

How to Use the Formulary

The Formulary is a list of medications available to members under their pharmacy benefit. All drugs are listed by their generic names or most common proprietary (branded) name. Any drugs not found in this formulary listing or any formulary updates published by Express Scripts are considered non-formulary drugs and require prior authorization.

All drugs are listed in each category in alphabetical order by generic or brand name. If the generic drug is FDA approved, it will appear *italicized* in the formulary listing. Covered brand drugs appear in CAPITALIZED font.

Benefit Coverage and Limitations

The Formulary applies only to outpatient drugs provided to members and does not apply to medications used in inpatient settings. If a member has any specific questions regarding their coverage, they should contact Wellfleet or Express Scripts at the phone numbers listed on their ID card.

Excluded Agents

Any drugs not listed in this print formulary are considered excluded from the drug benefit and are not covered. As new drugs become available, they will be considered for coverage under the Formulary.

Non-Formulary and Step Therapy Exception Requests

A member (or their appointed representative, prescribing physician, or authorized prescriber) may request a standard/non-urgent or expedited/urgent preservice/prior and current authorization for a drug that is subjected to utilization management tools such as step therapy. To initiate an exception request, contact 800-417-8164. Prior authorization guidelines will be made available to the member, member's authorization representative, prescribing physician and other authorized prescriber upon request.

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List of Abbreviations

ACA: Affordable Care Act.

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

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

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

SP: Specialty

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	2	
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	
AMPHOTERICIN B (BULK) POWDER	2	
<i>amphotericin b injection recon soln 50 mg</i>	1	
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	
CRESEMBA INTRAVENOUS RECON SOLN 372 MG	2	PA
CRESEMBA ORAL CAPSULE 186 MG	2	PA
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
FLUCONAZOLE (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 200 mg/100 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	1	
<i>fluconazole oral tablet 150 mg</i>	1	QL
FLUCYTOSINE (BULK) POWDER 100 %	2	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
ITRACONAZOLE (BULK) POWDER	2	
<i>itraconazole oral capsule 100 mg</i>	1	QL
<i>itraconazole oral solution 10 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
KETOCONAZOLE (BULK) POWDER	2	
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	
MICONAZOLE (BULK) POWDER	2	
MYCAMINE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7 ML	2	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	2	PA
NYSTATIN (BULK) POWDER 1 BILLION UNIT, 1 MILLION UNIT, 10 BILLION UNIT, 15 BILLION UNIT, 150 MILLION UNIT, 2 BILLION UNIT, 5 BILLION UNIT, 50 MILLION UNIT, 500 MILLION UNIT	2	
<i>nystatin oral suspension 100,000 unit/ml</i>	1	
<i>nystatin oral tablet 500,000 unit</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA
TERBINAFINE (BULK) POWDER 100 %	2	
<i>terbinafine hcl oral tablet 250 mg</i>	1	
VORICONAZOLE (BULK) POWDER 100 %	2	
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	SP
<i>abacavir oral tablet 300 mg</i>	1	SP
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	SP
<i>abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg</i>	1	SP
ACYCLOVIR (BULK) POWDER 100 %	2	
<i>acyclovir oral capsule 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous recon soln 1,000 mg, 500 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir oral tablet 10 mg</i>	1	
AMANTADINE HCL (BULK) POWDER	2	
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
APTIVUS (WITH VITAMIN E) ORAL SOLUTION 100 MG/ML	2	SP
APTIVUS ORAL CAPSULE 250 MG	2	SP
<i>atazanavir oral capsule 150 mg, 200 mg, 300 mg</i>	1	SP
BARACLUDE ORAL SOLUTION 0.05 MG/ML	2	
BIKTARVY ORAL TABLET 50-200-25 MG	2	SP

Drug Name	Drug Tier	Requirements / Limits
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
CIMDUO ORAL TABLET 300-300 MG	2	SP
CRIXIVAN ORAL CAPSULE 200 MG	2	SP
DESCOVY ORAL TABLET 200-25 MG	2	SP
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	1	SP
DOVATO ORAL TABLET 50-300 MG	2	SP
EDURANT ORAL TABLET 25 MG	2	SP
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	SP
<i>efavirenz oral tablet 600 mg</i>	1	SP
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	SP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	SP
<i>emtricitabine oral capsule 200 mg</i>	1	SP
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	SP; ACA

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Drug Name	Drug Tier	Requirements / Limits
EMTRIVA ORAL SOLUTION 10 MG/ML	2	SP
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	2	PA; SP; QL
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML)	2	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	QL
<i>fosamprenavir oral tablet 700 mg</i>	1	SP
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	2	SP
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	2	SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	2	PA; SP; QL
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	2	PA; SP; QL
IDOXURIDINE (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG	2	SP
INVIRASE ORAL TABLET 500 MG	2	SP
ISENTRESS HD ORAL TABLET 600 MG	2	SP
ISENTRESS ORAL POWDER IN PACKET 100 MG	2	SP
ISENTRESS ORAL TABLET 400 MG	2	SP
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG	2	SP
JULUCA ORAL TABLET 50-25 MG	2	SP
KALETRA ORAL TABLET 100-25 MG, 200-50 MG	2	SP; QL
<i>lamivudine oral solution 10 mg/ml</i>	1	SP
<i>lamivudine oral tablet 100 mg</i>	1	
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	SP
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	SP
LEXIVA ORAL SUSPENSION 50 MG/ML	2	SP
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	SP; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	SP
<i>nevirapine oral tablet 200 mg</i>	1	SP
<i>nevirapine oral tablet extended release 24 hr 100 mg, 400 mg</i>	1	SP
NORVIR ORAL POWDER IN PACKET 100 MG	2	SP
NORVIR ORAL SOLUTION 80 MG/ML	2	SP
ODEFSEY ORAL TABLET 200-25-25 MG	2	SP
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	QL
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	QL
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	2	
PREVYMIS ORAL TABLET 240 MG, 480 MG	2	QL
PREZISTA ORAL SUSPENSION 100 MG/ML	2	SP
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP

Drug Name	Drug Tier	Requirements / Limits
RAPIVAB (PF) INTRAVENOUS SOLUTION 200 MG/20 ML (10 MG/ML)	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	2	SP
REYATAZ ORAL POWDER IN PACKET 50 MG	2	SP
<i>ribavirin inhalation recon soln 6 gram</i>	1	
<i>ribavirin oral capsule 200 mg</i>	1	ST; SP
<i>ribavirin oral tablet 200 mg</i>	1	ST; SP
<i>rimantadine oral tablet 100 mg</i>	1	
<i>ritonavir oral tablet 100 mg</i>	1	SP
SELZENTRY ORAL SOLUTION 20 MG/ML	2	SP
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG	2	SP
<i>stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg</i>	1	SP
SYMFI LO ORAL TABLET 400-300-300 MG	2	SP
SYMFI ORAL TABLET 600-300-300 MG	2	SP

