy pack	1	

Drug Name	Drug Tier	Requirements /Limits
EMFLAZA ORAL SUSPENSION	3	PA
EMFLAZA ORAL TABLET	3	PA
fludrocortisone acetate oral tablet	1	
hydrocortisone oral tablet	1	
INTRAROSA VAGINAL INSERT	3	PA
MEDROL ORAL TABLET	3	
MEDROL ORAL TABLET THERAPY PACK	3	
methylprednisolone oral tablet	1	
methylprednisolone oral tablet therapy pack	1	
ORAPRED ODT ORAL TABLET DISPERSIBLE	3	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution	1	
prednisolone sodium phosphate oral tablet dispersible	1	
prednisone intensol oral concentrate	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet therapy pack	1	
RAYOS ORAL TABLET DELAYED RELEASE	3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK	3	

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Drug Name	Drug Tier	Requirements /Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK	3	
Non-FRF		
ACTHAR GEL SUBCUTANEOUS PEN-INJECTOR	3	PA
AGAMREE ORAL SUSPENSION	3	PA
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE	3	
BETAMETHASONE COMBO INJECTION SUSPENSION	3	
BETAMETHASONE DIPROPIONATE POWDER	2	
betamethasone sod phos & acet injection suspension	1	
BETAMETHASONE VALERATE POWDER	2	
BLT-25 INJECTION KIT	2	
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	
CLOBETASOL PROPIONATE POWDER	2	
CORTISONE ACETATE POWDER	2	
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE	3	PA
CORTROPHIN INJECTION GEL	3	PA

Drug Name	Drug Tier	Requirements /Limits
deflazacort oral suspension	1	PA
deflazacort oral tablet	1	PA
DEPO-MEDROL INJECTION SUSPENSION	3	
DEXABLISS ORAL TABLET THERAPY PACK	3	
dexameth sod phos (pf) +rfid injection solution prefilled syringe	1	
DEXAMETHASONE (LA) INJECTION SUSPENSION	3	
DEXAMETHASONE ACE & SOD PHOS INJECTION SUSPENSION	3	
DEXAMETHASONE ACETATE INJECTION SUSPENSION	3	
dexamethasone oral solution	1	
dexamethasone sod phos (pf) injection solution prefilled syringe	1	
dexamethasone sod phos +rfid injection solution prefilled syringe	1	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION	2	
dexamethasone sod phosphate pf injection solution	1	
dexamethasone sodium phosphate injection solution	1	

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Drug Name	Drug Tier	Requirements /Limits
dexamethasone sodium phosphate injection solution prefilled syringe	1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION	3	
FLUDROCORTISONE ACETATE POWDER	2	
FLUOCINOLONE ACETONIDE POWDER	2	
FLUOCINONIDE POWDER	2	
HEMADY ORAL TABLET	3	
HEXATRIONE INTRA-ARTICULAR SUSPENSION	3	
HIDEX 6-DAY ORAL TABLET THERAPY PACK	3	
hydrocortisone sod suc (pf) injection solution reconstituted	1	
IONTOSONE 0.4% IONTOPHORESIS SOLUTION	3	
jaythari oral tablet	1	PA
KENALOG-10 INJECTION SUSPENSION	3	
KENALOG-40 INJECTION SUSPENSION	3	
KENALOG-80 INJECTION SUSPENSION	3	
KHINDIVI ORAL SOLUTION	3	
methylprednisolone acetate injection suspension	1	
METHYLPREDNISOLONE ACETATE POWDER	2	
methylprednisolone sodium succ injection solution reconstituted	1	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION	2	
PEDIAPRED ORAL SOLUTION	3	
PREDNISOLONE ACETATE POWDER	2	
prednisolone oral tablet	1	
PREDNISOLONE POWDER	2	
prednisolone sodium phosphate oral solution	1	
PREDNISOLONE SODIUM PHOSPHATE POWDER	2	
PREDNISONE POWDER	2	
pyquvi oral suspension	1	PA
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements /Limits
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK	3	
triamcinolone acetonide injection suspension	1	
TRIAMCINOLONE ACETONIDE POWDER	2	
TRIAMCINOLONE DIACET MICRONIZE POWDER	2	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION	3	
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION	2	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER	3	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
DDAVP ORAL TABLET	3	
desmopressin ace spray refrig nasal solution	1	
desmopressin acetate oral tablet	1	
INCRELEX SUBCUTANEOUS SOLUTION	3	PA
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL	3	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
SAIZEN INJECTION SOLUTION RECONSTITUTED	3	PA
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
Non-FRF		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PA
DDAVP INJECTION SOLUTION	3	
DDAVP PF INJECTION SOLUTION	3	
desmopressin acetate injection solution	1	
DESMOPRESSIN ACETATE NASAL SOLUTION	1	
desmopressin acetate pf injection solution	1	
desmopressin acetate spray nasal solution	1	
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
EGRIFTA WR SUBCUTANEOUS KIT	3	PA
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT	3	PA

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Drug Name	Drug Tier	Requirements /Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	3	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE	3	PA
HUMATROPE INJECTION CARTRIDGE	3	PA
ISTURISA ORAL TABLET	3	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT	3	PA
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
oxytocin +rfid injection solution	1	
oxytocin injection solution	1	
PITOCIN INJECTION SOLUTION	3	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE	3	PA
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
VAPRISOL INTRAVENOUS SOLUTION	2	
vasopressin +rfid intravenous solution	1	
vasopressin intravenous solution	1	
VASOPRESSIN-DEXTROSE INTRAVENOUS SOLUTION	3	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
VASOSTRICT INTRAVENOUS SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
Non-FRF		
alprostadil injection solution	1	
carboprost tromethamine intramuscular solution	1	
carboprost tromethamine intramuscular solution prefilled syringe	1	
CERVIDIL VAGINAL INSERT	3	
HEMABATE INTRAMUSCULAR SOLUTION	3	
PREPIDIL VAGINAL GEL	3	
PROSTIN VR INJECTION SOLUTION	2	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
ANDROGEL PUMP TRANSDERMAL GEL	3	
AVEED INTRAMUSCULAR SOLUTION	3	
AZMIRO INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
danazol oral capsule	1	
DANAZOL POWDER	2	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION	3	
EC-RX TESTOSTERONE TRANSDERMAL CREAM	2	
FORTESTA TRANSDERMAL GEL	3	
JATENZO ORAL CAPSULE	3	
KYZATREX ORAL CAPSULE	3	
METHITEST ORAL TABLET	3	
methyltestosterone oral capsule	1	
METHYLTESTOSTERONE POWDER	2	
NATESTO NASAL GEL	3	
TESTIM TRANSDERMAL GEL	3	
TESTOPEL IMPLANT PELLET	3	
TESTOSTERONE CYPIONATE INJECTION SOLUTION	3	
testosterone cypionate intramuscular solution	1	
testosterone enanthate intramuscular solution	1	
TESTOSTERONE IMPLANT PELLET	3	
testosterone transdermal gel	1	
testosterone transdermal solution	1	
TLANDO ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements /Limits
UNDECATREX ORAL CAPSULE	3	
VOGELXO PUMP TRANSDERMAL GEL	3	
VOGELXO TRANSDERMAL GEL	3	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
Estrogens		
abigale lo oral tablet	1	
abigale oral tablet	1	
ACTIVELLA ORAL TABLET	3	
afirmelle oral tablet	1	PV
ALORA TRANSDERMAL PATCH TWICE WEEKLY	3	
altavera oral tablet	1	PV
alyacen 1/35 oral tablet	1	PV
alyacen 7/7/7 oral tablet	1	PV
amabelz oral tablet	1	
amethia oral tablet	1	PV
amethyst oral tablet	1	PV
ANGELIQ ORAL TABLET	3	
ANNOVERA VAGINAL RING	3	PV
apri oral tablet	1	PV
aranelle oral tablet	1	PV
ashlyna oral tablet	1	PV
aubra eq oral tablet	1	PV
aurovela 1.5/30 oral tablet	1	PV
aurovela 1/20 oral tablet	1	PV
aurovela 24 fe oral tablet	1	PV
aurovela fe 1.5/30 oral tablet	1	PV
aurovela fe 1/20 oral tablet	1	PV
AVERI ORAL TABLET	3	PV
aviane oral tablet	1	PV
ayuna oral tablet	1	PV
azurette oral tablet	1	PV
BALCOLTRA ORAL TABLET	3	PV
balziva oral tablet	1	PV
BEYAZ ORAL TABLET	3	PV
BIJUVA ORAL CAPSULE	3	
blisovi 24 fe oral tablet	1	PV
blisovi fe 1.5/30 oral tablet	1	PV
blisovi fe 1/20 oral tablet	1	PV
briellyn oral tablet	1	PV
camrese lo oral tablet	1	PV
camrese oral tablet	1	PV
charlotte 24 fe oral tablet chewable	1	PV
chateal eq oral tablet	1	PV
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	
CLIMARA TRANSDERMAL PATCH WEEKLY	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY	3	
cryselle-28 oral tablet	1	PV
cyred eq oral tablet	1	PV

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Drug Name	Drug Tier	Requirements /Limits
dasetta 1/35 (28) oral tablet	1	PV
dasetta 7/7/7 oral tablet	1	PV
daysee oral tablet	1	PV
DELESTROGEN INTRAMUSCULAR OIL	3	
delyla oral tablet	1	PV
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	
desogestrel-ethinyl estradiol oral tablet	1	PV
DIVIGEL TRANSDERMAL GEL	3	
dolishale oral tablet	1	PV
dotti transdermal patch twice weekly	1	
drospiren-eth estrad-levomefol oral tablet	1	PV
drospirenone-ethinyl estradiol oral tablet	1	PV
EC-RX ESTRADIOL TRANSDERMAL CREAM	2	
ELESTRIN TRANSDERMAL GEL	3	
elinest oral tablet	1	PV
eluryng vaginal ring	1	PV
enilloring vaginal ring	1	PV
enpresse-28 oral tablet	1	PV
enskyce oral tablet	1	PV
estarylla oral tablet	1	PV
ESTRACE ORAL TABLET	3	
ESTRACE VAGINAL CREAM	3	
estradiol oral tablet	1	
estradiol transdermal gel	1	
estradiol transdermal patch twice weekly	1	
estradiol transdermal patch weekly	1	
estradiol vaginal cream	1	
estradiol vaginal tablet	1	
estradiol valerate intramuscular oil	1	
estradiol-norethindrone acet oral tablet	1	
ESTRING VAGINAL RING	3	
ESTROGEL TRANSDERMAL GEL	3	
estrogens conjugated oral tablet	1	
ethynodiol diac-eth estradiol oral tablet	1	PV
etonogestrel-ethinyl estradiol vaginal ring	1	PV
EVAMIST TRANSDERMAL SOLUTION	3	
falmina oral tablet	1	PV
feirza 1.5/30 oral tablet	1	PV
feirza 1/20 oral tablet	1	PV
FEMLYV ORAL TABLET DISPERSIBLE	3	PV
FEMRING VAGINAL RING	3	
finzala oral tablet chewable	1	PV
fyavolv oral tablet	1	
galbriela oral tablet chewable	1	PV
gemmily oral capsule	1	PV
hailey 1.5/30 oral tablet	1	PV
hailey 24 fe oral tablet	1	PV

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Drug Name	Drug Tier	Requirements /Limits
hailey fe 1.5/30 oral tablet	1	PV
hailey fe 1/20 oral tablet	1	PV
haloette vaginal ring	1	PV
iclevia oral tablet	1	PV
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	PA
IMVEXXY STARTER PACK VAGINAL INSERT	2	PA
introvale oral tablet	1	PV
isibloom oral tablet	1	PV
jaimiess oral tablet	1	PV
jasmiel oral tablet	1	PV
jinteli oral tablet	1	
jolessa oral tablet	1	PV
joyeaux oral tablet	1	PV
juleber oral tablet	1	PV
junel 1.5/30 oral tablet	1	PV
junel 1/20 oral tablet	1	PV
junel fe 1.5/30 oral tablet	1	PV
junel fe 1/20 oral tablet	1	PV
junel fe 24 oral tablet	1	PV
kaitlib fe oral tablet chewable	1	PV
kalliga oral tablet	1	PV
kariva oral tablet	1	PV
kelnor 1/35 oral tablet	1	PV
kelnor 1/50 oral tablet	1	PV
kurvelo oral tablet	1	PV
larin 1.5/30 oral tablet	1	PV
larin 1/20 oral tablet	1	PV
larin 24 fe oral tablet	1	PV

Drug Name	Drug Tier	Requirements /Limits
larin fe 1.5/30 oral tablet	1	PV
larin fe 1/20 oral tablet	1	PV
layolis fe oral tablet chewable	1	PV
leena oral tablet	1	PV
lessina oral tablet	1	PV
levonest oral tablet	1	PV
levonorgest-eth est & eth est oral tablet	1	PV
levonorgest-eth estrad 91-day oral tablet	1	PV
levonorgest-eth estradiol-iron oral tablet	1	PV
levonorgestrel-ethinyl estrad oral tablet	1	PV
levonorg-eth estrad triphasic oral tablet	1	PV
levora 0.15/30 (28) oral tablet	1	PV
LO LOESTRIN FE ORAL TABLET	3	PV
LOESTRIN 1.5/30 (21) ORAL TABLET	3	PV
LOESTRIN 1/20 (21) ORAL TABLET	3	PV
LOESTRIN FE 1.5/30 ORAL TABLET	3	PV
LOESTRIN FE 1/20 ORAL TABLET	3	PV
lojaimiess oral tablet	1	PV
loryna oral tablet	1	PV
low-ogestrel oral tablet	1	PV
lo-zumandimine oral tablet	1	PV
luizza 1.5/30 oral tablet	1	PV
luizza 1/20 oral tablet	1	PV
lutera oral tablet	1	PV

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Drug Name	Drug Tier	Requirements /Limits
lyllana transdermal patch twice weekly	1	
marlissa oral tablet	1	PV
MENEST ORAL TABLET	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	
merzee oral capsule	1	PV
mibelas 24 fe oral tablet chewable	1	PV
microgestin 1.5/30 oral tablet	1	PV
microgestin 1/20 oral tablet	1	PV
microgestin fe 1.5/30 oral tablet	1	PV
microgestin fe 1/20 oral tablet	1	PV
mili oral tablet	1	PV
mimvey oral tablet	1	
MINASTRIN 24 FE ORAL TABLET CHEWABLE	3	PV
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY	3	
minzoya oral tablet	1	PV
mono-linyah oral tablet	1	PV
NATAZIA ORAL TABLET	3	PV
necon 0.5/35 (28) oral tablet	1	PV
NEXTSTELLIS ORAL TABLET	3	PV
nikki oral tablet	1	PV
norelgestromin-eth estradiol transdermal patch weekly	1	PV
norethin ace-eth estrad-fe oral capsule	1	PV
norethin ace-eth estrad-fe oral tablet	1	PV
norethin ace-eth estrad-fe oral tablet chewable	1	PV
norethindrone acet-ethinyl est oral tablet	1	PV
norethindrone-eth estradiol oral tablet	1	
norethindron-ethinyl estrad-fe oral tablet	1	PV
norethin-eth estradiol-fe oral tablet chewable	1	PV
norgestimate-eth estradiol oral tablet	1	PV
norgestim-eth estrad triphasic oral tablet	1	PV
nortrel 0.5/35 (28) oral tablet	1	PV
nortrel 1/35 (21) oral tablet	1	PV
nortrel 1/35 (28) oral tablet	1	PV
nortrel 7/7/7 oral tablet	1	PV
NUVARING VAGINAL RING	3	PV
nylia 1/35 oral tablet	1	PV
nylia 7/7/7 oral tablet	1	PV
ocella oral tablet	1	PV
philith oral tablet	1	PV
pimtrea oral tablet	1	PV
portia-28 oral tablet	1	PV
PREMARIN INJECTION SOLUTION RECONSTITUTED	3	
PREMARIN ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements /Limits
PREMARIN VAGINAL CREAM	2	
PREMPHASE ORAL TABLET	3	
PREMPRO ORAL TABLET	3	
reclipsen oral tablet	1	PV
rivelsa oral tablet	1	PV
rosyrah oral tablet	1	PV
SAFYRAL ORAL TABLET	3	PV
setlakin oral tablet	1	PV
simliya oral tablet	1	PV
simpesse oral tablet	1	PV
sprintec 28 oral tablet	1	PV
sronyx oral tablet	1	PV
syeda oral tablet	1	PV
tarina 24 fe oral tablet	1	PV
tarina fe 1/20 eq oral tablet	1	PV
taysofy oral capsule	1	PV
TAYTULLA ORAL CAPSULE	3	PV
tilia fe oral tablet	1	PV
tri-estarylla oral tablet	1	PV
tri-legest fe oral tablet	1	PV
tri-linyah oral tablet	1	PV
tri-lo-estarylla oral tablet	1	PV
tri-lo-marzia oral tablet	1	PV
tri-lo-mili oral tablet	1	PV
tri-lo-sprintec oral tablet	1	PV
tri-mili oral tablet	1	PV
tri-nymyo oral tablet	1	PV
tri-sprintec oral tablet	1	PV
trivora (28) oral tablet	1	PV
tri-vylibra lo oral tablet	1	PV
tri-vylibra oral tablet	1	PV
turqoz oral tablet	1	PV
TWIRLA TRANSDERMAL PATCH WEEKLY	3	PV
TYBLUME ORAL TABLET CHEWABLE	1	PV
tydemy oral tablet	1	PV
VAGIFEM VAGINAL TABLET	3	
valtya 1/35 oral tablet	1	PV
valtya 1/50 oral tablet	1	PV
velivet oral tablet	1	PV
vestura oral tablet	1	PV
vienva oral tablet	1	PV
viorele oral tablet	1	PV
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY	3	
volnea oral tablet	1	PV
vyfemla oral tablet	1	PV
vylibra oral tablet	1	PV
wera oral tablet	1	PV
wymzya fe oral tablet chewable	1	PV
xarah fe oral tablet	1	PV
xelria fe oral tablet chewable	1	PV
xulane transdermal patch weekly	1	PV
YASMIN 28 ORAL TABLET	3	PV
YAZ ORAL TABLET	3	PV
yuvafem vaginal tablet	1	
zafemy transdermal patch weekly	1	PV