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Drug Name	Drug Tier	Requirements / Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG	2	SP
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	2	PA; SP
TEMIXYS ORAL TABLET 300-300 MG	2	SP
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	SP
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG	2	SP
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	2	SP
TRIUMEQ ORAL TABLET 600-50-300 MG	2	SP
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	2	PA; SP
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG	2	SP
VALACYCLOVIR (BULK) POWDER 100 %	2	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	
<i>valganciclovir oral tablet 450 mg</i>	1	
VEMLIDY ORAL TABLET 25 MG	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG	2	SP
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	2	SP
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP
VOSEVI ORAL TABLET 400-100-100 MG	2	PA; SP; QL
ZEPATIER ORAL TABLET 50-100 MG	2	PA; SP; QL
<i>zidovudine oral capsule 100 mg</i>	1	SP
<i>zidovudine oral syrup 10 mg/ml</i>	1	SP
<i>zidovudine oral tablet 300 mg</i>	1	SP
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN 2.5 GRAM	2	ST
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet 1 gram</i>	1	
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST
<i>cefazolin injection recon soln 1 gram, 10 gram, 100 gram, 20 gram, 300 g, 500 mg</i>	1	ST
<i>cefazolin intravenous recon soln 1 gram</i>	1	ST
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefditoren pivoxil oral tablet 200 mg, 400 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	ST
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	
<i>cefotaxime injection recon soln 1 gram</i>	1	ST
<i>cefotetan injection recon soln 1 gram, 2 gram</i>	1	ST
<i>cefotetan intravenous recon soln 10 gram</i>	1	ST
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST
<i>cefoxitin intravenous recon soln 1 gram, 10 gram, 2 gram</i>	1	ST
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
CEFTAZIDIME (BULK) POWDER 100 %	2	
CEFTAZIDIME IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	2	ST
<i>ceftazidime injection recon soln 1 gram, 2 gram, 6 gram</i>	1	ST
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	ST
<i>ceftriaxone injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	1	ST
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	ST
CEFTRIAZONE SODIUM (BULK) POWDER	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>cefuroxime sodium intravenous recon soln 1.5 gram, 7.5 gram</i>	1	ST
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	ST
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	ST
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	2	ST
ZERBAXA INTRAVENOUS RECON SOLN 1.5 GRAM	2	ST
ERYTHROMYCINS / OTHER MACROLIDES		
AZITHROMYCIN (BULK) POWDER 100 %	2	
<i>azithromycin intravenous recon soln 500 mg</i>	1	ST
<i>azithromycin oral packet 1 gram</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	QL
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	QL
CLARITHROMYCIN (BULK) POWDER 100 %	2	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	
<i>e.e.s. 400 oral tablet 400 mg</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	ST
ERYTHROMYCIN (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
ERYTHROMYCIN ESTOLATE (BULK) POWDER 100 %	2	
ERYTHROMYCIN ETHYLSUCCIN(BULK) POWDER	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	
MISCELLANEOUS ANTIINFECTIVES		
ALBENDAZOLE (BULK) POWDER 100 %	2	
<i>albendazole oral tablet 200 mg</i>	1	QL
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML	2	QL
ALINIA ORAL TABLET 500 MG	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	ST
AMIKACIN SULFATE (BULK) POWDER	2	
AMINOSALICYLATE SODIUM (BULK) POWDER 100 %	2	
AMINOSALICYLIC ACID (BULK) POWDER	2	
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	2	PA; SP
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	QL
<i>aztreonam injection recon soln 1 gram, 2 gram</i>	1	ST
<i>bacitracin (bulk) powder 5 million unit</i>	1	
<i>bacitracin intramuscular recon soln 50,000 unit</i>	1	
BACITRACIN, MICRONIZED (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	2	QL
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	2	PA; SP; QL
CAPASTAT INJECTION RECON SOLN 1 GRAM	2	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	2	PA; SP; QL
CHLORAMPHENICOL (BULK) POWDER 100 %	2	
CHLORAMPHENICOL PALMITAT(BULK) POWDER	2	
<i>chloramphenicol sodium succinate intravenous recon soln 1 gram</i>	1	
CHLOROQUINE PHOSPHATE (BULK) POWDER	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	QL
CLINDAMYCIN HCL (BULK) POWDER	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	ST
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	
CLINDAMYCIN PHOSPHATE (BULK) CRYSTALS	2	
CLINDAMYCIN PHOSPHATE (BULK) POWDER	2	
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	ST
CLIOQUINOL (BULK) POWDER	2	
CLOFAZIMINE (BULK) POWDER	2	
COARTEM ORAL TABLET 20-120 MG	2	QL
COLISTIMETHATE SODIUM (BULK) POWDER 390 MCG/MG	2	
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	ST
COLISTIN SULFATE (BULK) POWDER 1 BILLION UNIT	2	
CYCLOSERINE (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
DALVANCE INTRAVENOUS SOLUTION 500 MG	2	ST
DAPSONE (BULK) POWDER 98 %	2	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<i>daptomycin intravenous recon soln 500 mg</i>	1	ST
EMVERM ORAL TABLET,CHEWABLE 100 MG	2	QL
<i>ertapenem injection recon soln 1 gram</i>	1	ST
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	
FURAZOLIDONE (BULK) POWDER 100 %	2	
GENTAMICIN (BULK) POWDER 590 MCG/MG	2	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 70 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml, 90 mg/100 ml</i>	1	ST
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	2	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>gentamicin injection solution 20 mg/2 ml, 40 mg/ml</i>	1	ST
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	ST
<i>gentamicin sulfate (pf) intravenous solution 100 mg/10 ml</i>	1	ST
<i>hydroxychloroquine oral tablet 200 mg</i>	1	QL
HYDROXYCHLOR OQUINE SULF (BULK) POWDER	2	
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	ST
IMPAVIDO ORAL CAPSULE 50 MG	2	PA; QL
IDOQUINOL (BULK) POWDER 100 %	2	
ISONIAZID (BULK) POWDER	2	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
IVERMECTIN (BULK) POWDER	2	
<i>ivermectin oral tablet 3 mg</i>	1	QL
KANAMYCIN (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	2	PA; SP; QL
LINCOMYCIN HCL (BULK) POWDER	2	
<i>lincomycin injection solution 300 mg/ml</i>	1	ST
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	ST
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	PA
<i>linezolid oral tablet 600 mg</i>	1	PA
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	ST
MEBENDAZOLE (BULK) POWDER	2	
<i>mefloquine oral tablet 250 mg</i>	1	QL
<i>meropenem intravenous recon soln 1 gram, 500 mg</i>	1	ST
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 500 MG/50 ML	2	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	ST
METRONIDAZOLE (BULK) POWDER	2	
METRONIDAZOLE BENZOATE (BULK) POWDER	2	
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	ST
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin oral tablet 500 mg</i>	1	
NEOMYCIN SULFATE (BULK) POWDER	2	
NICLOSAMIDE (BULK) POWDER 100 %	2	
ORBACTIV INTRAVENOUS RECON SOLN 400 MG	2	ST
<i>paromomycin oral capsule 250 mg</i>	1	
PAROMOMYCIN SULFATE (BULK) POWDER 675 MCG/MG	2	

Drug Name	Drug Tier	Requirements / Limits
<i>pentamidine inhalation recon soln 300 mg</i>	1	QL
<i>pentamidine injection recon soln 300 mg</i>	1	
POLYMYXIN B SULF, MICRON. (BULK) POWDER 100 MILLION UNIT, 50 MILLION UNIT, 6,000 UNIT/MG	2	
<i>polymyxin b sulfate injection recon soln 500,000 unit</i>	1	ST
PRAZIQUANTEL (BULK) POWDER 98.5-101 %	2	
<i>praziquantel oral tablet 600 mg</i>	1	
PRIFTIN ORAL TABLET 150 MG	2	
PRIMAQUINE ORAL TABLET 26.3 MG	2	QL
PYRANTEL PAMOATE (BULK) POWDER 100 %	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
PYRIMETHAMINE (BULK) POWDER	2	PA
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; SP
QUINACRINE (BULK) POWDER	2	

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Drug Name	Drug Tier	Requirements / Limits
QUININE HCL DIHYDRATE (BULK) POWDER 100 %	2	
QUININE SULFATE (BULK) POWDER	2	
<i>quinine sulfate oral capsule 324 mg</i>	1	QL
<i>rifabutin oral capsule 150 mg</i>	1	
RIFAMPIN (BULK) POWDER	2	
<i>rifampin intravenous recon soln 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG	2	PA
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM	2	QL
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	2	ST
STREPTOMYCIN SULFATE (BULK) POWDER	2	
SYNERCID INTRAVENOUS RECON SOLN 500 MG	2	ST
THIABENDAZOLE (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
<i>tigecycline intravenous recon soln 50 mg</i>	1	ST
TINIDAZOLE (BULK) POWDER 100 %	2	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	QL
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	2	PA; SP; QL
TOBRAMYCIN (BULK) POWDER 900 MCG/MG (NOT LESS THAN, USP)	2	
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; SP; QL
<i>tobramycin in 0.9 % nacl intravenous piggyback 60 mg/50 ml</i>	1	ST
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; SP; QL
TOBRAMYCIN SULFATE (BULK) POWDER 634 MCG/MG (NOT LESS THAN, USP)	2	
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	ST
XIFAXAN ORAL TABLET 200 MG, 550 MG	2	QL
PENICILLINS		
AMOXICILLIN (BULK) POWDER 100 %	2	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	1	
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	ST
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	ST
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 15 gram, 3 gram</i>	1	ST
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	ST
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	2	
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	2	ST

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Drug Name	Drug Tier	Requirements / Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	2	ST
dicloxacillin oral capsule 250 mg, 500 mg	1	
nafcillin in dextrose iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml	1	ST
nafcillin injection recon soln 1 gram, 10 gram, 2 gram	1	ST
nafcillin intravenous recon soln 1 gram, 2 gram	1	ST
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	ST
oxacillin injection recon soln 1 gram, 10 gram, 2 gram	1	ST
oxacillin intravenous recon soln 1 gram, 2 gram	1	ST
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML, 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	2	ST

Drug Name	Drug Tier	Requirements / Limits
penicillin g potassium injection recon soln 20 million unit, 5 million unit	1	ST
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	1	ST
penicillin g sodium injection recon soln 5 million unit	1	ST
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
pfizerpen-g injection recon soln 20 million unit, 5 million unit	1	ST
piperacillin-tazobactam intravenous recon soln 13.5 gram, 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	ST
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML, 4.5 GRAM/100 ML	2	ST
QUINOLONES		

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Drug Name	Drug Tier	Requirements / Limits
BAXDELA INTRAVENOUS RECON SOLN 300 MG	2	ST
BAXDELA ORAL TABLET 450 MG	2	QL
CIPROFLOXACIN (BULK) CRYSTALS 100 %	2	
CIPROFLOXACIN (BULK) POWDER 100 %	2	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	ST
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	1	
LEVOFLOXACIN (BULK) POWDER 100 %	2	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml, 500 mg/100 ml, 750 mg/150 ml</i>	1	ST
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	ST
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin oral tablet 400 mg</i>	1	
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	2	ST
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	ST
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S / RELATED AGENTS		
SULFACETAMIDE (BULK) POWDER	2	
SULFADIAZINE (BULK) POWDER	2	
<i>sulfadiazine oral tablet 500 mg</i>	1	
SULFAMERAZINE (BULK) CRYSTALS	2	
SULFAMETHOXAZOLE (BULK) POWDER	2	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	ST
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
SULFAPYRIDINE (BULK) POWDER	2	
<i>sulfatrim oral suspension 200-40 mg/5 ml</i>	1	
SULFISOXAZOLE (BULK) CRYSTALS	2	
TETRACYCLINES		
<i>avidoxy oral tablet 100 mg</i>	1	
<i>coremino oral tablet extended release 24 hr 135 mg, 45 mg, 90 mg</i>	1	
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	
<i>doxy-100 intravenous recon soln 100 mg</i>	1	ST
DOXYCYCLINE HYCLATE (BULK) POWDER	2	
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	ST
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
MINOCIN INTRAVENOUS RECON SOLN 100 MG	2	ST
MINOCYCLINE HCL (BULK) POWDER	2	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	PA
<i>mondoxine nl oral capsule 100 mg, 75 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>morgidox oral capsule 100 mg, 50 mg</i>	1	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG	2	PA
OXYTETRACYCLINE (BULK) POWDER	2	
TETRACYCLINE HCL (BULK) POWDER	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet 3 gram</i>	1	
METHENAMINE (BULK) POWDER 100 %	2	
<i>methenamine hippurate oral tablet 1 gram</i>	1	
METHENAMINE MANDELATE (BULK) POWDER	2	
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	1	
<i>methylene blue (antidote) intravenous solution 1 % (10 mg/ml)</i>	1	
NALIDIXIC ACID (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
NITROFURAN MACROCRYSTAL (BULK) POWDER 100 %	2	
NITROFURANTOIN (BULK) POWDER	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
TRIMETHOPRIM (BULK) POWDER 100 %	2	
<i>trimethoprim oral tablet 100 mg</i>	1	
TRIMETHOPRIM, MICRO (BULK) POWDER 100 %	2	
VANCOMYCIN		
VANCOMYCIN (BULK) POWDER 900 MCG/MG (NOT LESS THAN)	2	
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	ST

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Drug Name	Drug Tier	Requirements / Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML, 1.5 GRAM/500 ML, 1.75 GRAM/250 ML, 1.75 GRAM/500 ML, 2 GRAM/500 ML, 750 MG/150 ML, 750 MG/250 ML	2	ST
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 500 MG/100 ML, 750 MG/150 ML	2	ST
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS SOLUTION 1 GRAM/250 ML, 1.25 GRAM/250 ML, 1.5 GRAM/250 ML	2	ST
<i>vancomycin intravenous recon soln 1,000 mg, 10 gram, 5 gram, 500 mg, 750 mg</i>	1	ST
<i>vancomycin oral capsule 125 mg, 250 mg</i>	1	ST; QL
<i>vancomycin oral recon soln 50 mg/ml</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
VIBATIV INTRAVENOUS RECON SOLN 750 MG	2	ST
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	2	
KEPIVANCE INTRAVENOUS RECON SOLN 6.25 MG	2	SP
LEUCOVORIN CALCIUM (BULK) POWDER	2	
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium injection solution 10 mg/ml</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	PA
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>mesna intravenous solution 100 mg/ml</i>	1	
MESNEX ORAL TABLET 400 MG	2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	2	PA; SP
VORAXAZE INTRAVENOUS RECON SOLN 1,000 UNIT	2	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	2	PA; SP
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; SP
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	2	SP
ADAKVEO INTRAVENOUS SOLUTION 10 MG/ML	2	PA; SP
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	2	PA; SP
<i>adriamycin intravenous recon soln 10 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>adriamycin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	1	
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG	2	PA; SP
AFINITOR ORAL TABLET 10 MG	2	PA; SP
ALECENSA ORAL CAPSULE 150 MG	2	PA; SP
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	2	
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	2	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG	2	PA; SP
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)-180 MG (23)	2	PA; SP
ANASTROZOLE (BULK) POWDER 100 %	2	
<i>anastrozole oral tablet 1 mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
ARRANON INTRAVENOUS SOLUTION 250 MG/50 ML	2	SP
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	PA
AVASTIN INTRAVENOUS SOLUTION 25 MG/ML	2	PA; SP
<i>azacitidine injection recon soln 100 mg</i>	1	SP
AZATHIOPRINE (BULK) POWDER	2	
<i>azathioprine oral tablet 50 mg</i>	1	SP
<i>azathioprine sodium injection recon soln 100 mg</i>	1	SP
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION 30 MCI/2 ML	2	PA; SP
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION 337.5 MCI/22.5 ML	2	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	2	PA; SP
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	2	PA; SP
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	2	PA; SP
<i>bexarotene oral capsule 75 mg</i>	1	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	1	
<i>bleomycin injection recon soln 15 unit, 30 unit</i>	1	
BLINCYTO INTRAVENOUS KIT 35 MCG	2	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	2	PA; SP
<i>busulfan intravenous solution 60 mg/10 ml</i>	1	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	2	PA; SP
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	SP
CAPRELSA ORAL TABLET 100 MG, 300 MG	2	PA; SP
<i>carboplatin intravenous recon soln 150 mg</i>	1	
<i>carboplatin intravenous solution 10 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>carmustine intravenous recon soln 100 mg</i>	1	PA
CHLORAMBUCIL (BULK) POWDER	2	
<i>cisplatin intravenous solution 1 mg/ml</i>	1	
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	
<i>clofarabine intravenous solution 20 mg/20 ml</i>	1	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	2	PA; SP
COTELLIC ORAL TABLET 20 MG	2	PA; SP
CYCLOPHOSPHAMIDE (BULK) POWDER 100 %	2	
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CYCLOSPORINE (BULK) POWDER	2	
<i>cyclosporine intravenous solution 250 mg/5 ml</i>	1	SP

Drug Name	Drug Tier	Requirements / Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	SP
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	SP
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	SP
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	2	PA; SP
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml), 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	
<i>dactinomycin intravenous recon soln 0.5 mg</i>	1	
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	2	PA; SP
<i>daunorubicin intravenous recon soln 20 mg</i>	1	
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>decitabine intravenous recon soln 50 mg</i>	1	PA; SP
DOCEFREZ INTRAVENOUS RECON SOLN 20 MG, 80 MG	2	
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	
<i>doxorubicin intravenous recon soln 50 mg</i>	1	
<i>doxorubicin intravenous solution 10 mg/5 ml, 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	1	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG	2	PA; SP
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG	2	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	2	PA; SP
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	2	PA; SP
EMCYT ORAL CAPSULE 140 MG	2	
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; SP
<i>epirubicin intravenous recon soln 200 mg, 50 mg</i>	1	
<i>epirubicin intravenous solution 200 mg/100 ml, 50 mg/25 ml</i>	1	
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	2	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	2	PA; SP
ERLEADA ORAL TABLET 60 MG	2	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	1	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	2	
ETOPOSIDE (BULK) POWDER 100 %	2	
<i>etoposide intravenous solution 20 mg/ml</i>	1	
<i>etoposide oral capsule 50 mg</i>	1	
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; SP
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	1	SP
<i>exemestane oral tablet 25 mg</i>	1	ACA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG	2	PA; SP
FLOXURIDINE (BULK) POWDER 100 %	2	
<i>floxuridine injection recon soln 0.5 gram</i>	1	
<i>fludarabine intravenous recon soln 50 mg</i>	1	
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
FLUOROURACIL (BULK) POWDER 100 %	2	
<i>fluorouracil intravenous solution 1 gram/20 ml, 2.5 gram/50 ml, 5 gram/100 ml, 500 mg/10 ml</i>	1	
<i>flutamide oral capsule 125 mg</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	2	PA; SP
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	1	PA
GAMIFANT INTRAVENOUS SOLUTION 5 MG/ML	2	PA; SP
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	2	PA; SP
<i>gemcitabine intravenous recon soln 1 gram, 2 gram, 200 mg</i>	1	
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>gengraf oral solution 100 mg/ml</i>	1	SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	2	PA; SP
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	2	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	2	PA; SP
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	2	PA; SP
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	2	PA; SP
HYDROXYUREA (BULK) POWDER 100 %	2	
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	2	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	2	PA; SP
ICLUSIG ORAL TABLET 15 MG, 45 MG	2	PA; SP
<i>idarubicin intravenous solution 1 mg/ml</i>	1	
IDHIFA ORAL TABLET 100 MG, 50 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	1	
<i>ifosfamide intravenous solution 1 gram/20 ml, 3 gram/60 ml</i>	1	
<i>imatinib oral tablet 100 mg, 400 mg</i>	1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	2	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	2	PA; SP
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	2	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	2	PA; SP
IODOPEN INTRAVENOUS SOLUTION 100 MCG/ML	2	
IRESSA ORAL TABLET 250 MG	2	PA; SP
<i>irinotecan intravenous solution 100 mg/5 ml, 300 mg/15 ml, 40 mg/2 ml, 500 mg/25 ml</i>	1	
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	2	PA; SP
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	2	ST; SP
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	2	PA; SP
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	2	PA; SP
KANJINTI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	PA; SP
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	2	PA; SP
KYMRIAH INTRAVENOUS SUSPENSION 0.2X10EXP6 TO 2.5X10EXP8 CELL, 0.6 TO 6 X 10EXP8 CELL	2	PA; SP
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	2	PA; SP
<i>lapatinib oral tablet 250 mg</i>	1	PA; SP

Drug Name	Drug Tier	Requirements / Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	2	PA; SP
LETROZOLE (BULK) POWDER 100 %	2	
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG	2	
LEUPROLIDE (BULK) POWDER 100 %	2	
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; SP
LEVAMISOLE (BULK) POWDER	2	
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	2	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	2	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	2	PA; SP
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG	2	PA; SP
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	2	PA; SP
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	2	PA; SP
LUTATHERA INTRAVENOUS SOLUTION 10 MCI/ML (370 MBQ/ML)	2	SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	2	PA; SP
LYSODREN ORAL TABLET 500 MG	2	
MARQIBO INTRAVENOUS KIT 5 MG/31 ML(0.16 MG/ML) FINAL	2	SP
MATULANE ORAL CAPSULE 50 MG	2	SP
MECHLORETHAMINE (BULK) POWDER 98 %	2	

Drug Name	Drug Tier	Requirements / Limits
MEGESTROL ACETATE,MICRO (BULK) POWDER 100 %	2	
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG	2	PA; SP
<i>melphalan hcl intravenous recon soln 50 mg</i>	1	
<i>melphalan oral tablet 2 mg</i>	1	
MERCAPTOPURINE (BULK) POWDER 100 %	2	
<i>mercaptopurine oral tablet 50 mg</i>	1	
METHOTREXATE (BULK) POWDER 100 %	2	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
MITOMYCIN (BULK) POWDER	2	
<i>mitomycin intravenous recon soln 20 mg, 40 mg, 5 mg</i>	1	
MITOTANE (BULK) POWDER 100 %	2	
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	SP
MVASI INTRAVENOUS SOLUTION 25 MG/ML	2	PA; SP
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	SP
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	SP
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	SP
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	SP
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	SP
MYLERAN ORAL TABLET 2 MG	2	