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Drug Name	Drug Tier	Requirements /Limits
zovia 1/35 (28) oral tablet	1	PV
zumandimine oral tablet	1	PV
Progestins		
aftera oral tablet	1	PV
camila oral tablet	1	PV
CRINONE VAGINAL GEL	3	PA
curae oral tablet	1	PV
deblitane oral tablet	1	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	PV
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE	2	PV
econtra one-step oral tablet	1	PV
EC-RX PROGESTERONE TRANSDERMAL CREAM	2	
emzahh oral tablet	1	PV
ENDOMETRIN VAGINAL INSERT	3	PA
errin oral tablet	1	PV
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY	2	
gallifrey oral tablet	1	
heather oral tablet	1	PV
her style oral tablet	1	PV

Drug Name	Drug Tier	Requirements /Limits
incassia oral tablet	1	PV
jencycla oral tablet	1	PV
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE	3	PV
levonorgestrel oral tablet	1	PV
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	2	PV
lyleq oral tablet	1	PV
lyza oral tablet	1	PV
medroxyprogesterone acetate intramuscular suspension	1	PV
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1	PV
medroxyprogesterone acetate oral tablet	1	
megestrol acetate oral suspension	1	
megestrol acetate oral tablet	1	
MEGESTROL ACETATE POWDER	2	
meleya oral tablet	1	PV
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE	3	PV
my choice oral tablet	1	PV
my way oral tablet	1	PV
new day oral tablet	1	PV
NEXPLANON SUBCUTANEOUS IMPLANT	2	PV

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Drug Name	Drug Tier	Requirements /Limits
nora-be oral tablet	1	PV
norethindrone acetate oral tablet	1	
norethindrone oral tablet	1	PV
norlyroc oral tablet	1	PV
opcicon one-step oral tablet	1	PV
OPILL ORAL TABLET	1	PV
option 2 oral tablet	1	PV
orquidea oral tablet	1	PV
progesterone intramuscular oil	1	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM	2	
progesterone oral capsule	1	
progesterone vaginal insert	1	PA
PROMETRIUM ORAL CAPSULE	3	
PROVERA ORAL TABLET	3	
react oral tablet	1	PV
sharobel oral tablet	1	PV
SKYLA INTRAUTERINE INTRAUTERINE DEVICE	3	PV
SLYND ORAL TABLET	3	PV
take action oral tablet	1	PV
Selective Estrogen Receptor Modifying Agents		
CLOMID ORAL TABLET	1	PA
clomiphene citrate oral tablet	1	PA

Drug Name	Drug Tier	Requirements /Limits
DUAVEE ORAL TABLET	3	
EVISTA ORAL TABLET	3	
milophene oral tablet	1	PA
OSPHENA ORAL TABLET	2	PA
raloxifene hcl oral tablet	1	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
CYTOMEL ORAL TABLET	3	
levo-t oral tablet	1	
levothyroxine sodium oral tablet	1	
levoxyl oral tablet	1	
liothyronine sodium oral tablet	1	
SYNTHROID ORAL TABLET	3	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
unithroid oral tablet	1	
Non-FRF		
ADTHYZA ORAL TABLET	3	
ARMOUR THYROID ORAL TABLET	3	
ERMEZA ORAL SOLUTION	3	
euthyrox oral tablet	1	
EVEXITHROID ORAL TABLET	3	
levothyroxine sodium intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
levothyroxine sodium intravenous solution reconstituted	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE	3	
liomny oral tablet	1	
liothyronine sodium intravenous solution	1	
NIVA THYROID ORAL TABLET	3	
np thyroid oral tablet	1	
RENTHYROID ORAL TABLET	3	
REZDIFFRA ORAL TABLET	3	PA
THYQUIDITY ORAL SOLUTION	3	
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA
thyroid oral tablet	1	
THYROID POWDER	2	
TIROSINT ORAL CAPSULE	3	
TIROSINT-SOL ORAL SOLUTION	3	
unithroid oral tablet	1	
YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
Hormonal Agents, Suppressant (Adrenal or Pituitary)		
cabergoline oral tablet	1	
ELIGARD SUBCUTANEOUS KIT	3	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
KORLYM ORAL TABLET	3	PA
leuprolide acetate injection kit	1	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT	3	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT	3	PA
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT	3	PA
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT	3	PA
octreotide acetate injection solution	1	PA
ORILISSA ORAL TABLET	3	
SANDOSTATIN INJECTION SOLUTION	3	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	3	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION	3	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
SYNAREL NASAL SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	PA
Non-FRF		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE	3	PA
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
lanreotide acetate subcutaneous solution	1	PA
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE	3	PA
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT	3	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT	3	PA
LUTRATE DEPOT INTRAMUSCULAR INJECTABLE	3	PA
MIFEPREX ORAL TABLET	3	
mifepristone oral tablet	1	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE	3	PA
MYFEMBREE ORAL TABLET	3	

Drug Name	Drug Tier	Requirements /Limits
octreotide acetate intramuscular kit	1	PA
octreotide acetate subcutaneous solution prefilled syringe	1	PA
ORGOVYX ORAL TABLET	3	PA
ORIAHNN ORAL CAPSULE THERAPY PACK	3	
PALSONIFY ORAL TABLET	3	PA
RECORLEV ORAL TABLET	3	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT	3	PA
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA
SUPPRELIN LA SUBCUTANEOUS KIT	3	PA
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	3	PA
VABRINTY SUBCUTANEOUS KIT	3	PA
ZOLADEX SUBCUTANEOUS IMPLANT	3	
Hormonal Agents, Suppressant (Thyroid)		
Antithyroid Agents		
methimazole oral tablet	1	
METHIMAZOLE POWDER	2	
propylthiouracil oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
SODIUM IODIDE I-131 ORAL SOLUTION	2	
Immunological Agents		
Angioedema Agents		
ANDEMBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
BERINERT INTRAVENOUS KIT	3	PA
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
DAWNZERA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
EKTERLY ORAL TABLET	3	PA
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
icatibant acetate subcutaneous solution prefilled syringe	1	PA
KALBITOR SUBCUTANEOUS SOLUTION	3	PA
ORLADEYO ORAL CAPSULE	3	PA
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TAKHZYRO SUBCUTANEOUS SOLUTION	3	PA
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
Immunoglobulins		
ALYGLO INTRAVENOUS SOLUTION	3	PA
ASCENIV INTRAVENOUS SOLUTION	3	PA
ATGAM INTRAVENOUS SOLUTION	3	
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PV
BIVIGAM INTRAVENOUS SOLUTION	3	PA
CNJ-016 INTRAVENOUS SOLUTION	2	
CUTAQUIG SUBCUTANEOUS SOLUTION	3	PA
CUVITRU SUBCUTANEOUS SOLUTION	3	PA
CYTOGAM INTRAVENOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION	3	PA
GAMASTAN INTRAMUSCULAR SOLUTION	2	PA
GAMMAGARD INJECTION SOLUTION	3	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
GAMMAKED INJECTION SOLUTION	3	PA
GAMMAPLEX INTRAVENOUS SOLUTION	3	PA
GAMUNEX-C INJECTION SOLUTION	3	PA
HEPAGAM B INJECTION SOLUTION	3	B/D
HIZENTRA SUBCUTANEOUS SOLUTION	3	PA
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HYPERHEP B INTRAMUSCULAR SOLUTION	3	B/D
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	B/D
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
HYQVIA SUBCUTANEOUS KIT	3	PA
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
NABI-HB INTRAMUSCULAR SOLUTION	3	B/D
OCTAGAM INTRAVENOUS SOLUTION	3	PA
PANZYGA INTRAVENOUS SOLUTION	3	PA
PRIVIGEN INTRAVENOUS SOLUTION	3	PA
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE	3	
SYNAGIS INTRAMUSCULAR SOLUTION	3	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
WINRHO SDF INJECTION SOLUTION	3	
XEMBIFY SUBCUTANEOUS SOLUTION	3	PA
YIMMUGO INTRAVENOUS SOLUTION	3	PA
Immunological Agents, Other		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ACTEMRA INTRAVENOUS SOLUTION	3	PA
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-AACF (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
ADALIMUMAB-AACF(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-AACF(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
AURANOFIN ORAL CAPSULE	1	
AVTOZMA INTRAVENOUS SOLUTION	3	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
BKEMV INTRAVENOUS SOLUTION	3	PA
CIBINQO ORAL TABLET	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
COSENTYX INTRAVENOUS SOLUTION	3	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA

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Drug Name	Drug Tier	Requirements /Limits
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
EMPAVELI SUBCUTANEOUS SOLUTION	3	PA
ENFLONSIA INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PV
ENJAYMO INTRAVENOUS SOLUTION	3	PA
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
EPYSQLI INTRAVENOUS SOLUTION	3	PA
GAMIFANT INTRAVENOUS SOLUTION	3	PA
GRASTEK SUBLINGUAL TABLET SUBLINGUAL	3	
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ILARIS SUBCUTANEOUS SOLUTION	3	PA
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
IMAAVY INTRAVENOUS SOLUTION	3	PA
IMULDOSA INTRAVENOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
LEMTRADA INTRAVENOUS SOLUTION	3	PA
LEQSELVI ORAL TABLET	3	PA
LITFULO ORAL CAPSULE	3	PA
NEMLUVIO SUBCUTANEOUS AUTO-INJECTOR	3	PA
ODACTRA SUBLINGUAL TABLET SUBLINGUAL	2	
OLUMIANT ORAL TABLET	3	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
OMVOH (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
OMVOH INTRAVENOUS SOLUTION	3	PA
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	3	
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL	3	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL	3	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
OTEZLA ORAL TABLET THERAPY PACK	3	PA
OTULFI INTRAVENOUS SOLUTION	3	PA
OTULFI SUBCUTANEOUS SOLUTION	3	PA
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
PALFORZIA (1 MG DAILY DOSE) ORAL	3	
PALFORZIA (12 MG DAILY DOSE) ORAL	3	
PALFORZIA (120 MG DAILY DOSE) ORAL	3	
PALFORZIA (160 MG DAILY DOSE) ORAL	3	
PALFORZIA (20 MG DAILY DOSE) ORAL	3	
PALFORZIA (200 MG DAILY DOSE) ORAL	3	
PALFORZIA (240 MG DAILY DOSE) ORAL	3	
PALFORZIA (3 MG DAILY DOSE) ORAL	3	
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET	3	
PALFORZIA (300 MG TITRATION) ORAL PACKET	3	
PALFORZIA (40 MG DAILY DOSE) ORAL	3	
PALFORZIA (6 MG DAILY DOSE) ORAL	3	
PALFORZIA (80 MG DAILY DOSE) ORAL	3	
PALFORZIA INITIAL DOSE 1-3YRS ORAL	3	
PALFORZIA INITIAL DOSE 4-17YRS ORAL	3	
PALFORZIA INITIAL ESCALATION ORAL	3	
PIASKY INJECTION SOLUTION	3	PA
PROVENGE INTRAVENOUS SUSPENSION	3	PA
PYZCHIVA INTRAVENOUS SOLUTION	3	PA
PYZCHIVA SUBCUTANEOUS SOLUTION	3	PA
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL	3	
RHAPSIDO ORAL TABLET	3	PA
RIDAURA ORAL CAPSULE	3	
RINVOQ LQ ORAL SOLUTION	3	PA
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
RYONCIL 100KG TO <112.5KG INTRAVENOUS KIT	2	
RYONCIL 112.5KG TO <125KG INTRAVENOUS KIT	2	
RYONCIL 125KG TO <137.5KG INTRAVENOUS KIT	2	
RYONCIL 137.5KG TO <150KG INTRAVENOUS KIT	2	
RYSTIGGO SUBCUTANEOUS SOLUTION	3	PA

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Drug Name	Drug Tier	Requirements /Limits
SAPHNELO INTRAVENOUS SOLUTION	3	PA
SELARSDI INTRAVENOUS SOLUTION	3	PA
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED	3	
SKYRIZI INTRAVENOUS SOLUTION	3	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
SOLIRIS INTRAVENOUS SOLUTION	3	PA
STELARA INTRAVENOUS SOLUTION	3	PA
STELARA SUBCUTANEOUS SOLUTION	3	PA
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
STEQEYMA INTRAVENOUS SOLUTION	3	PA
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TAVNEOS ORAL CAPSULE	3	PA
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
TOFIDENCE INTRAVENOUS SOLUTION	3	PA
TREMFYA INTRAVENOUS SOLUTION	3	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA

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Drug Name	Drug Tier	Requirements /Limits
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TYENNE INTRAVENOUS SOLUTION	3	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ULTOMIRIS INTRAVENOUS SOLUTION	3	PA
UPLIZNA INTRAVENOUS SOLUTION	2	
USTEKINUMAB INTRAVENOUS SOLUTION	3	PA
USTEKINUMAB SUBCUTANEOUS SOLUTION	3	PA
USTEKINUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
USTEKINUMAB-AEKN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
USTEKINUMAB-TTWE INTRAVENOUS SOLUTION	3	PA
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
VELSIPITY ORAL TABLET	3	PA
VEOPOZ INJECTION SOLUTION	3	PA
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
VYVGART INTRAVENOUS SOLUTION	3	PA
WEZLANA INTRAVENOUS SOLUTION	3	PA
WEZLANA SUBCUTANEOUS SOLUTION	3	PA
WEZLANA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XELJANZ ORAL SOLUTION	3	PA
XELJANZ ORAL TABLET	3	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA

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Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
YESINTEK INTRAVENOUS SOLUTION	3	PA
YESINTEK SUBCUTANEOUS SOLUTION	3	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
Immunostimulants		
ACTIMMUNE SUBCUTANEOUS SOLUTION	3	PA
ALFERON N INJECTION SOLUTION	3	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
PEGASYS SUBCUTANEOUS SOLUTION	3	PA

Drug Name	Drug Tier	Requirements /Limits
Immunosuppressants		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-AATY (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
ADALIMUMAB-AATY CD/UC/HS START SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA

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Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-FKJP (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-FKJP (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
ADALIMUMAB-RYVK (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-RYVK (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ADALIMUMAB-RYVK (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ARAVA ORAL TABLET	3	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	B/D
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
AZASAN ORAL TABLET	3	B/D
azathioprine oral tablet	1	B/D
AZATHIOPRINE POWDER	2	
azathioprine sodium injection solution reconstituted	1	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED	3	B/D
CELLCEPT ORAL CAPSULE	3	B/D