Drug Name	Drug Tier	Requirements / Limits
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	2	PA; SP
NERLYNX ORAL TABLET 40 MG	2	PA; SP
NEXAVAR ORAL TABLET 200 MG	2	PA; SP
<i>nilutamide oral tablet 150 mg</i>	1	PA
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	2	PA; SP
NUBEQA ORAL TABLET 300 MG	2	PA; SP
NULOJIX INTRAVENOUS RECON SOLN 250 MG	2	SP
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	1	SP
ODOMZO ORAL CAPSULE 200 MG	2	PA; SP
OGIVRI INTRAVENOUS RECON SOLN 150 MG, 420 MG	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	2	PA
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	2	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 240 MG/24 ML, 40 MG/4 ML	2	PA; SP
<i>oxaliplatin intravenous recon soln 100 mg, 50 mg</i>	1	
<i>oxaliplatin intravenous solution 100 mg/20 ml, 200 mg/40 ml, 50 mg/10 ml (5 mg/ml)</i>	1	
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	
<i>paraplatin intravenous solution 10 mg/ml</i>	1	
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	2	PA; SP
PHOTOFRIN INTRAVENOUS RECON SOLN 75 MG	2	
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	2	PA; SP
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	2	SP
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	2	SP
PURIXAN ORAL SUSPENSION 20 MG/ML	2	SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG	2	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML)	2	PA; SP
RITUXAN INTRAVENOUS CONCENTRATE 10 MG/ML	2	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	2	PA; SP
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	2	PA; SP
RUXIENCE INTRAVENOUS CONCENTRATE 10 MG/ML	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
RYDAPT ORAL CAPSULE 25 MG	2	PA; SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML	2	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	2	PA; SP
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	2	SP
SIROLIMUS (BULK) POWDER 100 %	2	
<i>sirolimus oral solution 1 mg/ml</i>	1	SP
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	SP
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	2	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG	2	PA; SP
STIVARGA ORAL TABLET 40 MG	2	PA; SP
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
SYLVANT INTRAVENOUS RECON SOLN 100 MG, 400 MG	2	PA; SP
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG	2	PA; SP
TACROLIMUS ANHYDROUS (BULK) POWDER 100 %	2	
TACROLIMUS MICRONIZED (BULK) POWDER 100 %	2	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	2	PA; SP
TAGRISSO ORAL TABLET 40 MG, 80 MG	2	PA; SP
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG	2	PA; SP
TAMOXIFEN (BULK) POWDER	2	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	ACA
TARGRETIN TOPICAL GEL 1 %	2	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	2	PA; SP
TEMODAR INTRAVENOUS RECON SOLN 100 MG	2	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SP
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	1	PA; SP
TENIPOSIDE INTRAVENOUS SOLUTION 50 MG/5 ML	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP
THIOGUANINE (BULK) POWDER	2	
THIOTEPA (BULK) POWDER 100 %	2	
<i>thiotepa injection recon soln 100 mg, 15 mg</i>	1	PA
TIBSOVO ORAL TABLET 250 MG	2	PA; SP
<i>toposar intravenous solution 20 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>topotecan intravenous recon soln 4 mg</i>	1	PA; SP
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	PA; SP
<i>toremifene oral tablet 60 mg</i>	1	
TRAZIMERA INTRAVENOUS RECON SOLN 420 MG	2	PA; SP
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	2	PA; SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	2	PA; SP
TRUXIMA INTRAVENOUS CONCENTRATE 10 MG/ML	2	PA; SP
TYKERB ORAL TABLET 250 MG	2	PA; SP
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	2	SP
<i>valrubicin intravesical solution 40 mg/ml</i>	1	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
VANTAS IMPLANT KIT 50 MG (50 MCG/DAY)	2	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	2	PA; SP
VELCADE INJECTION RECON SOLN 3.5 MG	2	SP
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	2	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG	2	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	PA; SP
<i>vinblastine intravenous solution 1 mg/ml</i>	1	
<i>vincasar pfs intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	2	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML	2	PA; SP
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	2	PA; SP
VOTRIENT ORAL TABLET 200 MG	2	PA; SP
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	2	PA; SP
XALKORI ORAL CAPSULE 200 MG, 250 MG	2	PA; SP
XERMELO ORAL TABLET 250 MG	2	PA; SP
XOFIGO INTRAVENOUS SOLUTION 1,100 KBQ/ML(30 MICROCURIE/ML)	2	SP
XOSPATA ORAL TABLET 40 MG	2	PA; SP
XTANDI ORAL CAPSULE 40 MG	2	PA; SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	2	PA; SP
YESCARTA INTRAVENOUS SUSPENSION	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
YONDELIS INTRAVENOUS RECON SOLN 1 MG	2	SP
YONSA ORAL TABLET 125 MG	2	PA; SP
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	2	PA; SP
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	2	
ZEJULA ORAL CAPSULE 100 MG	2	PA; SP
ZELBORAF ORAL TABLET 240 MG	2	PA; SP
ZEVALIN (Y-90) INTRAVENOUS KIT 3.2 MG/2 ML	2	
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	2	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	2	PA; SP
ZOLINZA ORAL CAPSULE 100 MG	2	PA; SP
ZORTRESS ORAL TABLET 1 MG	2	SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	2	PA; SP
ZYKADIA ORAL TABLET 150 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ZYTIGA ORAL TABLET 500 MG	2	PA; SP
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BANZEL ORAL SUSPENSION 40 MG/ML	2	PA
BANZEL ORAL TABLET 200 MG, 400 MG	2	PA
CARBAMAZEPINE (BULK) POWDER	2	
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CELONTIN ORAL CAPSULE 300 MG	2	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
CLONAZEPAM (BULK) POWDER 100 %	2	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	2	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	2	PA; SP
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	
DILANTIN ORAL CAPSULE 30 MG	2	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	2	PA; SP
<i>epitol oral tablet 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ETHOSUXIMIDE (BULK) POWDER 100 %	2	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	
<i>felbamate oral suspension 600 mg/5 ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	2	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	2	
GABAPENTIN (BULK) POWDER 100 %	2	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
LAMOTRIGINE (BULK) POWDER 100 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) - 50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine oral tablets, dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
LEVETIRACETAM (BULK) POWDER 100 %	2	
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml	1	
levetiracetam intravenous solution 500 mg/5 ml	1	

Drug Name	Drug Tier	Requirements / Limits
levetiracetam oral solution 100 mg/ml, 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	2	PA; QL
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
PEGANONE ORAL TABLET 250 MG	2	
PHENOBARBITAL (BULK) POWDER	2	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	1	
phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	1	
PHENYTOIN (BULK) POWDER	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin oral suspension 100 mg/4 ml, 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable 50 mg</i>	1	
PHENYTOIN SODIUM (BULK) POWDER	2	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
PRIMIDONE (BULK) POWDER 100 %	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
QUDEXY XR ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	2	ST
<i>roweepra oral tablet 1,000 mg, 500 mg, 750 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>roweepra xr oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)</i>	1	
<i>subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)</i>	1	
<i>subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)</i>	1	
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPIRAMATE (BULK) POWDER 99.7 %	2	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
VALPROATE SODIUM (BULK) POWDER 100 %	2	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALPROIC ACID (BULK) LIQUID 100 %	2	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	1	PA; SP
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; SP
VIMPAT INTRAVENOUS SOLUTION 200 MG/20 ML	2	
VIMPAT ORAL SOLUTION 10 MG/ML	2	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	2	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	2	PA; SP
<i>benztropine injection solution 1 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BROMOCRIPTINE (BULK) POWDER	2	
<i>bromocriptine oral capsule 5 mg</i>	1	
<i>bromocriptine oral tablet 2.5 mg</i>	1	
CARBIDOPA (BULK) POWDER	2	
<i>carbidopa oral tablet 25 mg</i>	1	PA
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	2	PA; SP
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA
LEVODOPA (BULK) POWDER	2	
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
SELEGILINE HCL (BULK) POWDER	2	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tolcapone oral tablet 100 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	1	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	2	PA; QL
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	2	PA
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	2	PA; QL
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	
DIHYDROERGOTAMINE MESYL(BULK) POWDER	2	
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	ST; QL
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	2	PA; QL
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL
ERGOTAMINE TARTRATE (BULK) POWDER	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>frovatriptan oral tablet 2.5 mg</i>	1	QL
<i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i>	1	
ISOMETHEPTENE MUCATE (BULK) POWDER 100 %	2	
METHYSERGIDE (BULK) POWDER 100 %	2	
<i>migergot rectal suppository 2-100 mg</i>	1	
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	QL
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	QL
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
SUMATRIPTAN (BULK) POWDER 100 %	2	
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	1	QL
SUMATRIPTAN SUCCINATE (BULK) POWDER 100 %	2	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	1	QL
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	1	ST; QL
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG	2	ST; QL
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG	2	PA; SP; QL
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; SP
dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)-240 mg (46), 240 mg	1	PA; SP
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	1	PA
donepezil oral tablet, disintegrating 10 mg, 5 mg	1	
galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	
galantamine oral solution 4 mg/ml	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
GILENYA ORAL CAPSULE 0.5 MG	2	PA; SP
glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml	1	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml	1	PA; SP; QL
MAYZENT ORAL TABLET 0.25 MG, 2 MG	2	PA; SP; QL
memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine oral solution 2 mg/ml	1	
memantine oral tablet 10 mg, 5 mg	1	
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	2	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	2	PA
NUDEXTA ORAL CAPSULE 20-10 MG	2	PA
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	2	PA; SP
RADICAVA INTRAVENOUS PIGGYBACK 30 MG/100 ML	2	PA; SP
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	1	
RUZURGI ORAL TABLET 10 MG	2	PA; SP
SPINRAZA (PF) INTRATHECAL SOLUTION 12 MG/5 ML	2	PA; SP; QL
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	2	PA; SP
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML	2	PA; SP
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; SP; QL
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	2	PA; SP
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	2	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK 0.23-0.46-0.92 MG	2	PA; SP
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK 0.23 MG (4)-0.46 MG (3)	2	PA; SP
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>anectine injection solution 20 mg/ml</i>	1	
<i>atracurium intravenous solution 10 mg/ml</i>	1	
BACLOFEN (BULK) POWDER 100 %	2	
<i>baclofen intrathecal solution 10,000 mcg/20ml (500 mcg/ml), 20,000 mcg/20ml (1,000 mcg/ml), 40,000 mcg/20ml (2,000 mcg/ml)</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
CARISOPRODOL (BULK) POWDER	2	
<i>chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg</i>	1	
<i>cisatracurium intravenous solution 10 mg/ml conc. (icu use only), 2 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
CYCLOBENZAPRINE (BULK) POWDER 100 %	2	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DANTROLENE (BULK) POWDER	2	
<i>dantrolene intravenous recon soln 20 mg</i>	1	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	
EDROPHONIUM CHLORIDE (BULK) POWDER	2	
GABLOFEN INTRATHECAL SYRINGE 10,000 MCG/20ML (500 MCG/ML), 20,000 MCG/20ML (1,000 MCG/ML), 40,000 MCG/20ML (2,000 MCG/ML), 50 MCG/ML (1 ML)	2	
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 50 MCG/ML, 500 MCG/ML	2	
<i>metaxall oral tablet 800 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
METHOCARBAMOL (BULK) POWDER 100 %	2	
<i>methocarbamol injection solution 100 mg/ml</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
NEOSTIGMINE METHYLSULF (BULK) POWDER 100 %	2	
<i>neostigmine methylsulfate intravenous solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>neostigmine methylsulfate intravenous syringe 5 mg/5 ml (1 mg/ml)</i>	1	
ORPHENADRINE CITRATE (BULK) POWDER	2	
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	1	
<i>orphenadrine-asa-caffeine oral tablet 50-770-60 mg</i>	1	
<i>orphengesic forte oral tablet 50-770-60 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>pancuronium intravenous solution 1 mg/ml, 2 mg/ml</i>	1	
PYRIDOSTIGMINE BROMIDE (BULK) POWDER 100 %	2	
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>regonol injection solution 5 mg/ml</i>	1	
<i>revonto intravenous recon soln 20 mg</i>	1	
<i>rocuronium intravenous solution 10 mg/ml</i>	1	
<i>rocuronium intravenous syringe 50 mg/5 ml (10 mg/ml)</i>	1	
<i>succinylcholine chloride injection solution 20 mg/ml</i>	1	
<i>succinylcholine chloride intravenous syringe 100 mg/5 ml (20 mg/ml)</i>	1	
SUCCINYLCHOLINE CL (BULK) POWDER 100 %	2	
TIZANIDINE (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	
<i>vecuronium bromide intravenous recon soln 10 mg, 20 mg</i>	1	
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg</i>	1	
<i>acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg</i>	1	
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
<i>alfentanil injection solution 500 mcg/ml</i>	1	
<i>ascomp with codeine oral capsule 30-50-325-40 mg</i>	1	
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	2	ST; QL
BUPRENORPHINE HCL (BULK) POWDER	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	ST
<i>butalbital compound w/codeine oral capsule 30-50-325-40 mg</i>	1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 25-325 mg, 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	1	
CODEINE PHOSPHATE (BULK) POWDER 100 %	2	
<i>codeine sulfate oral tablet 15 mg, 30 mg, 60 mg</i>	1	
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	1	
<i>diskets oral tablet, soluble 40 mg</i>	1	ST
<i>duramorph (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	
<i>dvorah oral tablet 325-30-16 mg</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
FENTANYL CITRATE (BULK) POWDER 100 %	2	
<i>fentanyl citrate (pf) injection solution 50 mcg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous solution 5 mcg/ml</i>	1	
<i>fentanyl citrate (pf)-0.9%nacl intravenous syringe 10 mcg/ml</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	ST; QL
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hour, 50 mcg/hr, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	1	ST; QL
HYDROCODONE BITARTRATE (BULK) CRYSTALS	2	
HYDROCODONE BITARTRATE (BULK) POWDER 100 %	2	
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
HYDROMORPHONE (BULK) POWDER 100 %	2	
<i>hydromorphone (pf) injection solution 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone (pf)-0.9 % nacl intravenous pt controlled analgesia syring 10 mg/50 ml (0.2 mg/ml)</i>	1	
<i>hydromorphone injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>hydromorphone oral liquid 1 mg/ml</i>	1	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg</i>	1	ST; QL
<i>hydromorphone rectal suppository 3 mg</i>	1	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	ST; QL
<i>ibuprofen-oxycodone oral tablet 400-5 mg</i>	1	
INFUMORPH P/F INJECTION SOLUTION 10 MG/ML, 25 MG/ML	2	
LEVORPHANOL TARTRATE (BULK) POWDER 100 %	2	
<i>levorphanol tartrate oral tablet 2 mg</i>	1	
<i>lorcet hd oral tablet 10-325 mg</i>	1	
MEPERIDINE (BULK) POWDER 100 %	2	
METHADONE (BULK) POWDER 100 %	2	
<i>methadone injection solution 10 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>methadone intensol oral concentrate 10 mg/ml</i>	1	ST
<i>methadone oral concentrate 10 mg/ml</i>	1	ST
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	ST
<i>methadone oral tablet 10 mg, 5 mg</i>	1	ST
<i>methadone oral tablet, soluble 40 mg</i>	1	ST
<i>methadose oral concentrate 10 mg/ml</i>	1	ST
<i>methadose oral tablet, soluble 40 mg</i>	1	ST
MORPHINE (BULK) POWDER 100 %	2	
<i>morphine (pf) in 0.9 % sod chl intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>	1	
<i>morphine (pf) in 0.9 % sod chl intravenous solution 1 mg/ml</i>	1	
<i>morphine (pf) in 0.9 % sod chl intravenous syringe 2 mg/2 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	1	
<i>morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	1	
<i>morphine in 0.9 % sodium chlor intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml), 50 mg/50 ml (1 mg/ml)</i>	1	
<i>morphine injection solution 10 mg/ml, 8 mg/ml</i>	1	
<i>morphine injection syringe 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine intravenous pt controlled analgesia syringe 30 mg/30 ml (1 mg/ml)</i>	1	
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml</i>	1	
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg</i>	1	ST; QL
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	
<i>morphine oral tablet 15 mg, 30 mg</i>	1	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	ST; QL
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
OXYCODONE (BULK) POWDER 100 %	2	
<i>oxycodone oral capsule 5 mg</i>	1	
<i>oxycodone oral concentrate 20 mg/ml</i>	1	
<i>oxycodone oral solution 5 mg/5 ml</i>	1	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>oxycodone-aspirin oral tablet 4.8355-325 mg</i>	1	
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	2	ST; QL
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	1	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	ST; QL
<i>prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	
<i>remifentanil intravenous recon soln 1 mg, 2 mg, 5 mg</i>	1	
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML	2	SP
SUFENTANIL CITRATE (BULK) POWDER	2	
<i>sufentanil citrate intravenous solution 50 mcg/ml</i>	1	
<i>tencon oral tablet 50-325 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>vicodin hp oral tablet 10-300 mg</i>	1	
<i>vtol lq oral solution 50-325-40 mg/15 ml</i>	1	
<i>zebutal oral capsule 50-325-40 mg</i>	1	
NON-NARCOTIC ANALGESICS		
ACETAMINOPHEN (BULK) POWDER 100 %	2	
ASPIRIN (BULK) POWDER 100 %	2	
<i>aspirin childrens oral tablet,chewable 81 mg</i>	1	ACA; OTC
<i>aspirin low dose oral tablet,delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet 325 mg</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable 81 mg</i>	1	ACA; OTC
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg</i>	1	ACA; OTC
<i>aspirin,buffd-calcium carb-mag oral tablet 325 mg</i>	1	ACA; OTC
<i>aspir-trin oral tablet,delayed release (dr/ec) 325 mg</i>	1	ACA; OTC
<i>bayer aspirin oral tablet 325 mg</i>	1	ACA; OTC
<i>bufferin oral tablet 325 mg</i>	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	
<i>buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	1	QL
BUTORPHANOL TARTRATE (BULK) POWDER 100 %	2	
CALDOLOR INTRAVENOUS RECON SOLN 800 MG/8 ML (100 MG/ML)	2	
CELECOXIB (BULK) POWDER 100 %	2	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	PA
<i>children's aspirin oral tablet,chewable 81 mg</i>	1	ACA; OTC
CHOLIN AND MG SALICYLATE(BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	1	
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
DICLOFENAC SODIUM (BULK) POWDER 100 %	2	
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac sodium topical drops 1.5 %</i>	1	QL
<i>diclofenac sodium topical gel 1 %</i>	1	ST; QL
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
<i>e.c. prin oral tablet,delayed release (dr/ec) 325 mg</i>	1	ACA; OTC
<i>ec-naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>ecotrin oral tablet, delayed release (dr/ec) 325 mg</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 - 3.6 MILLION)	2	PA; SP
<i>fenoprofen oral tablet 600 mg</i>	1	ST
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	2	ST; QL
FLURBIPROFEN (BULK) POWDER	2	
<i>flurbiprofen oral tablet 100 mg</i>	1	
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	
IBUPROFEN (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ibuprofen lysine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOMETHACIN (BULK) POWDER	2	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin oral capsule, extended release 75 mg</i>	1	
<i>indomethacin sodium intravenous recon soln 1 mg</i>	1	
KETOPROFEN (BULK) POWDER 100 %	2	
<i>ketoprofen oral capsule 25 mg</i>	1	ST
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	ST
KETOPROFEN, MICRONIZED (BULK) POWDER 100 %	2	
KETOROLAC (BULK) POWDER 100 %	2	
<i>ketorolac injection cartridge 15 mg/ml, 30 mg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	1	
<i>ketorolac injection syringe 15 mg/ml, 30 mg/ml</i>	1	
<i>ketorolac intramuscular cartridge 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	1	
<i>ketorolac intramuscular syringe 60 mg/2 ml</i>	1	
<i>ketorolac oral tablet 10 mg</i>	1	QL
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	2	ST; QL
<i>lite coat aspirin oral tablet 325 mg</i>	1	ACA; OTC
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	1	
MECLOFENAMATE SODIUM (BULK) POWDER	2	
MEFENAMIC ACID (BULK) POWDER 100 %	2	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>meloxicam oral tablet 15 mg</i>	1	
<i>meloxicam oral tablet 7.5 mg</i>	1	QL
MONOVISC INTRA-ARTICULAR SYRINGE 88 MG/4 ML	2	PA; SP
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NABUMETONE, MICRONIZED (BULK) POWDER 100 %	2	
NALBUPHINE (BULK) POWDER 100 %	2	
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	1	
NALOXONE (BULK) POWDER	2	
<i>naloxone injection solution 0.4 mg/ml</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	
NALTREXONE HCL (BULK) POWDER 100 %	2	
NALTREXONE HCL DIHYDRATE(BULK) POWDER 100 %	2	
<i>naltrexone oral tablet 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
NAPROXEN (BULK) POWDER	2	
<i>naproxen oral suspension 125 mg/5 ml</i>	1	ST
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	1	
NAPROXEN SODIUM (BULK) POWDER	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg</i>	1	ST
<i>naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg</i>	1	ST
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	2	QL
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG	2	ST; QL
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG	2	QL