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Drug Name	Drug Tier	Requirements /Limits
CELLCEPT ORAL SUSPENSION RECONSTITUTED	3	B/D
CELLCEPT ORAL TABLET	3	B/D
CIMZIA (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
CIMZIA SUBCUTANEOUS KIT	3	PA
CIMZIA-STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
cyclosporine intravenous solution	1	
cyclosporine modified oral capsule	1	B/D
cyclosporine modified oral solution	1	B/D
cyclosporine oral capsule	1	B/D
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE	3	PA
ENBREL SUBCUTANEOUS SOLUTION	3	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	B/D
everolimus oral tablet	1	B/D
gengraf oral capsule	1	B/D
gengraf oral solution	1	B/D
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
HYRIMOZ-PLAQ PSOR/UVEIT START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
IMURAN ORAL TABLET	3	B/D
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	1	PA
JYLAMVO ORAL SOLUTION	3	
leflunomide oral tablet	1	
LUPKYNIS ORAL CAPSULE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
METHOTREXATE POWDER	2	
methotrexate sodium (pf) injection solution	1	
methotrexate sodium injection solution	1	
methotrexate sodium injection solution reconstituted	1	
methotrexate sodium oral tablet	1	
mycophenolate mofetil hcl intravenous solution reconstituted	1	B/D
mycophenolate mofetil intravenous solution reconstituted	1	B/D
mycophenolate mofetil oral capsule	1	B/D
mycophenolate mofetil oral suspension reconstituted	1	B/D
mycophenolate mofetil oral tablet	1	B/D
mycophenolate sodium oral tablet delayed release	1	B/D
mycophenolic acid oral tablet delayed release	1	B/D
MYFORTIC ORAL TABLET DELAYED RELEASE	3	B/D
MYHIBBIN ORAL SUSPENSION	3	B/D
NEORAL ORAL CAPSULE	3	B/D
NEORAL ORAL SOLUTION	3	B/D
NIKTIMVO INTRAVENOUS SOLUTION	3	PA
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED	3	
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
PROGRAF INTRAVENOUS SOLUTION	3	
PROGRAF ORAL CAPSULE	3	B/D
PROGRAF ORAL PACKET	3	B/D
RAPAMUNE ORAL SOLUTION	3	B/D
RAPAMUNE ORAL TABLET	3	B/D
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
REZUROCK ORAL TABLET	3	PA

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Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE INTRAVENOUS SOLUTION	3	
SANDIMMUNE ORAL CAPSULE	3	B/D
SANDIMMUNE ORAL SOLUTION	3	B/D
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
SIMPONI ARIA INTRAVENOUS SOLUTION	3	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
sirolimus oral solution	1	B/D
sirolimus oral tablet	1	B/D
tacrolimus oral capsule	1	B/D
TREXALL ORAL TABLET	3	
XATMEP ORAL SOLUTION	3	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ZORTRESS ORAL TABLET	3	B/D
ZYMFENTRA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ZYMFENTRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT	3	PA
ZYMFENTRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT	3	PA
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PV
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PV

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Drug Name	Drug Tier	Requirements /Limits
ADACEL INTRAMUSCULAR SUSPENSION	1	PV
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
AFLURIA INTRAMUSCULAR SUSPENSION	3	PV
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PV
AUDENZ INTRAMUSCULAR EMULSION	3	
AUDENZ INTRAMUSCULAR PREFILLED SYRINGE	3	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	1	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
BIOTHRAX INTRAMUSCULAR SUSPENSION	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION	1	PV
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PV
COMIRNATY 5-11 YEARS INTRAMUSCULAR SUSPENSION	3	PV
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
DAPTACEL INTRAMUSCULAR SUSPENSION	2	PV
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	PV
ENGERIX-B INJECTION SUSPENSION	1	B/D; PV
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D; PV
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	3	PV

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Drug Name	Drug Tier	Requirements /Limits
FLUCELVAX INTRAMUSCULAR SUSPENSION	3	PV
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
FLUMIST NASAL LIQUID	3	PV
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION	1	PV
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	B/D; PV
HIBERIX INJECTION SOLUTION RECONSTITUTED	1	PV
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
INFANRIX INTRAMUSCULAR SUSPENSION	2	PV
IPOL INJECTION SUSPENSION	1	PV
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	1	
IXIARO INTRAMUSCULAR SUSPENSION	1	
JYNNEOS SUBCUTANEOUS SUSPENSION	1	PV
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
MENQUADFI INTRAMUSCULAR SOLUTION	1	PV
MENVEO INTRAMUSCULAR SOLUTION	1	PV
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	1	PV
M-M-R II INJECTION SOLUTION RECONSTITUTED	1	PV
MNEXSPIKE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV

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Drug Name	Drug Tier	Requirements /Limits
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
NUVAXOVID COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
PEDVAX HIB INTRAMUSCULAR SUSPENSION	2	PV
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PV
PENMENVY INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PV
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	2	PV
PNEUMOVAX 23 INJECTION SOLUTION	2	PV
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	2	PV
PREHEVBRIO INTRAMUSCULAR SUSPENSION	1	B/D; PV
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	PV
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	2	PV
QUADRACEL INTRAMUSCULAR SUSPENSION	2	PV
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	B/D
RECOMBIVAX HB INJECTION SUSPENSION	1	B/D; PV
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	1	B/D; PV
ROTARIX ORAL SUSPENSION	2	PV
ROTATEQ ORAL SOLUTION	1	PV
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED	1	PV
SPIKEVAX 6M-11Y INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	PV

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Drug Name	Drug Tier	Requirements /Limits
STAMARIL INJECTION SUSPENSION RECONSTITUTED	1	
TDVAX INTRAMUSCULAR SUSPENSION	1	PV
TENIVAC INTRAMUSCULAR SUSPENSION	1	PV
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	1	PV
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
TYPHIM VI INTRAMUSCULAR SOLUTION	1	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	1	
VAQTA INTRAMUSCULAR SUSPENSION	1	PV
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	PV
VARIVAX INJECTION SUSPENSION RECONSTITUTED	1	PV
VAXCHORA ORAL SUSPENSION RECONSTITUTED	1	
VAXELIS INTRAMUSCULAR SUSPENSION	2	PV
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	2	PV
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	1	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	1	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	1	
Inflammatory Bowel Disease Agents		
Aminosalicylates		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE	3	
AZULFIDINE ORAL TABLET	3	
balsalazide disodium oral capsule	1	
CANASA RECTAL SUPPOSITORY	3	
COLAZAL ORAL CAPSULE	3	

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Drug Name	Drug Tier	Requirements /Limits
DELZICOL ORAL CAPSULE DELAYED RELEASE	3	
DIPENTUM ORAL CAPSULE	3	
LIALDA ORAL TABLET DELAYED RELEASE	3	
mesalamine er oral capsule extended release	1	
mesalamine er oral capsule extended release 24 hour	1	
mesalamine oral capsule delayed release	1	
mesalamine oral tablet delayed release	1	
mesalamine rectal enema	1	
mesalamine rectal suppository	1	
mesalamine-cleanser rectal kit	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE	3	
ROWASA RECTAL KIT	3	
SFROWASA RECTAL ENEMA	3	
sulfasalazine oral tablet	1	
sulfasalazine oral tablet delayed release	1	
SULFASALAZINE POWDER	2	
Glucocorticoids		
ANUSOL-HC EXTERNAL CREAM	3	
budesonide er oral tablet extended release 24 hour	1	
budesonide oral capsule delayed release particles	1	
budesonide rectal foam	1	
CORTENEMA RECTAL ENEMA	3	
CORTIFOAM EXTERNAL FOAM	3	
EOHILIA ORAL SUSPENSION	3	
hydrocortisone (perianal) external cream	1	
hydrocortisone rectal enema	1	
PROCTOCORT EXTERNAL CREAM	3	
procto-med hc external cream	1	
PROCTOSOL HC EXTERNAL CREAM	1	
PROCTOZONE-HC EXTERNAL CREAM	1	
TARPEYO ORAL CAPSULE DELAYED RELEASE	3	PA
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR	3	
UCERIS RECTAL FOAM	3	
Metabolic Bone Disease Agents		
ACTONEL ORAL TABLET	3	
alendronate sodium oral solution	1	
alendronate sodium oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
ATELVIA ORAL TABLET DELAYED RELEASE	3	
BINOSTO ORAL TABLET EFFERVESCENT	3	
calcitonin (salmon) nasal solution	1	
calcitriol oral capsule	1	
calcitriol oral solution	1	
cinacalcet hcl oral tablet	1	
doxercalciferol oral capsule	1	
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
FOSAMAX ORAL TABLET	3	
FOSAMAX PLUS D ORAL TABLET	3	
ibandronate sodium oral tablet	1	
paricalcitol oral capsule	1	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE	3	
risedronate sodium oral tablet	1	
risedronate sodium oral tablet delayed release	1	
ROCALTROL ORAL CAPSULE	3	
ROCALTROL ORAL SOLUTION	3	
SENSIPAR ORAL TABLET	3	
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
XGEVA SUBCUTANEOUS SOLUTION	3	PA
ZEMPLAR ORAL CAPSULE	3	
Non-FRF		
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
BILPREVDA SUBCUTANEOUS SOLUTION	3	PA
BOMYNTRA SUBCUTANEOUS SOLUTION	3	PA
BOMYNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
calcitonin (salmon) injection solution	1	
calcitriol intravenous solution	1	
CONEXXENCE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
doxercalciferol intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	PA
HECTOROL INTRAVENOUS SOLUTION	3	
ibandronate sodium intravenous solution	1	
JUBBONTI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	
MIACALCIN INJECTION SOLUTION	3	
OSENVELT SUBCUTANEOUS SOLUTION	3	PA
pamidronate disodium intravenous solution	1	
paricalcitol intravenous solution	1	
PARSABIV INTRAVENOUS SOLUTION	2	
RECLAST INTRAVENOUS SOLUTION	3	
STOBOCLO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
teriparatide subcutaneous solution pen-injector	1	PA
WYOST SUBCUTANEOUS SOLUTION	3	PA
ZEMPLAR INTRAVENOUS SOLUTION	3	

Drug Name	Drug Tier	Requirements /Limits
zoledronic acid intravenous concentrate	1	
zoledronic acid intravenous solution	1	
Miscellaneous Therapeutic Agents		
CARNITOR ORAL SOLUTION	3	
CARNITOR ORAL TABLET	3	
INTRALIPID INTRAVENOUS EMULSION	3	B/D
levocarnitine oral solution	1	
levocarnitine oral tablet	1	
NUTRILIPID INTRAVENOUS EMULSION	3	B/D
PREFERRED PLUS INSULIN SYRINGE	2	
sodium chloride irrigation solution	1	
Non-FRF		
1ST TIER UNIFINE PENTIPS	2	
1ST TIER UNIFINE PENTIPS PLUS	2	
ABOUTTIME PEN NEEDLE	2	
ACCU-CHEK AVIVA IN VITRO SOLUTION	2	
ACCU-CHEK AVIVA PLUS IN VITRO STRIP	2	
ACCU-CHEK AVIVA PLUS KIT	2	
ACCU-CHEK FASTCLIX LANCET KIT	2	

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Drug Name	Drug Tier	Requirements /Limits
ACCU-CHEK FASTCLIX LANCETS	2	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID	2	
ACCU-CHEK GUIDE KIT	2	
ACCU-CHEK GUIDE ME KIT	2	
ACCU-CHEK GUIDE TEST IN VITRO STRIP	2	
ACCU-CHEK SAFE-T PRO LANCETS	2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID	2	
ACCU-CHEK SMARTVIEW IN VITRO STRIP	2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	2	
ACCU-CHEK SOFTCLIX LANCETS	2	
ACCU-CHEK ULTRAFLEX INF SET	2	
ACTI-LANCE 28G	2	
ACTI-LANCE LITE LANCETS 28G	2	
ACTI-LANCE SPECIAL LANCETS 17G	2	
ACTI-LANCE UNIVERSAL 23G	2	
ADVANCED MOBILE LANCET	2	
ADVOCATE LANCETS	2	
ADVOCATE LANCETS 30G	2	
ADVOCATE SAFETY LANCETS	2	
ADVOCATE SAFETY LANCETS 21G	2	
ADVOCATE SAFETY LANCETS 23G	2	
ADVOCATE SAFETY LANCETS 26G	2	
ADVOCATE SAFETY LANCETS 28G	2	
AEROCHAMBER HOLDING CHAMBER DEVICE	2	
AEROCHAMBER MINI CHAMBER DEVICE	2	
AEROCHAMBER MV	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	2	
AEROCHAMBER PLUS FLO-VU	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	2	
AEROCHAMBER PLUS FLOW VU	2	
AEROCHAMBER W/FLOWSIGNAL	2	
AEROCHAMBER2GO ANTI-STATIC DEVICE	2	
AGAMATRIX CONTROL LEVEL 2 IN VITRO SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
AGAMATRIX CONTROL LEVEL 4 IN VITRO SOLUTION	2	
AGAMATRIX ULTRA-THIN LANCETS	2	
AIMSCO TWIST LANCETS 32G	2	
AIMSCO TWIST LANCETS 33G	2	
ALANINE POWDER	2	
ALBUKED 25 INTRAVENOUS SOLUTION	2	
ALBUKED 5 INTRAVENOUS SOLUTION	2	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	2	
ALBUMINEX INTRAVENOUS SOLUTION	2	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	2	
ALBURX INTRAVENOUS SOLUTION	2	
ALBUTEIN INTRAVENOUS SOLUTION	2	
ALCOHOL PADS PAD	1	
ALCOHOL PREP PAD	1	
ALCOHOL PREP PADS PAD	1	
ALCOHOL SWABS PAD	1	
ALCOHOL SWABSTICK PAD	1	

Drug Name	Drug Tier	Requirements /Limits
ALPHA-LIPOIC ACID INJECTION SOLUTION	2	
AMD FOAM DRESSING PAD	2	
AMD FOAM DRESSING TOPSHEET PAD	2	
AMMONUL INTRAVENOUS SOLUTION	3	
AMPHADASE INJECTION SOLUTION	2	
ANECTINE INJECTION SOLUTION	3	
ANHYDROUS BASE CREAM	2	
AQ INSULIN SYRINGE	2	
AQINJECT PEN NEEDLE	2	
AQUACEL AG BURN EXTERNAL PAD	2	
AQUALANCE LANCETS 30G	2	
ARGININE HCL INJECTION SOLUTION	2	
ARGYLE STERILE SALINE IRRIGATION SOLUTION	3	
argyle sterile water irrigation solution	1	
ASPARTAME (FOR COMPOUNDING) POWDER	2	
ASPARTAME (NUTRASWEET) POWDER	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ASSURE COMFORT LANCETS 28G	2	
ASSURE ID DUO PRO PEN NEEDLES	2	
ASSURE ID PRO PEN NEEDLES	2	
ASSURE ID SAFETY PEN NEEDLES	2	
ASSURE LANCE LANCETS	2	
ASSURE LANCE LANCETS 21G	2	
ASSURE LANCE PLUS SAFETY 25G	2	
ASSURE LANCE PLUS SAFETY 30G	2	
ASSURE LANCE SAFETY LANCET 28G	2	
ASSURE PLATINUM IN VITRO STRIP	2	
atracurium besylate intravenous solution	1	
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID	2	
atropine sulfate injection solution	1	
atropine sulfate injection solution prefilled syringe	1	
atropine sulfate intravenous solution	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
ATROPINE SULFATE MONOHYDRATE POWDER	2	
AUM ALCOHOL PREP PADS PAD	1	
AUM INSULIN SAFETY PEN NEEDLE	2	
AUM MINI INSULIN PEN NEEDLE	2	
AUM PEN NEEDLE	2	
AUM READYGARD DUO PEN NEEDLE	2	
AUM SAFETY PEN NEEDLE	2	
AURORA LANCET SUPER THIN 30G	2	
AURORA LANCET THIN 23G	2	
AURORA PEN NEEDLES	2	
AUTOLET II CLINISAFE KIT	2	
AUTOLET LANCING DEVICE	2	
AUTOLET LITE LANCING DEVICE	2	
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET	2	
AVAILNEX ORAL TABLET CHEWABLE	2	
AXONA ORAL PACKET	2	
B & C EXTERNAL OINTMENT	2	
BACTERIOSTATIC WATER(BENZ ALC) INJECTION SOLUTION	2	
balsam peru-castor oil external ointment	1	
BD AUTOSHIELD DUO	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
BD ECLIPSE LUER-LOK NEEDLE	2	
BD ECLIPSE NEEDLE	2	
BD ECLIPSE SYRINGE/NEEDLE	2	
BD FILTER NEEDLE	2	
BD INS SYR ULTRAFINE 1/2UNIT	2	
BD INSULIN SYR ULTRAFINE II	2	
BD INSULIN SYRINGE	2	
BD INSULIN SYRINGE U-500	2	
BD INSULIN SYRINGE ULTRAFINE	2	
BD MICROTAINER LANCETS	2	
BD PEN NEEDLE MICRO ULTRAFINE	2	
BD PEN NEEDLE MINI ULTRAFINE	2	
BD PEN NEEDLE NANO 2ND GEN	2	
BD PEN NEEDLE NANO ULTRAFINE	2	
BD PEN NEEDLE ORIG ULTRAFINE	2	
BD PEN NEEDLE SHORT ULTRAFINE	2	
BD PRECISIONGLIDE NEEDLE	2	
BD SAFETYGLIDE NEEDLE	2	
BD SAFETYGLIDE SYRINGE/NEEDLE	2	
BD SYRINGE LUER SLIP TIP	2	
BD SYRINGE LUER-LOK	2	
BD TB SYRINGE	2	