Drug Name	Drug Tier	Requirements / Limits
OFIRMEV INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML)	2	
ORTHOVISC INTRA-ARTICULAR SYRINGE 30 MG/2 ML	2	PA; SP
<i>oxaprozin oral tablet 600 mg</i>	1	
PIROXICAM (BULK) POWDER 100 %	2	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 25 MCG/ML	2	SP
SALSALATE (BULK) POWDER 100 %	2	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
SODIUM SALICYLATE (BULK) POWDER	2	
<i>st joseph aspirin oral tablet, chewable 81 mg</i>	1	ACA; OTC
SULINDAC (BULK) POWDER	2	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin oral capsule 400 mg</i>	1	ST

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Drug Name	Drug Tier	Requirements / Limits
<i>tolmetin oral tablet 200 mg</i>	1	
<i>tolmetin oral tablet 600 mg</i>	1	ST
TRAMADOL HYDROCHLORIDE (BULK) POWDER 100 %	2	
<i>tramadol oral tablet 50 mg</i>	1	QL
<i>tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL
<i>tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg</i>	1	ST; QL
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL
<i>tri-buffered aspirin oral tablet 325 mg</i>	1	ACA; OTC
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	2	SP
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL
ZUBSOLV SUBLINGUAL TABLET 11.4-2.9 MG	2	

PSYCHOTHERAPEUTIC DRUGS

Drug Name	Drug Tier	Requirements / Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	2	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	2	
ALPRAZOLAM (BULK) POWDER 100 %	2	
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
AMITRIPTYLINE (BULK) POWDER	2	
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA
AMYTAL INJECTION RECON SOLN 500 MG	2	
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL
<i>aripiprazole oral tablet,disintegrating 10 mg, 15 mg</i>	1	QL
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	2	
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML	2	

Drug Name	Drug Tier	Requirements / Limits
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; QL
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	PA
BUPROPION HCL (BULK) POWDER 100 %	2	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	QL
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	QL
BUSPIRONE (BULK) POWDER 100 %	2	
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
BUTALBITAL (BULK) POWDER	2	
CHLORAL HYDRATE (BULK) CRYSTALS	2	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
CHLORPROMAZINE (BULK) POWDER 100 %	2	
<i>chlorpromazine injection solution 25 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>citalopram oral solution 10 mg/5 ml</i>	1	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL
CLOMIPRAMINE (BULK) POWDER 100 %	2	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	1	PA
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	2	PA
DESIPRAMINE HCL (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>dexmedetomidine in 0.9 % nacl intravenous solution 200 mcg/50 ml (4 mcg/ml), 400 mcg/100 ml (4 mcg/ml), 80 mcg/20 ml (4 mcg/ml)</i>	1	
<i>dexmedetomidine intravenous solution 100 mcg/ml</i>	1	
<i>dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	PA
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	PA
<i>dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg</i>	1	PA
<i>dextroamphetamine oral solution 5 mg/5 ml</i>	1	PA
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	PA
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	PA
DIAZEPAM (BULK) POWDER 100 %	2	
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>doxapram intravenous solution 20 mg/ml</i>	1	
DOXEPIN HCL (BULK) POWDER	2	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin oral concentrate 10 mg/ml</i>	1	
<i>doxepin oral tablet 3 mg, 6 mg</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
DOXYLAMINE SUCCINATE (BULK) POWDER	2	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	1	ST; QL
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	2	PA
ERGOLOID (BULK) POWDER 100 %	2	
<i>ergoloid oral tablet 1 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	ST; QL
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	2	ST; QL

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Drug Name	Drug Tier	Requirements / Limits
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
FLUOXETINE (BULK) POWDER 100 %	2	
<i>fluoxetine oral capsule 10 mg, 40 mg</i>	1	QL
<i>fluoxetine oral capsule 20 mg</i>	1	
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	1	QL
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	
<i>fluoxetine oral tablet 10 mg</i>	1	PA; QL
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	1	PA
FLUPHENAZINE DECANOATE (BULK) OIL 2.5 % (W/W)	2	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>flurazepam oral capsule 15 mg, 30 mg</i>	1	
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	1	PA; QL
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	PA
<i>guanidine oral tablet 125 mg</i>	1	
HALOPERIDOL (BULK) POWDER	2	
HALOPERIDOL DECANOATE (BULK) POWDER 100 %	2	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
IMIPRAMINE (BULK) POWDER 100 %	2	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	2	QL
LITHIUM CARBONATE (BULK) POWDER 99 %	2	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
LITHIUM CITRATE TETRAHYD(BULK) POWDER 100 %	2	
LORAZEPAM (BULK) POWDER 100 %	2	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>lorazepam injection syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>maprotiline oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>metadate er oral tablet extended release 20 mg</i>	1	PA
<i>methamphetamine oral tablet 5 mg</i>	1	PA
METHYLPHENIDATE HCL (BULK) POWDER	2	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	PA
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	PA
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	PA
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	PA
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	PA
MIDAZOLAM (BULK) POWDER 100 %	2	
<i>midazolam (pf) in 0.9 % nacl intravenous solution 1 mg/ml</i>	1	
<i>midazolam (pf) injection cartridge 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
<i>midazolam (pf) injection syringe 2 mg/2 ml (1 mg/ml), 5 mg/ml</i>	1	
<i>midazolam injection solution 1 mg/ml, 5 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL
<i>molindone oral tablet 10 mg, 25 mg, 5 mg</i>	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	2	PA
NORTRIPTYLINE (BULK) POWDER	2	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	
<i>olanzapine intramuscular recon soln 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg</i>	1	QL
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	QL
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	PA; QL
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	1	PA; QL
PENTOBARBITAL SODIUM (BULK) POWDER 100 %	2	
<i>pentobarbital sodium injection solution 50 mg/ml</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
PHENELZINE (BULK) POWDER 100 %	2	
<i>phenelzine oral tablet 15 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
<i>procentra oral solution 5 mg/5 ml</i>	1	PA
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	
<i>quazepam oral tablet 15 mg</i>	1	
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL
QUILLICHEW ER ORAL TABLET,CHEW,IR - ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG	2	PA
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML)	2	PA
<i>ramelteon oral tablet 8 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	2	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL
<i>seconal sodium oral capsule 100 mg</i>	1	QL
SERTRALINE (BULK) POWDER 100 %	2	
<i>sertraline oral concentrate 20 mg/ml</i>	1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL
SUNOSI ORAL TABLET 150 MG, 75 MG	2	PA; QL
THIORIDAZINE (BULK) POWDER 100 %	2	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>tranylcypromine oral tablet 10 mg</i>	1	
TRAZODONE (BULK) POWDER	2	
<i>trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	QL
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	ST; QL
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	2	PA; QL
VIIBRYD ORAL TABLETS, DOSE PACK 10 MG (7)-20 MG (23)	2	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	2	PA
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	2	PA
XYREM ORAL SOLUTION 500 MG/ML	2	ST; SP
zaleplon oral capsule 10 mg, 5 mg	1	QL
zenzedi oral tablet 10 mg, 5 mg	1	PA
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	
zolpidem oral tablet 10 mg, 5 mg	1	QL
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	QL
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1	QL
ZULRESSO INTRAVENOUS SOLUTION 5 MG/ML	2	PA; SP

CARDIOVASCULAR, HYPERTENSION / LIPIDS

Drug Name	Drug Tier	Requirements / Limits
ANTIARRHYTHMIC AGENTS		
adenosine (diagnostic) intravenous solution 3 mg/ml	1	
adenosine intravenous solution 3 mg/ml	1	
adenosine intravenous syringe 3 mg/ml	1	
amiodarone intravenous solution 50 mg/ml	1	
amiodarone intravenous syringe 150 mg/3 ml	1	
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
bretylum tosylate injection solution 50 mg/ml	1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
ibutilide fumarate intravenous solution 0.1 mg/ml	1	
lidocaine (pf) in d7.5w intrathecal solution 50 mg/ml (5 %)	1	
lidocaine (pf) intravenous solution 20 mg/ml (2 %)	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine (pf) intravenous syringe 100 mg/5 ml (2 %), 50 mg/5 ml (1 %)</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
MEXILETINE (BULK) POWDER 100 %	2	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	
NEXTERONE INTRAVENOUS SOLUTION 150 MG/100 ML (1.5 MG/ML), 360 MG/200 ML (1.8 MG/ML)	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	
PROCAINAMIDE HCL (BULK) POWDER	2	
<i>procainamide injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>quinidine gluconate oral tablet extended release 324 mg</i>	1	
QUINIDINE SULFATE (BULK) CRYSTALS	2	
QUINIDINE SULFATE (BULK) POWDER 100 %	2	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
SOTALOL INTRAVENOUS SOLUTION 150 MG/10 ML (15 MG/ML)	2	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML	2	
ANTIHYPERTENSIVE THERAPY		
ACEBUTOLOL (BULK) POWDER	2	
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	
<i>amiloride oral tablet 5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
AMLODIPINE BESYLATE (BULK) POWDER 100 %	2	
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATENOLOL (BULK) POWDER 100 %	2	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BENAZEPRIL HCL (BULK) POWDER 100 %	2	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BETAHISTINE (BULK) POWDER 100 %	2	
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
CAPTOPRIL (BULK) POWDER 100 %	2	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>chlorothiazide oral tablet 500 mg</i>	1	
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CLONIDINE HCL (BULK) POWDER	2	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	QL
<i>corlopam intravenous solution 10 mg/ml</i>	1	
CYCLANDELATE (BULK) POWDER	2	
DILTIAZEM HCL (BULK) POWDER	2	
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	QL
EDARBI ORAL TABLET 40 MG, 80 MG	2	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	2	PA
ENALAPRIL MALEATE (BULK) POWDER 100 %	2	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>epoprostenol (glycine) intravenous recon soln 0.5 mg, 1.5 mg</i>	1	PA; SP
<i>eprosartan oral tablet 600 mg</i>	1	
<i>esmolol in nacl (iso-osm) intravenous parenteral solution 2,000 mg/100 ml, 2,500 mg/250 ml (10 mg/ml)</i>	1	
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	
<i>esmolol intravenous syringe 100 mg/10 ml (10 mg/ml)</i>	1	
<i>ethacrynate sodium intravenous recon soln 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	
FLOLAN INTRAVENOUS RECON SOLN 0.5 MG, 1.5 MG	2	PA; SP
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
FUROSEMIDE (BULK) POWDER	2	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide injection syringe 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
GUANABENZ (BULK) POWDER 100 %	2	
GUANETHIDINE SULFATE (BULK) POWDER	2	
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	
HYDRALAZINE HCL (BULK) POWDER	2	
<i>hydralazine injection solution 20 mg/ml</i>	1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
HYDROCHLOROTHIAZIDE (BULK) POWDER 100 %	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
LABETALOL (BULK) POWDER	2	
<i>labetalol intravenous solution 5 mg/ml</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LISINOPRIL (BULK) POWDER 100 %	2	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
MANNITOL (BULK) POWDER	2	
<i>mannitol 10 % intravenous parenteral solution 10 %</i>	1	
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	1	
<i>mannitol 25 % intravenous solution 25 %</i>	1	
<i>mannitol 5 % intravenous parenteral solution 5 %</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>methyldopa oral tablet 250 mg, 500 mg</i>	1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	1	
<i>methyldopate intravenous solution 250 mg/5 ml</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
METOPROLOL TARTRATE (BULK) POWDER 100 %	2	
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metirosine oral capsule 250 mg</i>	1	PA
MINOXIDIL (BULK) POWDER	2	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	
NADOLOL (BULK) POWDER	2	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	1	
<i>nicardipine intravenous solution 25 mg/10 ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	
NIFEDIPINE (BULK) POWDER	2	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NYLIDRIN (BULK) POWDER 100 %	2	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>osmitrol 15 % intravenous parenteral solution 15 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>osmitrol 20 % intravenous parenteral solution 20 %</i>	1	
PAPAVERINE (BULK) POWDER	2	
<i>papaverine injection solution 30 mg/ml</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
PHENOXYBENZAMINE (BULK) POWDER	2	
<i>phenoxybenzamine oral capsule 10 mg</i>	1	PA
<i>phentolamine injection recon soln 5 mg</i>	1	
PHENTOLAMINE MESYLATE (BULK) POWDER	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	
PROPRANOLOL (BULK) POWDER	2	
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
RESERPINE (BULK) POWDER 100 %	2	
SODIUM NITRITE (BULK) GRANULES	2	
SPIRONOLACTONE (BULK) POWDER 100 %	2	
SPIRONOLACTONE MICRO (BULK) POWDER 100 %	2	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hydrochlorothiazid oral tablet 25-25 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG	2	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	QL
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIMOLOL MALEATE (BULK) POWDER 100 %	2	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOLAZOLINE (BULK) POWDER 100 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	1	PA; SP
TRIAMTERENE (BULK) POWDER	2	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TRICHLORMETHI AZIDE (BULK) POWDER 100 %	2	
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	2	PA; SP
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<i>veletri intravenous recon soln 0.5 mg, 1.5 mg</i>	1	PA; SP
VERAPAMIL (BULK) POWDER 100 %	2	
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg</i>	1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
CARDIAC GLYCOSIDES		
<i>digitek oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digox oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
<i>digoxin injection solution 250 mcg/ml (0.25 mg/ml)</i>	1	
<i>digoxin injection syringe 250 mcg/ml (0.25 mg/ml)</i>	1	
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
LANOXIN PEDIATRIC INJECTION SOLUTION 100 MCG/ML (0.1 MG/ML)	2	
COAGULATION THERAPY		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	2	PA; SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	PA; SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	2	PA; SP
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	2	PA; SP
AMINOCAPROIC ACID (BULK) POWDER 100 %	2	
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25- 200 mg</i>	1	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	PA; SP
<i>bivalirudin intravenous recon soln 250 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG	2	
CABLIVI INJECTION KIT 11 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	2	PA; SP
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	2	PA; SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel oral tablet 300 mg, 75 mg</i>	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	2	PA; SP
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	2	PA; SP
DICUMAROL (BULK) POWDER	2	
DIPYRIDAMOLE (BULK) POWDER 100 %	2	
<i>dipyridamole intravenous solution 5 mg/ml</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	2	PA; SP; QL

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

Drug Name	Drug Tier	Requirements / Limits
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	2	PA; SP; QL
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	2	PA; SP; QL
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	2	PA
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	2	PA
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	2	PA; SP
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	SP
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	1	SP
<i>eptifibatide intravenous solution 0.75 mg/ml, 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	2	PA; SP
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	SP
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	2	SP
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML	2	PA; SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801- 1,500 UNIT	2	PA; SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220- 400 UNIT	2	PA; SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401- 800 UNIT	2	PA; SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	2	PA; SP
<i>hep flush-10 (pf) intravenous solution 10 unit/ml</i>	1	
HEPARIN (PORCINE) (BULK) POWDER 180 UNIT/MG (USP)	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin flush(porcine)- 0.9nacl intravenous kit 100 unit/ml</i>	1	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin lock flush intravenous solution 10 unit/ml</i>	1	
<i>heparin lock flush intravenous syringe 10 unit/ml</i>	1	
<i>heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
<i>heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)</i>	1	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	1	
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	2	PA; SP
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	2	PA; SP
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; SP
MONONINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT	2	PA; SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	2	PA; SP
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG	2	PA; SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	2	SP
PENTOXIFYLLINE (BULK) POWDER 100 %	2	
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	
PHYTONADIONE (VIT K1) (BULK) LIQUID 100 %	2	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	1	
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML	2	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	QL
<i>prasugrel oral tablet 10 mg, 5 mg</i>	1	
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG	2	PA; SP
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG	2	PA; SP
<i>protamine intravenous solution 10 mg/ml</i>	1	
PROTAMINE SULFATE (BULK) POWDER 100 %	2	
RIASTAP INTRAVENOUS RECON SOLN 1 GRAM (900MG-1,300MG)	2	PA; SP
<i>surgifoam topical sponge 12-7 mm</i>	1	
THROMBATE III INTRAVENOUS RECON SOLN 500 (+/-) UNIT	2	
TRANEXAMIC ACID (BULK) POWDER	2	
<i>tranexamic acid intravenous solution 1,000 mg/10 ml (100 mg/ml)</i>	1	
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT	2	PA; SP
<i>vitamin k injection solution 1 mg/0.5 ml</i>	1	
<i>vitamin k1 injection solution 10 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
VITAMIN K1 LIQUID 100 %	2	
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	2	PA; SP
WARFARIN (BULK) POWDER 100 %	2	
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	2	PA; SP
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	2	PA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG	2	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA; QL
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	QL
CHOLESTYRAMINE (BULK) POWDER	2	
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>colesevelam oral powder in packet 3.75 gram</i>	1	
<i>colesevelam oral tablet 625 mg</i>	1	
<i>colestipol oral granules 5 gram</i>	1	
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	
<i>ezetimibe oral tablet 10 mg</i>	1	PA
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg</i>	1	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
<i>fluvastatin oral capsule 20 mg, 40 mg</i>	1	ACA; QL
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	1	ACA; QL
GEMFIBROZIL (BULK) POWDER	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG	2	PA; SP
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	2	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	2	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	ACA; QL
NEXLETOL ORAL TABLET 180 MG	2	PA
NEXLIZET ORAL TABLET 180-10 MG	2	PA
NIACIN (BULK) POWDER	2	
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	
NIACINAMIDE (BULK) POWDER 100 %	2	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	PA
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	2	PA
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	ACA; QL
<i>prevalite oral powder 4 gram</i>	1	
<i>prevalite oral powder in packet 4 gram</i>	1	
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	2	PA