Drug Name	Drug Tier	Requirements /Limits
BD VEO INSULIN SYR U/F 1/2UNIT	2	
BD VEO INSULIN SYR ULTRAFINE	2	
BEEF TYPE FLAVOR OS LIQUID	2	
BIOTEL CARE BLOOD GLUCOSE KIT	2	
BIOTEL CARE BLOOD GLUCOSE SYST KIT	2	
BITTER-BLOC PURE POWDER	2	
BITTER-BLOC WS CONCENTRATE POWDER	2	
BITTER-BLOC WS/OS LIQUID CONCENTRATE	2	
BLOOD GLUCOSE MONITORING 333 DEVICE	2	
BLOOD GLUCOSE TEST IN VITRO STRIP	2	
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	2	
BLULINK CONTROL HIGH & LOW IN VITRO LIQUID	2	
BLULINK GLUCOSE MONITORING SYS DEVICE	2	
BLULINK GLUCOSE TEST IN VITRO STRIP	2	
boric acid external granules	1	
BPCO EXTERNAL OINTMENT	2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	

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Drug Name	Drug Tier	Requirements /Limits
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
BREATHE EASE LARGE DEVICE	2	
BREATHE EASE MEDIUM DEVICE	2	
BREATHE EASE SMALL DEVICE	2	
BREATHERITE VALVED MDI CHAMBER DEVICE	2	
BRIDION INTRAVENOUS SOLUTION	2	
BROMELAIN POWDER	2	
CAMPHOR CRYSTALS	2	
CAPSORAL W/DYNAMIC STATIC GRD POWDER	2	
CAPSUBLEND-H POWDER	2	
CAPSULE #0 CLEAR/CLEAR VEG CAPSULE	2	
CAPSULE #0 WHITE/WHITE OPQ VEG CAPSULE	2	
CAPSULE #1 CLEAR/CLEAR VEG CAPSULE	2	
CAPSULE #1 WHITE/WHITE OPQ VEG CAPSULE	2	
CAPSULE #3 CLEAR/CLEAR VEG CAPSULE	2	
CAPSULE #3 WHITE/WHITE OPQ VEG CAPSULE	2	

Drug Name	Drug Tier	Requirements /Limits
CAPSULE CONI-SNAP #0 PURPLE CAPSULE	2	
CAREFINE PEN NEEDLES	2	
CAREONE UNIFINE PENTIPS PLUS	2	
CAREPOINT POLY HUB NEEDLE	2	
CAREPOINT SAFETY 1ST NEEDLE	2	
CAREPOINT SAFETY1ST SYR/NEEDLE	2	
CAREPOINT SYRINGE CATHETER TIP	2	
CAREPOINT SYRINGE LUER LOCK	2	
CAREPOINT SYRINGE LUER SLIP	2	
CAREPOINT TUBERCLN SYR/LUER SL	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION	2	
CARESENS LANCETS	2	
CARESENS LANCETS 30G	2	
CARESENS N FELIZ BT DEVICE	2	
CARESENS N FELIZ DEVICE	2	
CARESENS N PLUS BT KIT	2	
CARESENS S CONTROL SOLN A/B IN VITRO LIQUID	2	

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Drug Name	Drug Tier	Requirements /Limits
CARESENS S FIT BLOOD GLUC MON DEVICE	2	
CARESENS S FIT BT BLOOD GLUC DEVICE	2	
CARESENS S GLUCOSE TEST IN VITRO STRIP	2	
CARETOUCH ALCOHOL PREP PAD	1	
CARETOUCH CATHETER TIP SYRINGE	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID	2	
CARETOUCH HYPODERMIC NEEDLE	2	
CARETOUCH LANCING/EJECTOR	2	
CARETOUCH LUER LOCK	2	
CARETOUCH LUER LOCK SYR/NEEDLE	2	
CARETOUCH LUER SLIP	2	
CARETOUCH PEN NEEDLES	2	
CARETOUCH SAFETY LANCETS	2	
CARETOUCH SAFETY LANCETS 26G	2	
CARETOUCH TEST IN VITRO STRIP	2	
CARETOUCH TWIST LANCETS 28G	2	
CARETOUCH TWIST LANCETS 30G	2	
CARETOUCH TWIST LANCETS 33G	2	
CARETOUCH TWIST MC LANCETS 30G	2	
CARNITOR INTRAVENOUS SOLUTION	3	
CARNITOR SF ORAL SOLUTION	3	
CAYA VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
CEQUR SIMPLICITY 2U DEVICE	3	
CEQUR SIMPLICITY INSERTER	3	
CETYLCIDE-G CONCENTRATE	2	
CHEMSTRIP BG LOG BOOK	2	
CHEMSTRIP K IN VITRO STRIP	2	
CHEMSTRIP UGK IN VITRO STRIP	2	
CHOLEXMAX ORAL POWDER	2	
CHOLEXTRA T/F ORAL POWDER	2	
CHOLINE BITARTRATE POWDER	2	
CHOSEN LANCETS 30G	2	
CHOSEN LANCING DEVICE	2	
CHOSEN SAFETY LANCETS 28G	2	
cisatracurium besylate (pf) intravenous solution	1	
cisatracurium besylate intravenous solution	1	
CLEVER CHEK LANCETS	2	

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Drug Name	Drug Tier	Requirements /Limits
CLEVER CHOICE COMFORT EZ	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	2	
CLEVER CHOICE LANCETS 21G	2	
CLEVER CHOICE LANCETS 23G	2	
CLEVER CHOICE LANCETS 28G	2	
CLICKFINE PEN NEEDLES	2	
CLINOLIPID INTRAVENOUS EMULSION	3	B/D
coal tar external solution	1	
COMFORT ASSURED LANCETS 28G	2	
COMFORT ASSURED LANCETS 33G	2	
COMFORT EZ INSULIN SYRINGE	2	
COMFORT EZ MICRO PEN NEEDLES	2	
COMFORT EZ PEN NEEDLES	2	
COMFORT EZ PRO PEN NEEDLES	2	
COMFORT EZ SHORT PEN NEEDLES	2	
COMFORT TOUCH ALCOHOL PREP PAD	1	
COMFORT TOUCH INSULIN PEN NEED	2	
COMFORT TOUCH LANCETS 31G	2	
COMFORT TOUCH PLUS LANCETS 28G	2	

Drug Name	Drug Tier	Requirements /Limits
COMFORT TOUCH PLUS LANCETS 30G	2	
COMFORT TOUCH TWIST LANCET 30G	2	
COMPACT SPACE CHAMBER DEVICE	2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	2	
CONDOMS	2	PV
CONTOUR BLOOD GLUCOSE SYSTEM KIT	2	
CONTOUR CONTROL IN VITRO LIQUID	2	
CONTOUR MONITOR DEVICE	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION	2	
CONTOUR NEXT EZ KIT	2	
CONTOUR NEXT GEN MONITOR KIT	2	
CONTOUR NEXT LINK KIT	2	
CONTOUR NEXT MONITOR KIT	2	
CONTOUR NEXT ONE KIT	2	
CONTOUR NEXT TEST IN VITRO STRIP	2	
CONTOUR PLUS BLUE KIT	2	

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Drug Name	Drug Tier	Requirements /Limits
CONTOUR PLUS CONTROL SOLUTION IN VITRO LIQUID	2	
CONTOUR PLUS TEST IN VITRO STRIP	2	
CONTOUR TEST IN VITRO STRIP	2	
COSELA INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
CREAM BASE EXTERNAL CREAM	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD	2	
CURITY AMD ANTIMICROBIAL STRIP	2	
CURITY IODOFORM PACKING STRIP	2	
CURITY STERILE SALINE IRRIGATION SOLUTION	3	
CVS KETONE CARE IN VITRO STRIP	2	
CVS LANCETS MICRO THIN 33G	2	
CVS LANCETS THIN 26G	2	
CVS LANCETS ULTRA-THIN 30G	2	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED	2	
CYTOTINE ORAL POWDER	2	
deferoxamine mesylate injection solution reconstituted	1	B/D
DEFLUX METAL NEEDLE	2	
DEHYDRATED ALCOHOL SOLUTION	2	
DENOVO PLUS B12 ORAL CAPSULE	2	
DEPLIN 15 ORAL CAPSULE	2	
DEPLIN 7.5 ORAL CAPSULE	2	
DEPLIN FC ORAL CAPSULE	2	
DESFERAL INJECTION SOLUTION RECONSTITUTED	3	B/D
DETERMINE HIV 1/2 AG/AB COMBO IN VITRO KIT	2	
DETERMINE HIV 1/2 AG/AB CTRL IN VITRO LIQUID	2	
DEXCOM G6 RECEIVER DEVICE	2	
DEXCOM G6 SENSOR	2	
DEXCOM G6 TRANSMITTER	2	
DEXCOM G7 15 DAY SENSOR	2	
DEXCOM G7 RECEIVER DEVICE	2	
DEXCOM G7 SENSOR	2	
DIASCREEN 10	2	
DIASCREEN 1B	2	
DIASCREEN 1G STRIP	2	
DIASCREEN 1K	2	
DIASCREEN 1K STRIP	2	
DIASCREEN 2GK STRIP	2	

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Drug Name	Drug Tier	Requirements /Limits
DIASCREEN 2GP	2	
DIASCREEN 3	2	
DIASCREEN 4NL	2	
DIASCREEN 4OBL	2	
DIASCREEN 4PH	2	
DIASCREEN 5	2	
DIASCREEN 6	2	
DIASCREEN 7	2	
DIASCREEN 8	2	
DIASCREEN 9	2	
DIASCREEN LIQUID URINE CONTROL	2	
DIASTIX REAGENT IN VITRO STRIP	2	
DIATHRIVE BLOOD GLUCOSE METER DEVICE	2	
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP	2	
DIATHRIVE GLUCOSE CONTROL SOLN IN VITRO LIQUID	2	
DIATHRIVE GLUCOSE TEST IN VITRO STRIP	2	
DIATHRIVE LANCET ULTRA THIN 30	2	
DIATHRIVE LANCETS	2	
DIATHRIVE LANCING DEVICE	2	
DIATHRIVE PEN NEEDLE	2	
DIATHRIVE+ GLUCOSE MONITOR DEVICE	2	
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP	2	

Drug Name	Drug Tier	Requirements /Limits
digestive support oral capsule extended release	1	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED	2	
diluent for treprostinil intravenous solution	1	
DISPERSERX POWDER	2	
DL-ALANINE POWDER	2	
DL-LEUCINE POWDER	2	
DL-METHIONINE POWDER	2	
DL-PHENYLALANINE POWDER	2	
d-ribose oral powder	1	
DROPLET GENTEEL LANCING DEVICE	2	
DROPLET INSULIN SYRINGE	2	
DROPLET LANCETS ULTRA THIN 30G	2	
DROPLET MICRON	2	
DROPLET PEN NEEDLES	2	
DROPLET PERSONAL LANCETS 30G	2	
DROPSAFE ACTI-LANCE 23G	2	
DROPSAFE ALCOHOL PREP PAD	1	
DROPSAFE SAFETY PEN NEEDLES	2	
DROPSAFE SAFETY SYRINGE/NEEDLE	2	
DROPSAFE SICURA	2	

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Drug Name	Drug Tier	Requirements /Limits
DRUG MART LANCETS THIN 26G	2	
DRUG MART ON-THE-GO LANCET 30G	2	
DRUG MART UNILET LANCETS 28G	2	
DRUG MART UNILET LANCETS 30G	2	
DRUG MART UNILET LANCETS 33G	2	
DURABASE ADVANCED EXTERNAL CREAM	2	
DURABASE EXTERNAL CREAM	2	
DUREX EXTRA SENSITIVE THIN	2	PV
DUREX EXTRA SENSITIVE THIN DEVICE	2	PV
DUREX TROPICAL	2	PV
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE	2	
DUVYZAT ORAL SUSPENSION	3	PA
EASIVENT	2	
EASY COMFORT ALCOHOL PADS PAD	1	
EASY COMFORT INSULIN SYRINGE	2	
EASY COMFORT LANCETS	2	
EASY COMFORT LANCETS TWIST TOP	2	
EASY COMFORT PEN NEEDLES	2	
EASY GLIDE CATH TIP SYRINGE	2	
EASY GLIDE LUER LOCK SYRINGE	2	
EASY GLIDE SLIP LOCK SYRINGE	2	
EASY MAX BLOOD GLUCOSE TEST IN VITRO STRIP	2	
EASY MAX T1 GLUCOSE SYSTEM KIT	2	
EASY TALK PLUS II CONTROL IN VITRO SOLUTION	2	
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	2	
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP	2	
EASY TOUCH HEALTHPRO GLUCOSE KIT	2	
EASY TOUCH HEALTHPRO HIGH/LOW IN VITRO LIQUID	2	
EASY TOUCH HYPODERMIC NEEDLE	2	
EASY TOUCH INSULIN SYRINGE	2	
EASY TOUCH LANCETS 21G	2	
EASY TOUCH LANCETS 23G	2	
EASY TOUCH LANCETS 26G	2	
EASY TOUCH LANCETS 28G	2	
EASY TOUCH LANCETS 28G/TWIST	2	

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Drug Name	Drug Tier	Requirements /Limits
EASY TOUCH LANCETS 30G	2	
EASY TOUCH LANCETS 30G/TWIST	2	
EASY TOUCH LANCETS 32G	2	
EASY TOUCH LANCETS 32G/TWIST	2	
EASY TOUCH LANCETS 33G/TWIST	2	
EASY TOUCH LANCING DEVICE	2	
EASY TOUCH PEN NEEDLES	2	
EASY TOUCH SAFETY LANCETS 21G	2	
EASY TOUCH SAFETY LANCETS 23G	2	
EASY TOUCH SAFETY LANCETS 26G	2	
EASY TOUCH SAFETY LANCETS 28G	2	
EASY TOUCH SAFETY PEN NEEDLES	2	
EASY TOUCH SYRINGE BARREL	2	
EASY TRAK II BLOOD GLUCOSE SYS DEVICE	2	
EASY TRAK II CONTROL IN VITRO LIQUID	2	
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	2	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID	2	
EASYMAX CONTROL IN VITRO SOLUTION	2	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID	2	
EASYPOINT NEEDLE	2	
EASYPOINT NEEDLE/SYRINGE	2	
EC-RX DHEA EXTERNAL CREAM	2	
ECTOSEAL P2G POWDER	2	
EDETATE DISODIUM INTRAVENOUS SOLUTION	2	
ELCYS INTRAVENOUS SOLUTION	3	
ELLA ORAL TABLET	2	PV
EMBECTA AUTOSHIELD DUO	2	
EMBECTA INS SYR U/F 1/2 UNIT	2	
EMBECTA INSULIN SYR ULTRAFINE	2	
EMBECTA INSULIN SYRINGE	2	
EMBECTA INSULIN SYRINGE U-100	2	
EMBECTA INSULIN SYRINGE U-500	2	
EMBECTA PEN NEEDLE NANO	2	
EMBECTA PEN NEEDLE NANO 2 GEN	2	
EMBECTA PEN NEEDLE ULTRAFINE	2	

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Drug Name	Drug Tier	Requirements /Limits
EMBRACE EVO GLUCOSE MONITOR DEVICE	2	
EMBRACE LANCETS ULTRA THIN 30G	2	
EMBRACE LANCING DEVICE/EJECTOR	2	
EMBRACE PEN NEEDLES	2	
EMBRACE PRESSURE ACTIVATED 21G	2	
EMBRACE PRESSURE ACTIVATED 28G	2	
EMBRACE TALK BLOOD GLUCOSE DEVICE	2	
EMBRACE TALK GLUCOSE CONTROL IN VITRO SOLUTION	2	
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	2	
EMBRACE TALK MONITORING SYSTEM KIT	2	
EMBRACE WAVE BLOOD GLUCOSE DEVICE	2	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP	2	
EMBRACE WAVE GLUCOSE METER DEVICE	2	
EMOLLIENT BASE EXTERNAL CREAM	2	
EMPTY CAPSULE SIZE 0 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 0 WHITE/OPA CAPSULE	2	
EMPTY CAPSULE SIZE 1 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 1 WHITE/OPA CAPSULE	2	
EMPTY CAPSULE SIZE 3 CLEAR CAPSULE	2	
EMPTY CAPSULE SIZE 3 WHITE/OPA CAPSULE	2	
ENLITE GLUCOSE SENSOR	2	
EQL COLOR LANCETS MICRO 33G	2	
ETHAMOLIN INTRAVENOUS SOLUTION	2	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
EVERSENSE 365 SENSOR/HOLDER	2	
EVERSENSE 365 SMART TRANSMIT	2	
EXCILON AMD DRAIN SPONGES PAD	2	
EXTENDED INFUSION SET 23"/6MM	2	
EXTENDED INFUSION SET 23"/9MM	2	
EXTENDED INFUSION SET 32"/6MM	2	
EXTENDED INFUSION SET 32"/9MM	2	

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Drug Name	Drug Tier	Requirements /Limits
EXTENDED RESERVOIR 3ML	2	
E-Z JECT LANCET MICRO-THIN 33G	2	
E-Z JECT LANCETS 21G	2	
EZ-LETS LANCETS 30G	2	
FC2 FEMALE CONDOM	2	PV; QL (12 EA per 23 days)
FDGARD ORAL CAPSULE	2	
FEMCAP VAGINAL DEVICE	2	PV; QL (1 EA per 365 days)
FIFTY50 SAFETY SEAL LANCETS	2	
FIFTY50 UNILET LANCETS 33G	2	
FINE 30	2	
FINGERSTIX LANCETS	2	
FIXED OIL SUSPENSION LIQUID	2	
FLEXBUMIN INTRAVENOUS SOLUTION	2	
FLEXICHAMBER ADULT MASK/SMALL	2	
FLEXICHAMBER CHILD MASK/LARGE	2	
FLEXICHAMBER CHILD MASK/SMALL	2	
FLEXICHAMBER DEVICE	2	
FOAMIL EXTERNAL LIQUID	2	
fomepizole intravenous solution	1	
FOOD COLOR BLUE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
FORA 6 CONNECT IN VITRO STRIP	2	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP	2	
FORA D40G GLUCOSE/PRESSURE DEVICE	2	
FORA GTEL BLOOD GLUCOSE SYSTEM DEVICE	2	
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP	2	
FORA LANCETS	2	
FORA TN'G ADVANCE PRO IN VITRO STRIP	2	
formaldehyde external solution	1	
FORTISCARE CONTROL IN VITRO SOLUTION	2	
FORTISCARE G1 TEST STRIP IN VITRO STRIP	2	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE	2	
FREESTYLE FREEDOM LITE KIT	2	
FREESTYLE INSULINX TEST IN VITRO STRIP	2	
FREESTYLE LANCETS	2	
FREESTYLE LIBRE 14 DAY READER DEVICE	2	
FREESTYLE LIBRE 14 DAY SENSOR	2	
FREESTYLE LIBRE 2 PLUS SENSOR	2	

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Drug Name	Drug Tier	Requirements /Limits
FREESTYLE LIBRE 2 READER DEVICE	2	
FREESTYLE LIBRE 2 SENSOR	2	
FREESTYLE LIBRE 3 PLUS SENSOR	2	
FREESTYLE LIBRE 3 READER DEVICE	2	
FREESTYLE LIBRE 3 SENSOR	2	
FREESTYLE LIBRE READER DEVICE	2	
FREESTYLE LITE TEST IN VITRO STRIP	2	
FREESTYLE PRECISION NEO SYSTEM KIT	2	
FREESTYLE PRECISION NEO TEST IN VITRO STRIP	2	
FREESTYLE TEST IN VITRO STRIP	2	
FREESTYLE UNISTICK II LANCETS	2	
GALAXTRA ORAL POWDER	2	
GALEN IQ 900 POWDER	2	
GAUZE PADS PAD	2	
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE	2	
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
GENTEEL BUTTERFLY TOUCH LANCET	2	
GENTEEL LANCING KIT (BLUE) KIT	2	
GENTLE-LET LANCETS	2	
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
GHT BLOOD GLUCOSE MONITOR KIT	2	
GIVLAARI SUBCUTANEOUS SOLUTION	3	PA
GLOBAL EASY GLIDE INSULIN SYR	2	
GLOBAL INJECT EASE LANCETS 28G	2	
GLOBAL INJECT EASE LANCETS 30G	2	
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP	2	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP	2	
GLUCOCARD SHINE CONNEX KIT	2	
GLUCOCARD SHINE EXPRESS KIT	2	
GLUCOCARD SHINE TEST IN VITRO STRIP	2	
GLUCOCARD VITAL TEST IN VITRO STRIP	2	
GLUCOCOM LANCETS 30G	2	
GLUCOCOM LANCETS 33G	2	
GLUCOPRO INSULIN SYRINGE	2	
GLUTAMINE POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
glutaraldehyde external solution	1	
GLUTATHIONE INJECTION SOLUTION	2	
GLUTATHIONE INTRAVENOUS SOLUTION	2	
GLUTATHIONE POWDER	2	
GLUTATHIONE-L POWDER	2	
GLUTATHIONE-L REDUCED POWDER	2	
GNP LANCETS 21G	2	
GNP LANCETS THIN 26G	2	
GNP STERILE LANCETS 28G	2	
GNP STERILE LANCETS 30G	2	
GNP STERILE LANCETS 33G	2	
GOHIBIC INTRAVENOUS SOLUTION	2	
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP	2	
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP	2	
GOJJI CONTROL IN VITRO SOLUTION	2	
GOJJI LANCING DEVICE/CLEAR CAP	2	
GOJJI STERILE LANCETS	2	
GOODSENSE ALCOHOL SWABS PAD	1	
GOODSENSE COLOR LANCETS 33G	2	
GOODSENSE LANCETS 26G UNIV	2	
GOODSENSE LANCETS 30G	2	
GOODSENSE LANCETS 30G UNIV	2	
GOODSENSE LANCETS 33G	2	
GOODSENSE LANCETS 33G UNIV	2	
GOZELLIX CONFIGURATION A INTRAVENOUS KIT	2	
GOZELLIX CONFIGURATION B INTRAVENOUS KIT	2	
GUARDIAN 4 GLUCOSE SENSOR	2	
GUARDIAN 4 TRANSMITTER	2	
GUARDIAN LINK 3 TRANSMITTER	2	
GUARDIAN REAL-TIME CHARGER	2	
GUARDIAN REAL-TIME REPLACE PED DEVICE	2	
GUARDIAN REAL-TIME TEST PLUG	2	
GUARDIAN SENSOR (3)	2	
GUARDIAN SENSOR 3	2	
HAEMOLANCE	2	
HAEMOLANCE PLUS	2	
HEALTHWISE INSULIN SYR/NEEDLE	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
HEALTHWISE MICRON PEN NEEDLES	2	
HEALTHWISE SHORT PEN NEEDLES	2	
H-E-B INCONTROL LANCETS 28G	2	
H-E-B INCONTROL LANCETS 30G	2	
H-E-B INCONTROL LANCETS 33G	2	
H-E-B INCONTROL PEN NEEDLES	2	
H-E-B INCONTROL UNIFINE PENTIP	2	
HESPAN INTRAVENOUS SOLUTION	2	
hetastarch-nacl intravenous solution	1	
HEXTEND INTRAVENOUS SOLUTION	2	
HRT BOTANICAL CREAM	2	
HRT CREAM BASE CREAM	2	
HRT CREAM CREAM	2	
HRT HEAVY CREAM	2	
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION	2	
HUMATROPEN FOR 12MG DEVICE	2	
HUMATROPEN FOR 24MG DEVICE	2	
HUMATROPEN FOR 6MG DEVICE	2	
HW EMBRACE PRO GLUCOSE METER DEVICE	2	
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP	2	
HW EMBRACE TALK BLOOD GLUCOSE DEVICE	2	
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP	2	
HYALGAN INTRA-ARTICULAR SOLUTION	2	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
HYLENEX INJECTION SOLUTION	2	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
IHEALTH BLOOD GLUCOSE TEST STR IN VITRO STRIP	2	
IHEALTH CONTROL SOLUTION IN VITRO LIQUID	2	
IHEALTH LANCING DEVICE	2	
ILET CONTACT DETACH 23" 6MM	2	
ILET INFUSION-INSET 23" 6MM	2	
ILET INFUSION-INSET 32" 6MM	2	
ILET INSULIN PUMP DEVICE	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
ILET STARTER - CONTACT DETACH	2	
ILET STARTER KIT - INSET 23"	2	
ILET STARTER KIT - INSET 32"	2	
IN TOUCH STERILE LANCETS 30G	2	
INCONTROL ULTICARE PEN NEEDLES	2	
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP	2	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE	3	
INSPIREASE RESERVOIR BAGS	2	
INSULIN SYRINGE-NEEDLE U-100	2	
INSUPEN PEN NEEDLES	2	
INSUPEN32G EXTR3ME	2	

Drug Name	Drug Tier	Requirements /Limits
iodine strong oral solution	1	
JELENE OINTMENT	2	
J-TIP KIT W/VIAL ADAPTERS KIT	2	
JUVAZIN EXTERNAL GEL	2	
KEDBUMIN INTRAVENOUS SOLUTION	2	
KERLIX AMD ANTIMICROBIAL	2	
KERLIX AMD SUPER SPONGES PAD	2	
KETO-DIASTIX IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP	2	
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP	2	
KROGER HEALTHPRO LANCET 26G	2	
KROGER LANCETS 21G	2	
KROGER LANCETS MICRO THIN 33G	2	
KROGER LANCETS THIN 26G	2	
KROGER LANCETS ULTRATHIN 30G	2	
KROGER PEN NEEDLES	2	
KT TAPE CGM PATCH	2	
lactated ringers irrigation solution	1	
L-ALANINE POWDER	2	
LANCETS	2	

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Drug Name	Drug Tier	Requirements /Limits
LANCETS 28G THIN	2	
LANCETS 30G	2	
LANCETS 33G	2	
LANCETS MICRO THIN 33G	2	
LANCETS SUPER THIN	2	
LANCETS SUPER THIN 28G	2	
LANCETS THIN	2	
LANCETS ULTRA THIN	2	
LANCETS ULTRA THIN 30G	2	
L-ARGININE POWDER	2	
L-CYSTINE POWDER	2	
LDL CARE ORAL POWDER	2	
LEADER UNIFINE PENTIPS PLUS	2	
LECITHIN GRANULES	2	
LEVOCARNITINE INJECTION SOLUTION	2	
levocarnitine intravenous solution	1	
levocarnitine sf oral solution	1	
L-GLUTAMIC ACID POWDER	2	
L-GLUTAMINE CRYSTALS	2	
L-GLUTAMINE POWDER	2	
L-HISTIDINE MONOHYDROCHLORIDE CRYSTALS	2	
L-HISTIDINE MONOHYDROCHLORIDE POWDER	2	

Drug Name	Drug Tier	Requirements /Limits
L-HISTIDINE POWDER	2	
LIBERTY MEDICAL LANCETS	2	
LIMBREL ORAL CAPSULE	2	
LIMBREL250 ORAL CAPSULE	2	
LIMBREL500 ORAL CAPSULE	2	
LIPO INTRAMUSCULAR SOLUTION	2	
LIPO-C INTRAMUSCULAR SOLUTION	2	
LIPOCREAM BASE EXTERNAL CREAM	2	
LIPOSOMAL HEAVY EXTERNAL CREAM	2	
liraglutide -weight management subcutaneous solution pen-injector	1	PA
L-ISOLEUCINE POWDER	2	
LITETOUCH INSULIN SYRINGE	2	
LITETOUCH LANCETS	2	
LITETOUCH PEN NEEDLES	2	
LIVE BETTER LANCET SUPER THIN	2	
L-LEUCINE POWDER	2	
LMD IN D5W INTRAVENOUS SOLUTION	2	
LMD IN NACL INTRAVENOUS SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
L-MESITRAN SOFT WOUND EXTERNAL GEL	2	
L-METHIONINE POWDER	2	
l-methylfolate forte oral capsule	1	
l-methylfolate-algae oral capsule	1	
LOVO-ODF CUSTOM LIQUID	2	
L-PHENYLALANINE POWDER	2	
L-PROLINE POWDER	2	
L-THREONINE CRYSTALS	2	
L-TRYPTOPHAN POWDER	2	
L-TYROSINE POWDER	2	
LUXAMEND EXTERNAL CREAM	2	
L-VALINE CRYSTALS	2	
L-VALINE POWDER	2	
LYSINE HCL INJECTION SOLUTION	2	
MAXICOMFORT II PEN NEEDLE	2	
MAXI-COMFORT INSULIN SYRINGE	2	
MAXI-COMFORT SAFETY PEN NEEDLE	2	
MAXICOMFORT SYR 27G X 1/2"	2	
MEDACTIV ORAL TABLET	2	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL	2	
MEDLANCE EXTRA 21G	2	
MEDLANCE LITE 25G	2	
MEDLANCE PLUS EXTRA 21G	2	
MEDLANCE PLUS LANCETS	2	
MEDLANCE PLUS LITE 25G	2	
MEDLANCE PLUS SPECIAL 0.8MM	2	
MEDLANCE PLUS SUPERLITE 30G	2	
MEDLANCE PLUS UNIVERSAL 21G	2	
MEDLANCE UNIVERSAL 21G	2	
MEDTRONIC MINIMED 780G KIT	2	
MEIJER LANCETS UNIVERSAL 33G	2	
METHERGINE ORAL TABLET	3	
METHIONINE POWDER	2	
methylene blue intravenous solution	1	
methylergonovine maleate injection solution	1	
methylergonovine maleate oral tablet	1	
METOPIRONE ORAL CAPSULE	3	
MICROCHAMBER DEVICE	2	

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You can find information on what the symbols and abbreviations in this table mean by going to the introduction pages of this document

Drug Name	Drug Tier	Requirements /Limits
MICROCYN EXTERNAL LIQUID	2	
MICRODOT PEN NEEDLE	2	
MICRODOT TEST IN VITRO STRIP	2	
MICROLET LANCETS	2	
MICROLET NEXT LANCING DEVICE	2	
MINIMED 770G INSULIN PUMP SYS KIT	2	
MINIMED 780G INSULIN PUMP KIT	2	
MINIMED INSTINCT GLUC SENSOR	2	
MINIMED MIO ADVANCE INFUSE SET	2	
MINIMED PUMP RESERVOIR 3ML	2	
MINIMED QUICK SET INF SET 18"	2	
MINIMED QUICK SET INF SET 23"	2	
MINIMED QUICK SET INF SET 32"	2	
MINIMED QUICK SET INF SET 43"	2	
MINIMED SILHOUETTE INF SET 32"	2	
MINIMED SILHOUETTE INF SET 43"	2	
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	PV
MM BLOOD GLUCOSE SYSTEM KIT	2	
MM BLOOD GLUCOSE SYSTEM REFILL KIT	2	
MM BLULINK GLUCOSE MONIT SYS DEVICE	2	
MM BLULINK GLUCOSE TEST IN VITRO STRIP	2	
MM PEN NEEDLES	2	
MM TWIST LANCETS	2	
MOBI 2ML CARTRIDGE	2	
MOBILE LANCETS 30G	2	
MODD1 PATIENT WELCOME KIT KIT	3	PA
MODD1 SUPPLY KIT KIT	3	PA
MONOJECT HYPODERMIC NEEDLE	2	
MONOLET LANCETS	2	
MONOLET OPD LANCETS	2	
MONOLETTOR SAFETY LANCETS	2	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
MPD SAFETY LANCET 21G	2	
MPD SAFETY LANCET 23G	2	
MPD SAFETY LANCET 28G	2	

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Drug Name	Drug Tier	Requirements /Limits
MPD SAFETY LANCET 30G	2	
MULTIBASE EXTERNAL CREAM	2	
MULTI-PHASIC PENETRATING CMPD EXTERNAL CREAM	2	
MYGLUCOHEALTH LANCETS 30G	2	
NAT BITTERNESS POWDER	2	
NEOKE ALCAR ORAL POWDER	2	
NEOKE BCAA4 ORAL POWDER	2	
NEOKE BHB ORAL POWDER	2	
NEOKE RA LIPOIC ORAL POWDER	2	
NEOPHE ORAL POWDER	2	
NEXAVIR INJECTION SOLUTION	2	
NEXTOL SF	2	
NITHIODOTE INTRAVENOUS KIT	3	
NON GELATIN CAPSULES (EMPTY) CAPSULE	2	
NORDIPEN 5 INJECTION DEVICE	2	
NORM-JECT LUER SLIP SYRINGE	2	
NOVA SAFETY LANCETS 23G	2	
NOVA SAFETY LANCETS 28G	2	
NOVA SUREFLEX LANCETS	2	
NOVAFILM GEL	2	

Drug Name	Drug Tier	Requirements /Limits
NOVOFINE AUTOCOVER PEN NEEDLE	2	
NOVOFINE PEN NEEDLE	2	
NOVOFINE PLUS PEN NEEDLE	2	
NOVOPEN ECHO DEVICE	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION	2	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION	2	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION	2	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION	2	
OMEGAVEN INTRAVENOUS EMULSION	3	B/D
OMNIBASE EXTERNAL CREAM	2	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	2	
OMNIPOD 5 DEXG7G6 PODS GEN 5	2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT	2	
OMNIPOD 5 G7 PODS (GEN 5)	2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 KIT	2	

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Drug Name	Drug Tier	Requirements /Limits
OMNIPOD 5 LIBRE2 PLUS G6 PODS	2	
OMNIPOD CLASSIC PODS (GEN 3)	2	
OMNIPOD DASH INTRO (GEN 4) KIT	2	
OMNIPOD DASH PDM (GEN 4) KIT	2	
OMNIPOD DASH PODS (GEN 4)	2	
OMNIPOD GO KIT	2	
OMNIPOD POD PALS	2	
ONE DROP BLOOD GLUCOSE MONITOR KIT	2	
ONE DROP TEST IN VITRO STRIP	2	
ONETOUCH DELICA PLUS LANCET30G	2	
ONETOUCH DELICA PLUS LANCET33G	2	
ONETOUCH DELICA PLUS LANCING	2	
ONETOUCH DELICA SAFETY LANCING	2	
ONETOUCH ULTRA 2 KIT	2	
ONETOUCH ULTRA BLUE TEST IN VITRO STRIP	2	
ONETOUCH ULTRA IN VITRO LIQUID	2	
ONETOUCH ULTRA IN VITRO STRIP	2	
ONETOUCH ULTRA TEST IN VITRO STRIP	2	
ONETOUCH ULTRASOFT 2 LANCETS	2	
ONETOUCH VERIO FLEX SYSTEM DEVICE	2	
ONETOUCH VERIO FLEX SYSTEM KIT	2	
ONETOUCH VERIO IN VITRO LIQUID	2	
ONETOUCH VERIO IN VITRO STRIP	2	
ONETOUCH VERIO REFLECT KIT	2	
OPTICHAMBER DIAMOND	2	
OPTICHAMBER DIAMOND-LG MASK DEVICE	2	
OPTICHAMBER DIAMOND-MD MASK	2	
OPTICHAMBER DIAMOND-SM MASK	2	
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	2	
ORLISTAT ORAL CAPSULE	2	PA
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
OXLUMO SUBCUTANEOUS SOLUTION	3	PA
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION	2	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION	2	
PANDA MASK LARGE	2	

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Drug Name	Drug Tier	Requirements /Limits
PANDA MASK MEDIUM	2	
PANDA MASK SMALL	2	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE	3	PV
PARI VORTEX ADULT MASK	2	
PARI VORTEX PEDIATRIC MASK	2	
PASSION FRUIT FLAVOR POWDER	2	
PC UNIFINE PENTIPS	2	
PCCA CUSTOM TROCHE BASE (LS) POWDER	2	
PCCA ELLAGE VAGINAL CREAM	2	
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	2	
PEDIATRIC PANDA MASK	2	
PEDMARK INTRAVENOUS SOLUTION	3	
PEN NEEDLE/5-BEVEL TIP	2	
PEN NEEDLES	2	
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	3	
PENTIPS	2	
PENTIPS GENERIC PEN NEEDLES	2	
PERFECT POINT SAFETY LANCETS	2	
PERFECT POINT SAFETY NEEDLE	2	
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL	2	
phendimetrazine tartrate oral tablet	1	
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE	2	
PHYSIOLYTE IRRIGATION SOLUTION	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION	3	
PIP BLOOD GLUCOSE MONITORING DEVICE	2	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP	2	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID	2	
PIP PEN NEEDLES 32G X 4MM	2	
PLO GEL - MEDIFLO 30 EXTERNAL KIT	2	
PLO GEL - MEDIFLO 30 PRE-MIXED EXTERNAL GEL	2	
PLO20 FLOWABLE EXTERNAL GEL	2	

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Drug Name	Drug Tier	Requirements /Limits
PLO20 NON-FLOWABLE EXTERNAL GEL	2	
PLURONIC GEL	2	
POCKET SPACER DEVICE	2	
POGO AUTOMATIC BLOOD GLUCOSE DEVICE	2	
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST	2	
POLOXAMER 407 POWDER	2	
POLYMAC PROGEL GEL	2	
POLYOXYL 40 STEARATE PELLET	2	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP	2	
PREFERRED PLUS UNIFINE PENTIPS	2	
pregnenolone oral tablet	1	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
PREVENT DROPSAFE PEN NEEDLES	2	
PREVENT SAFETY PEN NEEDLES	2	
PRO COMFORT INSULIN SYRINGE	2	
PRO COMFORT SAFETY LANCETS 30G	2	
PRO COMFORT SPACER ADULT	2	
PRO COMFORT SPACER CHILD	2	
PRO COMFORT SPACER INFANT DEVICE	2	
PROCARE SPACER/ADULT MASK DEVICE	2	
PROCARE SPACER/CHILD MASK DEVICE	2	
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	2	
PRODIGY LANCETS 28G	2	
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP	2	
PRODIGY NO CODING BLOOD GLUC KIT	2	
PRODIGY SAFETY LANCETS 26G	2	
PRODIGY TWIST TOP LANCETS 28G	2	
PRODIGY VOICE BLOOD GLUCOSE KIT	2	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
PROVAYBLUE INTRAVENOUS SOLUTION	2	
PTS PANELS EGLU TEST IN VITRO STRIP	2	
PURE COMFORT ALCOHOL PREP PAD	1	

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Drug Name	Drug Tier	Requirements /Limits
PURE COMFORT PEN NEEDLE	2	
PURE COMFORT SAFETY PEN NEEDLE	2	
PURE COMFORT SPACER CHAMBER DEVICE	2	
PURIFIED WATER ORAL LIQUID	2	
QUELICIN INJECTION SOLUTION	3	
QUICK TOUCH BLOOD GLUCOSE KIT	2	
QUICK TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP	2	
QUICK TOUCH INSULIN PEN NEEDLE	2	
RADIAPLEXRX EXTERNAL GEL	2	
RADIOGARDASE ORAL CAPSULE	2	
RAPPORT RLS KIT	2	
RAPPORT VTD KIT	2	
RAYA SURE PEN NEEDLE	2	
RECEDO EXTERNAL GEL	2	
RELION GLUCOSE TEST STRIPS IN VITRO STRIP	2	
RELION INSULIN SYRINGE	2	
RELION LANCET DEVICES 30G	2	
RELION LANCETS THIN 26G	2	
RELION LANCETS ULTRA-THIN 30G	2	
RELION PEN NEEDLES	2	
RELION PREMIER CLASSIC DEVICE	2	
RELION PREMIER TEST IN VITRO STRIP	2	
RELION ULTRA THIN LANCETS 30G	2	
RELION ULTRA THIN PLUS LANCETS	2	
RENEWCREAM HRT CREAM	2	
REXALL LANCETS ULTRA THIN 30G	2	
RIGHTEST GL300 LANCETS	2	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	2	
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP	2	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP	2	
ringers irrigation irrigation solution	1	
RIVFLOZA SUBCUTANEOUS SOLUTION	3	PA
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ROCURONIUM BROMIDE +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
rocuronium bromide intravenous solution	1	

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Drug Name	Drug Tier	Requirements /Limits
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED	2	
SACCHARIN POWDER	2	
SAFE-T-LANCE	2	
SAFETY LANCET 30G/PRESSURE ACT	2	
SAFETY LANCETS 21G	2	
SAFETY LANCETS 23G	2	
SAFETY LANCETS 28G	2	
SAFETY PEN NEEDLES	2	
SALT STABLE LS ADVANCED EXTERNAL CREAM	2	
SALTSTABLE LO EXTERNAL CREAM	2	
SAPS HEALTH CARE ALCOHOL PREP PAD	1	
SAPS HEALTH PLUS LANCETS	2	
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA
SECURESAFE HYPODERMIC NEEDLE	2	
SECURESAFE INSULIN SYRINGE	2	
SECURESAFE SAFETY PEN NEEDLES	2	
SECURESAFE SYRINGE/NEEDLE	2	
SILHOUETTE 23" INFUSION SET	2	
SILHOUETTE 43" INFUSION SET	2	
SILHOUETTE INFUSION SET 18"	2	
SILIGENTLE FOAM DRESSING PAD	2	
SIMPLECAP POWDER	2	
SIMPLERA SENSOR	2	
SIMPLERA SYNC SENSOR	2	
SIMPLERA SYSTEM	2	
SKYCLARYS ORAL CAPSULE	3	PA
SMOFLIPID INTRAVENOUS EMULSION	3	B/D
sod benz-sod phenylacet intravenous solution	1	
SODIUM CITRATE IN VITRO SOLUTION PREFILLED SYRINGE	2	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION	2	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
SODIUM LAURYL SULFATE (BULK) POWDER	2	

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Drug Name	Drug Tier	Requirements /Limits
sodium nitrite intravenous solution	1	
sodium saccharin granules	1	
sodium saccharin powder	1	
sodium thiosulfate intravenous solution	1	
SORBIC ACID POWDER	2	
SORBITOL CANDY BASE	2	
SORBITOL IRRIGATION SOLUTION	2	
sorbitol-mannitol irrigation solution	1	
STEARIC ACID POWDER	2	
STERILANCE TL	2	
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION	2	
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION	2	
sterile water for injection injection solution	1	
sterile water for irrigation irrigation solution	1	
succinylcholine chloride injection solution	1	
succinylcholine chloride injection solution prefilled syringe	1	
SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
succinylcholine cl +rfid injection solution prefilled syringe	1	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SURE COMFORT ALCOHOL PREP PAD	1	
SURE COMFORT LANCETS 18G	2	
SURE COMFORT LANCETS 21G	2	
SURE COMFORT LANCETS 23G	2	
SURE COMFORT LANCETS 28G	2	
SURE COMFORT LANCETS 30G	2	
SURE COMFORT PEN NEEDLES	2	
SURE T INFUSION SET 18"/6MM	2	
SURE T INFUSION SET 23"/10MM	2	
SURE T INFUSION SET 23"/6MM	2	
SURE T INFUSION SET 23"/8MM	2	
SURE T INFUSION SET 32"/10MM	2	
SURE T INFUSION SET 32"/6MM	2	
SURE T INFUSION SET 32"/8MM	2	
SURELITE LANCETS	2	

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Drug Name	Drug Tier	Requirements /Limits
SUSPENDRX W/BITTERBLOC SWEET ORAL SUSPENSION	2	
SUSPENDRX W/BITTERBLOC UNSWEET ORAL SUSPENSION	2	
SWEETENING ENHANCER LIQUID	2	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
SYRINGE LUER LOCK	2	
SYRINGE LUER SLIP	2	
T: SLIM X2 INS PMP/CONTROL 7.4 DEVICE	2	
T:SLIM X2 3ML CARTRIDGE	2	
T:SLIM X2 BASAL-IQ PUMP DEVICE	2	
T:SLIM X2 CONTROL-IQ 7.7 PUMP DEVICE	2	
T:SLIM X2 CONTROL-IQ 7.8 PUMP DEVICE	2	
T:SLIM X2 CONTROL-IQ PUMP DEVICE	2	
T:SLIM X2 INSULIN PMP BASAL6.4 DEVICE	2	
T:SLIM X2 INSULIN PUMP DEVICE	2	
T:SLIM X2/BASAL-IQ/ACC/INSTR	2	
T:SLIM X2/CONTROL-IQ/ACC/INSTR	2	
TACHOSIL EXTERNAL PATCH	3	
TANDEM MOBI AUTOSOFT 30 KIT	2	
TANDEM MOBI AUTOSOFT XC KIT	2	
TANDEM MOBI AUTOSOFT30 14PK23"	2	
TANDEM MOBI AUTOSOFTXC 14PK23"	2	
TANDEM MOBI AUTOSOFTXC 14PK5"	2	
TANDEM MOBI CARTRIDGE 2ML	2	
TANDEM MOBI SYSTEM STARTER KIT	2	
TANDEM MOBI TRUSTEEL SUPP KIT	2	
TANDEM T:SLIM ASFT 30 PK10 23"	2	
TANDEM T:SLIM ASFT 30 PK14 23"	2	
TANDEM T:SLIM ASFT XC PK10 23"	2	
TANDEM T:SLIM ASFT XC PK14 23"	2	
TANDEM T:SLIM TRUSTL PK10 23"	2	
TANGERINE FLAVOR OIL	2	
TAURINE INJECTION SOLUTION	2	
TAURINE LIQUID	2	

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Drug Name	Drug Tier	Requirements /Limits
TAURINE POWDER	2	
TECHLITE LANCETS	2	
TECHLITE LANCETS 26G	2	
TECHLITE PLUS PEN NEEDLES	2	
TECHNA 20 SF TROCHE BASE GRANULES	2	
TECHNA 20 TROCHE BASE GRANULES	2	
TELFA AMD ISLAND DRESSING PAD	2	
TELFA AMD NON-ADHERENT PAD	2	
TEMPO REFILL KIT	2	
TEMPO SMART BUTTON	2	
TEMPO WELCOME KIT	2	
TGT LANCET MICRO THIN 33G	2	
TGT LANCET THIN 26G	2	
TGT LANCET ULTRA THIN 30G	2	
THE LIQUILIFT TRACE INTRAVENOUS KIT	2	
THREONINE POWDER	2	
TIS-U-SOL IRRIGATION SOLUTION	3	
TODAYS HEALTH THIN LANCETS 28G	2	
TODAYS HEALTH THIN LANCETS 30G	2	
TOPCARE LANCETS MICRO-THIN 33G	2	
TRAVEL LANCETS ADVANCED 28G	2	
TRICHOSOL EXTERNAL SOLUTION	2	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
TROCHE BASE POWDER	2	
TROCHE BASE SF W/BITTER-BLOC GRANULES	2	
TRUE COMFORT ALCOHOL PREP PADS PAD	1	
TRUE COMFORT INSULIN SYRINGE	2	
TRUE COMFORT PEN NEEDLES	2	
TRUE COMFORT PRO ALCOHOL PREP PAD	1	
TRUE COMFORT PRO INSULIN SYR	2	
TRUE COMFORT PRO PEN NEEDLES	2	
TRUE COMFORT SAFETY LANCETS	2	
TRUE COMFORT SAFETY PEN NEEDLE	2	
TRUE COMFORT TWIST TOP LANCETS	2	
TRUE COVER DEVICE	2	PV
TRUE FOCUS BLOOD GLUCOSE METER DEVICE	2	

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Drug Name	Drug Tier	Requirements /Limits
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP	2	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION	2	
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP	2	
TRUEPLUS 5-BEVEL PEN NEEDLES	2	
TRUEPLUS INSULIN SYRINGE	2	
TRUEPLUS LANCETS 26G	2	
TRUEPLUS LANCETS 28G	2	
TRUEPLUS LANCETS 30G	2	
TRUEPLUS LANCETS 33G	2	
TRUEPLUS PEN NEEDLES	2	
TRUEPLUS SAFETY LANCETS 28G	2	
TRUSTEEL INFUSION SET	2	
TRYPTOPHAN POWDER	2	
TWIIST REFILL KIT KIT	3	PA
TWIIST REFILL KIT/INFUSION SET KIT	3	PA
TWIIST STARTER KIT KIT	3	PA
TWIST TOP LANCETS 30G	2	

Drug Name	Drug Tier	Requirements /Limits
TYR SPHERE 20 ORAL PACKET	2	
UDSX MEDICATED SYSTEM COMBINATION KIT	2	
UDSXMP MEDICATED SYSTEM COMBINATION KIT	2	
ULTICARE MICRO PEN NEEDLES	2	
ULTICARE MINI PEN NEEDLES	2	
ULTICARE SHORT PEN NEEDLES	2	
ULTIGUARD SAFEPACK PEN NEEDLE	2	
ULTIGUARD SAFEPACK SYR/NEEDLE	2	
ULTILET CLASSIC LANCETS	2	
ULTILET LANCETS	2	
ULTILET SAFETY LANCETS	2	
ULTILET SAFETY LANCETS 23G	2	
ULTRA FLO INSULIN PEN NEEDLES	2	
ULTRA FLO INSULIN SYRINGE	2	
ULTRA THIN LANCETS 31G	2	
ULTRACARE INSULIN SYRINGE	2	
ULTRA-CARE LANCETS 30G	2	
ULTRACARE PEN NEEDLES	2	
ULTRA-THIN II AUTO LANCET	2	

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Drug Name	Drug Tier	Requirements /Limits
ULTRA-THIN II INS SYR SHORT	2	
ULTRA-THIN II INSULIN SYRINGE	2	
ULTRA-THIN II LANCETS	2	
ULTRA-THIN II MINI PEN NEEDLE	2	
ULTRA-THIN II PEN NEEDLE SHORT	2	
ULTRA-THIN II PEN NEEDLES	2	
UNIFINE OTC PEN NEEDLES	2	
UNIFINE PENTIPS	2	
UNIFINE PENTIPS PLUS	2	
UNIFINE PROTECT PEN NEEDLE	2	
UNIFINE SAFECONTROL PEN NEEDLE	2	
UNIFINE ULTRA PEN NEEDLE	2	
UNILET COMFORTOUCH LANCET	2	
UNILET EXCELITE II	2	
UNILET G.P. LANCET	2	
UNILET G.P. SUPERLITE LANCET	2	
UNILET LANCET	2	
UNILET MICRO-THIN 33G	2	
UNILET SUPERLITE LANCET	2	
UNILET SUPER-THIN 30G	2	
UNILET ULTRA-THIN 28G	2	
UNISPEND ANHYDROUS SWEETENED ORAL SUSPENSION	2	
UNISTIK 1	2	
UNISTIK 2	2	
UNISTIK 2 EXTRA	2	
UNISTIK 2 SUPER	2	
UNISTIK 3	2	
UNISTIK 3 GENTLE	2	
UNISTIK PRO SAFETY LANCET	2	
UNISTIK SAFETY LANCETS 28G	2	
UNISTIK SAFETY LANCETS 30G	2	
UNISTIK TOUCH SAFETY LANC 21G	2	
UNISTIK TOUCH SAFETY LANC 23G	2	
UNISTIK TOUCH SAFETY LANC 28G	2	
UNISTIK TOUCH SAFETY LANC 30G	2	
UNISTRIP CONTROL IN VITRO SOLUTION	2	
UNIVERSAL 1 LANCETS THIN 26G	2	
UNIVERSAL 1 LANCETS THIN 33G	2	
UNIVERSAL 1 LANCETS ULTRA THIN	2	
UNIVERSAL WATER GEL	2	
UREAPRO ORAL POWDER	2	
URE-NA URAPPLE ORAL PACKET	2	

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Drug Name	Drug Tier	Requirements /Limits
URESTA STARTER KIT	2	
VALINE POWDER	2	
VALUE PLUS LANCET STANDARD 21G	2	
VALUE PLUS LANCETS THIN 26G	2	
VANISHING EXTERNAL CREAM	2	
VANISHPOINT SAFETY SYRINGE	2	
VARISOFT INFUSION SET	2	
VASCAZEN ORAL CAPSULE	2	
VB6 P5P ORAL POWDER	2	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
vecuronium bromide intravenous solution reconstituted	1	
VENELEX EXTERNAL OINTMENT	2	
VERIFINE INSULIN PEN NEEDLE	2	
VERIFINE INSULIN SYRINGE	2	
VERIFINE PLUS PEN NEEDLE	2	
VERIFINE SAFE LANCET MINI 21G	2	
VERIFINE SAFE LANCET MINI 23G	2	
VERIFINE SAFE LANCET MINI 28G	2	
VERIFINE SAFE LANCET MINI 30G	2	
VERIFINE UNIVERSAL LANCETS 28G	2	
VERIFINE UNIVERSAL LANCETS 30G	2	
VERIFINE UNIVERSAL LANCETS 33G	2	
VERISAFE SAFE STERILE SYRINGE	2	
VERISAFE SAFETY STERILE NEEDLE	2	
VERSABASE CREAM	2	
VERSABASE FOAM	2	
VERSABASE LOTION	2	
VERSABASE SHAMPOO	2	
VERSAPENN (AG) ANHYDROUS TRANSDERMAL GEL	2	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL	2	
VERSAPRO ANHYDROUS BASE GEL	2	
VERSATILE ANHYDROUS CREAM BASE CREAM	2	
V-GO 20 KIT	2	
V-GO 30 KIT	2	
V-GO 40 KIT	2	
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	
VISTOGARD ORAL PACKET	3	
VITATROCHE PLUS BASE SF GRANULES	2	

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Drug Name	Drug Tier	Requirements /Limits
VIVAGUARD INO CONTROL SOLUTION IN VITRO LIQUID	2	
VIVAGUARD INO GLUCOSE METER DEVICE	2	
VIVAGUARD INO GLUCOSE METER KIT	2	
VIVAGUARD INO SMART GLUC METER DEVICE	2	
VIVAGUARD INO TEST STRIPS IN VITRO STRIP	2	
VIVAGUARD LANCETS	2	
VIVAGUARD LANCETS 30G	2	
VIVAGUARD LANCING DEVICE	2	
VIVAGUARD SAFETY LANCETS 28G	2	
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	2	
VORTEX VALVED HOLDING CHAMBER DEVICE	2	
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HOUR	3	PA
WALGREENS LANCETS MICRO THIN	2	
WALGREENS LANCETS SUPER THIN	2	
water for irrigation, sterile irrigation solution	1	
WEBCOL ALCOHOL PREP LARGE PAD	1	
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM	2	PV; QL (1 EA per 365 days)
WILD CHERRY SD FLAVOR POWDER	2	
WITEPSOL PELLET	2	
XENICAL ORAL CAPSULE	2	PA

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Drug Name	Drug Tier	Requirements /Limits
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD	2	
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD	2	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD	2	
XEROFORM OIL EMULSION STRIP EXTERNAL	2	
XEROFORM OIL ROLL 4"X9' EXTERNAL	2	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL	2	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL	2	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD	2	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD	2	
XEROFORM PETROLATUM DRES 4"X4" EXTERNAL PAD	2	
XEROFORM PETROLATUM DRES 5"X9" EXTERNAL PAD	2	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL	2	
YONI FIT BLADDER SUPPORT KIT 1 VAGINAL DEVICE	2	
YONI FIT BLADDER SUPPORT KIT 2 VAGINAL DEVICE	2	
YONI FIT BLADDER SUPPORT KIT 3 VAGINAL DEVICE	2	
YONI FIT BLADDER SUPPORT KIT 4 VAGINAL DEVICE	2	
YONI FIT BLADDER SUPPORT KIT 5 VAGINAL DEVICE	2	
ZEPBOUND SUBCUTANEOUS SOLUTION	3	PA
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
ZERUVIA EXTERNAL PATCH	3	
ZEVRX INSULIN SYRINGE	2	
ZEVRX PEN NEEDLES	2	
ZEVRX STERILE ALCOHOL PREP PAD PAD	1	
ZEVRX TWIST TOP LANCETS 30G	2	
ZOKINVY ORAL CAPSULE	3	PA
Ophthalmic Agents		
Ophthalmic Agents, Other		
AKTEN OPHTHALMIC GEL	3	
ALCAINE OPHTHALMIC SOLUTION	3	
ALTACAINE OPHTHALMIC SOLUTION	3	

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Drug Name	Drug Tier	Requirements /Limits
altafrin ophthalmic solution	1	
atropine sulfate ophthalmic ointment	1	
atropine sulfate ophthalmic solution	1	
bacitracin-polymyxin b ophthalmic ointment	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment	1	
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE	2	
brimonidine tartrate-timolol ophthalmic solution	1	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION	2	
BYOOVIZ INTRAVITREAL SOLUTION	3	PA
CEQUA OPHTHALMIC SOLUTION	3	
CIMERLI INTRAVITREAL SOLUTION	3	PA
COMBIGAN OPHTHALMIC SOLUTION	2	
COSOPT OPHTHALMIC SOLUTION	3	
COSOPT PF OPHTHALMIC SOLUTION	3	
CYCLOGYL OPHTHALMIC SOLUTION	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION	2	
cyclopentolate hcl ophthalmic solution	1	
cyclosporine ophthalmic emulsion	1	
CYSTADROPS OPHTHALMIC SOLUTION	3	
CYSTARAN OPHTHALMIC SOLUTION	3	
dorzolamide hcl-timolol mal ophthalmic solution	1	
dorzolamide hcl-timolol mal pf ophthalmic solution	1	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED	2	
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
EYLEA HD INTRAVITREAL SOLUTION	3	PA
EYLEA INTRAVITREAL SOLUTION	3	PA
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
IHEEZO OPHTHALMIC GEL	3	
IZERVAY INTRAVITREAL SOLUTION	3	PA
LACRISERT OPHTHALMIC INSERT	3	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA
MAXITROL OPHTHALMIC OINTMENT	3	
MAXITROL OPHTHALMIC SUSPENSION	3	
MIEBO OPHTHALMIC SOLUTION	3	PA
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED	3	
neomycin-bacitracin zn-polymyx ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic ointment	1	
neomycin-polymyxin-dexameth ophthalmic suspension	1	
neomycin-polymyxin-gramicidin ophthalmic solution	1	
neomycin-polymyxin-hc ophthalmic suspension	1	
NEO-POLYCIN HC OPHTHALMIC OINTMENT	1	
NEO-POLYCIN OPHTHALMIC OINTMENT	1	
OXERVATE OPHTHALMIC SOLUTION	3	PA
PAVBLU INTRAVITREAL SOLUTION	3	PA
PAVBLU INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA
phenylephrine hcl ophthalmic solution	1	
POLYCIN OPHTHALMIC OINTMENT	1	
polymyxin b-trimethoprim ophthalmic solution	1	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION	3	
PREDNISOLON-MOXIFLOX-KETOROLAC OPHTHALMIC SOLUTION	3	
proparacaine hcl ophthalmic solution	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION	2	
RESTASIS OPHTHALMIC EMULSION	2	
ROCKLATAN OPHTHALMIC SOLUTION	2	

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Drug Name	Drug Tier	Requirements /Limits
SIMBRINZA OPHTHALMIC SUSPENSION	2	
sulfacetamide-prednisolone ophthalmic solution	1	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION	3	PA
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION	3	PA
SYFOVRE INTRAVITREAL SOLUTION	3	PA
tetracaine hcl ophthalmic solution	1	
TOBRADEX OPHTHALMIC OINTMENT	3	
TOBRADEX ST OPHTHALMIC SUSPENSION	3	PA
tobramycin-dexamethasone ophthalmic suspension	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED	2	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED	2	
TROPICAMIDE POWDER	2	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION	2	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION	2	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION PREFILLED SYRINGE	2	
TROPIC-CYCLOP-PE-KETO-PROPAR OPHTHALMIC SOLUTION PREFILLED SYRINGE	2	
TRYPTYR OPHTHALMIC SOLUTION	3	PA
TYRVAYA NASAL SOLUTION	3	
UPNEEQ OPHTHALMIC SOLUTION	3	
VABYSMO INTRAVITREAL SOLUTION	3	PA
VABYSMO INTRAVITREAL SOLUTION PREFILLED SYRINGE	3	PA
VERKAZIA OPHTHALMIC EMULSION	3	
VEVYE OPHTHALMIC SOLUTION	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED	3	

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Drug Name	Drug Tier	Requirements /Limits
VIZZ OPHTHALMIC SOLUTION	3	PA
XIIDRA OPHTHALMIC SOLUTION	3	
ZYLET OPHTHALMIC SUSPENSION	3	
Ophthalmic Anti-allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION	3	
ALOMIDE OPHTHALMIC SOLUTION	3	
azelastine hcl ophthalmic solution	1	
bepotastine besilate ophthalmic solution	1	
BEPREVE OPHTHALMIC SOLUTION	3	
cromolyn sodium ophthalmic solution	1	
epinastine hcl ophthalmic solution	1	
olopatadine hcl ophthalmic solution	1	
ZERVIATE OPHTHALMIC SOLUTION	3	
Ophthalmic Anti-Infectives		
AZASITE OPHTHALMIC SOLUTION	3	
bacitracin ophthalmic ointment	1	
BESIVANCE OPHTHALMIC SUSPENSION	3	

Drug Name	Drug Tier	Requirements /Limits
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION	2	
CILOXAN OPHTHALMIC OINTMENT	3	
ciprofloxacin hcl ophthalmic solution	1	
erythromycin ophthalmic ointment	1	
gatifloxacin ophthalmic solution	1	
gentamicin sulfate ophthalmic solution	1	
KLARITY-A OPHTHALMIC SOLUTION	3	
levofloxacin ophthalmic solution	1	
MITOSOL OPHTHALMIC KIT	2	
moxifloxacin hcl (2x day) ophthalmic solution	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE	2	
moxifloxacin hcl ophthalmic solution	1	
MOXIFLOXACIN HCL-BSS INTRAVITREAL SOLUTION	3	
NATACYN OPHTHALMIC SUSPENSION	3	
OCUFLOX OPHTHALMIC SOLUTION	3	
ofloxacin ophthalmic solution	1	

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Drug Name	Drug Tier	Requirements /Limits
POVIDONE-IODINE OPHTHALMIC SOLUTION	2	
sulfacetamide sodium ophthalmic ointment	1	
sulfacetamide sodium ophthalmic solution	1	
tobramycin ophthalmic solution	1	
TOBREX OPHTHALMIC OINTMENT	3	
trifluridine ophthalmic solution	1	
VIGAMOX OPHTHALMIC SOLUTION	3	
XDEMVY OPHTHALMIC SOLUTION	3	
ZIRGAN OPHTHALMIC GEL	3	
Ophthalmic Anti-inflammatories		
ACULAR LS OPHTHALMIC SOLUTION	3	
ACULAR OPHTHALMIC SOLUTION	3	
ACUVAIL OPHTHALMIC SOLUTION	3	
ALREX OPHTHALMIC SUSPENSION	3	
bromfenac sodium (once-daily) ophthalmic solution	1	
bromfenac sodium ophthalmic solution	1	
BROMSITE OPHTHALMIC SOLUTION	3	
CLOBETASOL PROPIONATE OPHTHALMIC SUSPENSION	3	
dexamethasone sodium phosphate ophthalmic solution	1	
DEXTENZA OPHTHALMIC INSERT	3	
DEXYCU INTRAOCULAR SUSPENSION	3	
diclofenac sodium ophthalmic solution	1	
difluprednate ophthalmic emulsion	1	
DUREZOL OPHTHALMIC EMULSION	3	
EYSUVIS OPHTHALMIC SUSPENSION	3	
FLAREX OPHTHALMIC SUSPENSION	2	
fluorometholone ophthalmic suspension	1	
flurbiprofen sodium ophthalmic solution	1	
FML FORTE OPHTHALMIC SUSPENSION	2	
FML LIQUIFILM OPHTHALMIC SUSPENSION	3	
ILEVRO OPHTHALMIC SUSPENSION	3	

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Drug Name	Drug Tier	Requirements /Limits
ILUVIEN INTRAVITREAL IMPLANT	3	
INVELTYS OPHTHALMIC SUSPENSION	3	
ketorolac tromethamine ophthalmic solution	1	
LOTEMAX OPHTHALMIC GEL	3	
LOTEMAX OPHTHALMIC OINTMENT	3	
LOTEMAX OPHTHALMIC SUSPENSION	3	
LOTEMAX SM OPHTHALMIC GEL	3	
loteprednol etabonate ophthalmic gel	1	
loteprednol etabonate ophthalmic suspension	1	
MAXIDEX OPHTHALMIC SUSPENSION	3	
NEVANAC OPHTHALMIC SUSPENSION	3	
OZURDEX INTRAVITREAL IMPLANT	3	
PRED FORTE OPHTHALMIC SUSPENSION	3	
PRED MILD OPHTHALMIC SUSPENSION	2	
prednisolone acetate ophthalmic suspension	1	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION	3	
prednisolone sodium phosphate ophthalmic solution	1	
PROLENSA OPHTHALMIC SOLUTION	3	
RETISERT INTRAVITREAL IMPLANT	3	
TRIESENCE INTRAOCULAR SUSPENSION	3	
XIPERE INTRAOCULAR SUSPENSION	3	
YUTIQ INTRAVITREAL IMPLANT	3	
Ophthalmic Beta-Adrenergic Blocking Agents		
betaxolol hcl ophthalmic solution	1	
BETIMOL OPHTHALMIC SOLUTION	3	
BETOPTIC-S OPHTHALMIC SUSPENSION	3	
carteolol hcl ophthalmic solution	1	
ISTALOL OPHTHALMIC SOLUTION	3	
levobunolol hcl ophthalmic solution	1	
timolol hemihydrate ophthalmic solution	1	

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Drug Name	Drug Tier	Requirements /Limits
timolol maleate (once-daily) ophthalmic solution	1	
timolol maleate ocudose ophthalmic solution	1	
timolol maleate ophthalmic gel forming solution	1	
timolol maleate ophthalmic solution	1	
timolol maleate pf ophthalmic solution	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION	3	
Ophthalmic Intraocular Pressure Lowering Agents, Other		
acetazolamide er oral capsule extended release 12 hour	1	
acetazolamide oral tablet	1	
ALPHAGAN P OPHTHALMIC SOLUTION	3	
apraclonidine hcl ophthalmic solution	1	
AZOPT OPHTHALMIC SUSPENSION	3	
brimonidine tartrate ophthalmic solution	1	
brinzolamide ophthalmic suspension	1	
dorzolamide hcl ophthalmic solution	1	
IOPIDINE OPHTHALMIC SOLUTION	3	
methazolamide oral tablet	1	
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED	3	
pilocarpine hcl ophthalmic solution	1	
QLOSI OPHTHALMIC SOLUTION	3	
RHOPRESSA OPHTHALMIC SOLUTION	2	
VUITY OPHTHALMIC SOLUTION	3	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost ophthalmic solution	1	
DURYSTA INTRAOCULAR IMPLANT	3	
IDOSE TR INTRAOCULAR IMPLANT	3	
IYUZEH OPHTHALMIC SOLUTION	3	
latanoprost ophthalmic solution	1	
LUMIGAN OPHTHALMIC SOLUTION	2	
tafluprost (pf) ophthalmic solution	1	
TRAVATAN Z OPHTHALMIC SOLUTION	3	
travoprost (bak free) ophthalmic solution	1	

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Drug Name	Drug Tier	Requirements /Limits
VYZULTA OPHTHALMIC SOLUTION	3	
XALATAN OPHTHALMIC SOLUTION	3	
XELPROS OPHTHALMIC EMULSION	3	
ZIOPTAN OPHTHALMIC SOLUTION	3	
Otic Agents		
acetic acid otic solution	1	
CETRAXAL OTIC SOLUTION	3	
CIPRO HC OTIC SUSPENSION	3	
ciprofloxacin hcl otic solution	1	
flac otic oil	1	
fluocinolone acetonide otic oil	1	
hydrocortisone-acetic acid otic solution	1	
neomycin-polymyxin-hc otic solution	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic solution	1	
OTOVEL OTIC SOLUTION	3	
Non-FRF		
ciprofloxacin-dexamethasone otic suspension	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION	3	
CORTISPORIN-TC OTIC SUSPENSION	3	
DERMOTIC OTIC OIL	3	
neomycin-polymyxin-hc otic solution	1	
PRAMOTIC OTIC LIQUID	3	
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution	1	
azelastine-fluticasone nasal suspension	1	
BROMPHENIRAMINE MALEATE INTRAMUSCULAR SOLUTION	3	
CARBINOXAMINE MALEATE ER ORAL SUSPENSION EXTENDED RELEASE	3	
carbinoxamine maleate oral solution	1	
carbinoxamine maleate oral tablet	1	
CARBZAH ORAL SOLUTION	3	
cetirizine hcl oral solution	1	
CLARINEX ORAL TABLET	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
clemastine fumarate oral syrup	1	
clemastine fumarate oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
CLEMASZ ORAL TABLET	3	
CLEMSZA ORAL TABLET	3	
cyproheptadine hcl oral syrup	1	
cyproheptadine hcl oral tablet	1	
desloratadine oral tablet	1	
desloratadine oral tablet dispersible	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED	2	
diphenhydramine hcl injection solution	1	
diphenhydramine hcl oral elixir	1	
diphenhydramine hcl oral liquid	1	
DIPHENHYDRAMINE HCL POWDER	2	
DOXYLAMINE SUCCINATE POWDER	2	
DYMISTA NASAL SUSPENSION	3	
hydroxyzine hcl intramuscular solution	1	
hydroxyzine hcl oral syrup	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate oral capsule	1	
HYDROXYZINE PAMOATE POWDER	2	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	3	

Drug Name	Drug Tier	Requirements /Limits
levocetirizine dihydrochloride oral solution	1	
levocetirizine dihydrochloride oral tablet	1	
olopatadine hcl nasal solution	1	
PYRILAMINE MALEATE CRYSTALS	2	
RYALTRIS NASAL SUSPENSION	3	PA
RYCLORA ORAL SOLUTION	3	
ryvent oral tablet	1	
TRIPELENNAMINE HCL POWDER	2	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR	2	
Anti-inflammatories, Inhaled Corticosteroids		
ALVESCO INHALATION AEROSOL SOLUTION	3	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ASMANEX HFA INHALATION AEROSOL	3	
budesonide inhalation suspension	1	B/D
flunisolide nasal solution	1	
FLUTICASONE FUROATE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	3	PA
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	PA
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL	3	PA
fluticasone propionate nasal suspension	1	
mometasone furoate nasal suspension	1	
OMNARIS NASAL SUSPENSION	3	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PULMICORT INHALATION SUSPENSION	3	B/D
QNASL CHILDRENS NASAL AEROSOL SOLUTION	3	
QNASL NASAL AEROSOL SOLUTION	3	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED	2	
XHANCE NASAL EXHALER SUSPENSION	3	
ZETONNA NASAL AEROSOL SOLUTION	3	
Antileukotrienes		
ACCOLATE ORAL TABLET	3	
montelukast sodium oral packet	1	
montelukast sodium oral tablet	1	
montelukast sodium oral tablet chewable	1	
SINGULAIR ORAL PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET CHEWABLE	3	
zafirlukast oral tablet	1	
zileuton er oral tablet extended release 12 hour	1	

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Drug Name	Drug Tier	Requirements /Limits
ZYFLO ORAL TABLET	3	
Bronchodilators, Anticholinergic		
ATROVENT HFA INHALATION AEROSOL SOLUTION	3	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
ipratropium bromide inhalation solution	1	B/D
ipratropium bromide nasal solution	1	
SPIRIVA HANDIHALER INHALATION CAPSULE	2	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION	2	
tiotropium bromide inhalation capsule	2	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
YUPELRI INHALATION SOLUTION	3	B/D
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa inhalation aerosol solution	1	

Drug Name	Drug Tier	Requirements /Limits
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION	1	B/D
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
arformoterol tartrate inhalation nebulization solution	1	B/D
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR	3	
BROVANA INHALATION NEBULIZATION SOLUTION	3	B/D
epinephrine injection solution auto-injector	1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR	3	
formoterol fumarate inhalation nebulization solution	1	B/D
isoproterenol hcl injection solution	1	
levalbuterol hcl inhalation nebulization solution	1	B/D

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Drug Name	Drug Tier	Requirements /Limits
LEVALBUTEROL TARTRATE INHALATION AEROSOL	1	
PERFOROMIST INHALATION NEBULIZATION SOLUTION	3	B/D
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
PROVENTIL HFA INHALATION AEROSOL SOLUTION	3	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION	3	
terbutaline sulfate injection solution	1	
terbutaline sulfate oral tablet	1	
VENTOLIN HFA INHALATION AEROSOL SOLUTION	3	
XOPENEX HFA INHALATION AEROSOL	3	
Cystic Fibrosis Agents		
ALYFTREK ORAL TABLET	3	PA

Drug Name	Drug Tier	Requirements /Limits
BETHKIS INHALATION NEBULIZATION SOLUTION	3	B/D
CAYSTON INHALATION SOLUTION RECONSTITUTED	3	PA
KALYDECO ORAL PACKET	3	PA
KALYDECO ORAL TABLET	3	PA
KITABIS PAK (W/ NEBULIZER) INHALATION NEBULIZATION SOLUTION	3	B/D
ORKAMBI ORAL PACKET	3	PA
ORKAMBI ORAL TABLET	3	PA
PULMOZYME INHALATION SOLUTION	3	PA
SYMDEKO ORAL TABLET THERAPY PACK	3	PA
TOBI INHALATION NEBULIZATION SOLUTION	3	B/D
TOBI PODHALER INHALATION CAPSULE	3	
tobramycin inhalation nebulization solution	1	B/D
TRIKAFTA ORAL TABLET THERAPY PACK	3	PA
TRIKAFTA ORAL THERAPY PACK	3	PA

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Drug Name	Drug Tier	Requirements /Limits
Mast Cell Stabilizers		
cromolyn sodium inhalation nebulization solution	1	B/D
CROMOLYN SODIUM POWDER	2	
Phosphodiesterase Inhibitors, Airways Disease		
AMINOPHYLLINE ANHYDROUS POWDER	2	
aminophylline intravenous solution	1	
DALIRESP ORAL TABLET	3	
elixophyllin oral elixir	1	
OHTUVAYRE INHALATION SUSPENSION	3	B/D
roflumilast oral tablet	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
theophylline er oral tablet extended release 12 hour	1	
theophylline er oral tablet extended release 24 hour	1	
theophylline oral elixir	1	
theophylline oral solution	1	
THEOPHYLLINE-ETHYLENEDIAMINE POWDER	2	
Pulmonary Antihypertensives		
ADCIRCA ORAL TABLET	3	PA
ADEMPAS ORAL TABLET	3	PA
alyq oral tablet	1	PA
ambrisentan oral tablet	1	PA
AURLUMYN INTRAVENOUS SOLUTION	2	
bosentan oral tablet	1	PA
bosentan oral tablet soluble	1	PA
epoprostenol sodium intravenous solution reconstituted	1	PA
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
LETAIRIS ORAL TABLET	3	PA
LIQREV ORAL SUSPENSION	3	PA
OPSUMIT ORAL TABLET	3	PA
OPSYNVI ORAL TABLET	3	PA
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK	3	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE	3	PA

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Drug Name	Drug Tier	Requirements /Limits
REMODULIN INJECTION SOLUTION	3	PA
REVATIO INTRAVENOUS SOLUTION	3	PA
REVATIO ORAL SUSPENSION RECONSTITUTED	3	PA
REVATIO ORAL TABLET	3	PA
sildenafil citrate intravenous solution	1	PA
sildenafil citrate oral suspension reconstituted	1	PA
sildenafil citrate oral tablet	1	PA
tadalafil (pah) oral tablet	1	PA
TADLIQ ORAL SUSPENSION	3	PA
TRACLEER ORAL TABLET	3	PA
TRACLEER ORAL TABLET SOLUBLE	3	PA
treprostinil injection solution	1	PA
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER	3	PA
TYVASO DPI MAINTENANCE KIT INHALATION POWDER	3	PA
TYVASO DPI TITRATION KIT INHALATION POWDER	3	PA
TYVASO INHALATION SOLUTION	3	PA
TYVASO REFILL KIT INHALATION SOLUTION	3	PA
TYVASO STARTER KIT INHALATION SOLUTION	3	PA
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
UPTRAVI ORAL TABLET	3	PA
UPTRAVI TITRATION ORAL TABLET THERAPY PACK	3	PA
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED	3	PA
VENTAVIS INHALATION SOLUTION	3	PA
WINREVAIR SUBCUTANEOUS KIT	3	PA
YUTREPIA INHALATION CAPSULE	3	PA
Pulmonary Fibrosis Agents		
ESBRIET ORAL CAPSULE	3	PA
ESBRIET ORAL TABLET	3	PA
JASCAYD ORAL TABLET	3	PA
OFEV ORAL CAPSULE	3	PA
pirfenidone oral capsule	1	PA
pirfenidone oral tablet	1	PA

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Drug Name	Drug Tier	Requirements /Limits
Respiratory Tract Agents, Other		
ACETADOTE INTRAVENOUS SOLUTION	3	
acetylcysteine inhalation solution	1	B/D
acetylcysteine intravenous solution	1	
ACETYLCYSTEINE POWDER	2	
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
ADVAIR HFA INHALATION AEROSOL	2	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED	3	
AIRSUPRA INHALATION AEROSOL	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	

Drug Name	Drug Tier	Requirements /Limits
benzonatate oral capsule	1	
BEVESPI AEROSPHERE INHALATION AEROSOL	2	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
breyna inhalation aerosol	1	
BREZTRI AEROSPHERE INHALATION AEROSOL	2	
BRINSUPRI ORAL TABLET	3	PA
BROMFED DM ORAL SYRUP	2	
BRONCHITOL INHALATION CAPSULE	3	PA
budesonide-formoterol fumarate inhalation aerosol	3	PA
CINQAIR INTRAVENOUS SOLUTION	3	PA
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION	2	
CUROSURF INTRATRACHEAL SUSPENSION	2	
DEXTROMETHORPHAN HBR MONOHYD POWDER	2	
DULERA INHALATION AEROSOL	3	

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Drug Name	Drug Tier	Requirements /Limits
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	3	PA
FLUTICASONE-SALMETEROL INHALATION AEROSOL	3	PA
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	1	
guaifenesin ac oral syrup	1	
GUAIFENESIN POWDER	2	
guaifenesin-codeine oral solution	1	
HYCODAN ORAL SOLUTION	2	
HYCODAN ORAL TABLET	2	
hydrocod poli-chlorphe poli er oral suspension extended release	1	
hydrocodone bit-homatrop mbr oral solution	1	
hydrocodone bit-homatrop mbr oral tablet	1	
hydromet oral solution	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION	2	
INFASURF INTRATRACHEAL SUSPENSION	2	
ipratropium-albuterol inhalation solution	1	B/D
maxi-tuss ac oral solution	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION	2	
NEOTUSS PLUS ORAL LIQUID	2	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED	3	PA
PHENYLEPHRINE HCL POWDER	2	
promethazine vc oral syrup	1	
promethazine vc/codeine oral syrup	1	
promethazine-codeine oral solution	1	
promethazine-dm oral syrup	1	

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Drug Name	Drug Tier	Requirements /Limits
promethazine-phenylephrine oral syrup	1	
pseudoeph-bromphen-dm oral syrup	1	
PSEUDOEPHEDRINE HCL CRYSTALS	2	
PULMOSAL INHALATION NEBULIZATION SOLUTION	2	
ribavirin inhalation solution reconstituted	1	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER	2	
sodium chloride inhalation nebulization solution	1	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED	2	
STERITALC INTRAPLEURAL POWDER	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION	3	
SURVANTA INTRATRACHEAL SUSPENSION	2	
SYMBICORT INHALATION AEROSOL	3	PA
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	3	PA
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED	2	
TRYVIO ORAL TABLET	3	PA
UMECLIDINIUM-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED	3	PA
VIRAZOLE INHALATION SOLUTION RECONSTITUTED	3	
wixela inhub inhalation aerosol powder breath activated	1	
Skeletal Muscle Relaxants		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	
carisoprodol oral tablet	1	PA
chlorzoxazone oral tablet	1	
cyclobenzaprine hcl er oral capsule extended release 24 hour	1	
cyclobenzaprine hcl oral tablet	1	
FEXMID ORAL TABLET	3	
metaxalone oral tablet	1	
methocarbamol oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
orphenadrine citrate er oral tablet extended release 12 hour	1	
SOMA ORAL TABLET	3	PA
Non-FRF		
chlorzoxazone oral tablet	1	
cisatracurium besylate (pf) intravenous solution	1	
ENOVARX-BACLOFEN EXTERNAL CREAM	2	
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM	2	
metaxalone oral tablet	1	
methocarbamol injection solution	1	
methocarbamol oral tablet	1	
NORGESIC FORTE ORAL TABLET	3	
NORGESIC ORAL TABLET	3	
orphenadrine citrate injection solution	1	
ORPHENADRINE CITRATE POWDER	2	
orphenadrine-aspirin-caffeine oral tablet	1	
ORPHENGESIC FORTE ORAL TABLET	3	
ROBAXIN INJECTION SOLUTION	3	
TABRADOL FUSEPAQ ORAL SUSPENSION	2	
TANLOR ORAL TABLET	3	
VANADOM ORAL TABLET	3	PA
Sleep Disorder Agents		
Sleep Promoting Agents		
AMBIEN CR ORAL TABLET EXTENDED RELEASE	3	
AMBIEN ORAL TABLET	3	
AMYTAL SODIUM INJECTION SOLUTION RECONSTITUTED	3	
BELSOMRA ORAL TABLET	2	
DAYVIGO ORAL TABLET	3	
dexmedetomidine hcl in nacl intravenous solution	1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE	2	
dexmedetomidine hcl intravenous solution	1	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	2	
DORAL ORAL TABLET	3	
doxepin hcl oral tablet	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL	3	
estazolam oral tablet	1	
eszopiclone oral tablet	1	

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Drug Name	Drug Tier	Requirements /Limits
flurazepam hcl oral capsule	1	
HALCION ORAL TABLET	3	
HETLIOZ LQ ORAL SUSPENSION	3	PA
HETLIOZ ORAL CAPSULE	3	PA
LUNESTA ORAL TABLET	3	
pentobarbital sodium injection solution	1	
PRECEDEX INTRAVENOUS SOLUTION	2	
quazepam oral tablet	1	
QUVIVIQ ORAL TABLET	3	
ramelteon oral tablet	1	
RESTORIL ORAL CAPSULE	3	
ROZEREM ORAL TABLET	3	
SILENOR ORAL TABLET	3	
tasimelteon oral capsule	1	PA
temazepam oral capsule	1	
triazolam oral tablet	1	
zaleplon oral capsule	1	
zolpidem tartrate er oral tablet extended release	1	
ZOLPIDEM TARTRATE ORAL CAPSULE	1	
zolpidem tartrate oral tablet	1	
zolpidem tartrate sublingual tablet sublingual	1	
Wakefulness Promoting Agents		
armodafinil oral tablet	1	PA
LUMRYZ ORAL PACKET	3	PA
LUMRYZ STARTER PACK ORAL THERAPY PACK	3	PA
modafinil oral tablet	1	PA
NUVIGIL ORAL TABLET	3	PA
PROVIGIL ORAL TABLET	3	PA
SODIUM OXYBATE ORAL SOLUTION	1	PA
SUNOSI ORAL TABLET	3	
WAKIX ORAL TABLET	3	PA
XYREM ORAL SOLUTION	3	PA
XYWAV ORAL SOLUTION	3	PA

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If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

Optum Rx Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344

1-800-562-6223, TTY **711**

1-855-351-5495

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY **711.** Representatives are available 24 hours a day, 7 days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at
http://www.hhs.gov/ocr/office/file/index.html

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

U.S. Dept. of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

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Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية الخاص بك.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：**日本語 (Japanese)** を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

For a complete listing or other questions, please contact: Optum Rx Member Services

1-855-409-6999
TTY: 711

optumrx.com

24 hours a day,
7 days a week

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