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Drug Name	Drug Tier	Requirements / Limits
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	2	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	2	PA
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA; QL
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	QL
SIMVASTATIN (BULK) POWDER 100 %	2	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA; QL
<i>simvastatin oral tablet 80 mg</i>	1	QL
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM	2	PA
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ACTIVASE INTRAVENOUS RECON SOLN 100 MG, 50 MG	2	
<i>cardioplegic soln perfusion solution 16 meq/l (= k+)</i>	1	
CATHFLO ACTIVASE INTRA-CATHETER RECON SOLN 2 MG	2	

Drug Name	Drug Tier	Requirements / Limits
CORLANOR ORAL SOLUTION 5 MG/5 ML	2	PA
CORLANOR ORAL TABLET 5 MG, 7.5 MG	2	PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	1	
DOPAMINE (BULK) POWDER	2	
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/250 ml (3,200 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml), 400 mg/10 ml (40 mg/ml), 400 mg/5 ml (80 mg/ml), 800 mg/10 ml (80 mg/ml), 800 mg/5 ml (160 mg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	2	QL
<i>ephedrine sulfate intravenous solution 50 mg/ml</i>	1	
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	1	
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	1	
<i>milrinone intravenous solution 1 mg/ml</i>	1	
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	1	
<i>norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	1	
<i>norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>phenylephrine hcl in 0.9% nacl intravenous solution 100 mg/250 ml (400 mcg/ml), 20 mg/250 ml (80 mcg/ml), 25 mg/250 ml (100 mcg/ml), 40 mg/250 ml (160 mcg/ml), 50 mg/250 ml (200 mcg/ml), 80 mg/250 ml (320 mcg/ml)</i>	1	
<i>phenylephrine hcl in 0.9% nacl intravenous syringe 20 mg/50 ml (400 mcg/ml)</i>	1	
<i>phenylephrine hcl injection solution 10 mg/ml</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG	2	PA; SP
VYNDAQEL ORAL CAPSULE 20 MG	2	PA; SP
NITRATES		
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG	2	
ISOSORBIDE (BULK) POWDER 98 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
isosorbide dinitrate oral tablet extended release 40 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitro-bid transdermal ointment 2 %	1	
nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 200 mg/500 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml), 50 mg/500 ml (100 mcg/ml)	1	
nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)	1	
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	

Drug Name	Drug Tier	Requirements / Limits
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray, non-aerosol 400 mcg/spray	1	
nitro-time oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ANTHRALIN (BULK) POWDER	2	
calcipotriene scalp solution 0.005 %	1	QL
calcipotriene topical cream 0.005 %	1	QL
calcipotriene topical ointment 0.005 %	1	QL
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	QL
calcipotriene-betamethasone topical suspension 0.005-0.064 %	1	QL
calcitriol topical ointment 3 mcg/gram	1	

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

Drug Name	Drug Tier	Requirements / Limits
CHLOROXINE (BULK) POWDER 100 %	2	
COAL TAR (BULK) TOPICAL SOLUTION 20 %	2	
COAL TAR (CRUDE) (BULK) SOLUTION	2	
COAL TAR (CRUDE) (BULK) TAR	2	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	2	PA; SP; QL
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; SP; QL
<i>drithocrema hp topical cream 1 %</i>	1	
ENSTILAR TOPICAL FOAM 0.005-0.064 %	2	QL
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
SELENIUM SULFIDE (BULK) POWDER 52-55.5 %	2	
<i>selenium sulfide topical lotion 2.5 %</i>	1	
<i>selenium sulfide topical shampoo 2.25 %, 2.3 %</i>	1	
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2)	2	PA; SP; QL
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	2	PA; SP; QL
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	2	PA; SP; QL
<i>sulfacetamide sodium topical cleanser 10 %</i>	1	
<i>sulfacetamide sodium topical cleanser, gel 10 %</i>	1	
<i>sulfacetamide sodium topical shampoo 10 %</i>	1	
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL

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

Drug Name	Drug Tier	Requirements / Limits
BURN THERAPY		
SILVER SULFADIAZINE (BULK) POWDER 100 %	2	
<i>silver sulfadiazine topical cream 1 %</i>	1	
<i>ssd topical cream 1 %</i>	1	
KERATOLYTICS		
PODOPHYLLUM RESIN (BULK) POWDER	2	
POTASSIUM HYDROXIDE (BULK) PELLET	2	
RESORCINOL (BULK) CRYSTALS	2	
RESORCINOL (BULK) POWDER	2	
SALICYLIC ACID (BULK) CRYSTALS	2	
SALICYLIC ACID (BULK) POWDER	2	
<i>salicylic acid topical cream 6 %</i>	1	
<i>salicylic acid topical cream,extended release 6 %</i>	1	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	1	
<i>salicylic acid topical film-forming soln er w/ appl 28.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>salicylic acid topical foam 6 %</i>	1	
<i>salicylic acid topical gel 6 %</i>	1	
<i>salicylic acid topical liquid 26 %</i>	1	
<i>salicylic acid topical lotion 6 %</i>	1	
<i>salicylic acid topical lotion,extended release 6 %</i>	1	
<i>salicylic acid topical shampoo 6 %</i>	1	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	1	
<i>salimez topical cream 6 %</i>	1	
<i>salvax topical foam 6 %</i>	1	
SODIUM HYDROXIDE (BULK) SOLUTION 10 %	2	
SULFUR SUBLIMED (BULK) POWDER 100 %	2	
MISCELLANEOUS DERMATOLOGICALS		
ALLANTOIN (BULK) POWDER	2	
ALUMINUM CHLORIDE (BULK) POWDER	2	
AMINOBENZOIC ACID (BULK) POWDER	2	

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

Drug Name	Drug Tier	Requirements / Limits
AMMONIUM LACTATE (BULK) SOLUTION 70 %	2	
<i>ammonium lactate topical cream 12 %</i>	1	OTC
<i>ammonium lactate topical lotion 12 %</i>	1	OTC
<i>atopavo topical emulsion</i>	1	
<i>avo cream topical emulsion</i>	1	
BALSAM PERU (BULK) LIQUID	2	
BENZALKONIUM CHLORIDE (BULK) SOLUTION 50 %	2	
BENZETHONIUM CHLORIDE (BULK) POWDER	2	
<i>bpc o topical ointment in packet</i>	1	
CALAMINE (BULK) POWDER	2	
CAMPHOR (BULK) CRYSTALS	2	
CANTHARIDIN (BULK) POWDER	2	
CAPSAICIN (BULK) POWDER	2	
CAPSICUM OLEORESIN (BULK) LIQUID 15 %	2	
CARAC TOPICAL CREAM 0.5 %	2	
<i>celacyn topical gel with pump</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>cem-urea topical gel 45 %</i>	1	
CHLORHEXIDINE GLUCONATE (BULK) SOLUTION 20 %	2	
DICHLORACETIC ACID (BULK) LIQUID 99 %	2	
<i>diclofenac sodium topical gel 3 %</i>	1	PA; QL
<i>doxepin topical cream 5 %</i>	1	ST; QL
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; SP; QL
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	2	PA; SP; QL
<i>eletone topical cream</i>	1	
<i>emulsion sb topical emulsion</i>	1	
<i>fluorouracil topical cream 5 %</i>	1	
<i>fluorouracil topical solution 2 %, 5 %</i>	1	
<i>geri-hydrolac topical cream 12 %</i>	1	OTC
GUAIACOL LIQUID	2	
<i>hpr plus hydrogel topical kit,cream and gel</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hpr plus topical cream</i>	1	
<i>hpr plus topical foam</i>	1	
<i>hpr topical foam</i>	1	
HYDROQUINONE (BULK) CRYSTALS 100 %	2	
ICHTHAMMOL (BULK) LIQUID 100 %	2	
ICHTHAMMOL (BULK) POWDER	2	
IMIQUIMOD (BULK) POWDER 100 %	2	
<i>imiquimod topical cream in packet 5 %</i>	1	
IODOFORM (BULK) POWDER 100 %	2	
<i>luxamend topical cream</i>	1	
<i>mb hydrogel (cyclomethicone) topical kit,cream and gel</i>	1	
<i>mb hydrogel topical kit,cream and gel 96.53-3-0.4 -0.066 %</i>	1	
MENTHOL (BULK) CRYSTALS	2	
METHOXSALEN (BULK) CRYSTALS	2	
METHOXSALEN (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	
<i>methyl salicylate oil</i>	1	
MONOBENZONE (BULK) POWDER 100 %	2	
MONSEL'S TOPICAL SOLUTION 0.2 TO 0.22 GRAM/ML IRON	2	
MONSEL'S TOPICAL SOLUTION WITH APPLICATOR 0.2 TO 0.22 GRAM/ML	2	
<i>nivatopic plus topical cream</i>	1	
PICATO TOPICAL GEL 0.015 %, 0.05 %	2	
<i>pimecrolimus topical cream 1 %</i>	1	PA; QL
<i>podofilox topical solution 0.5 %</i>	1	
<i>pr cream topical cream</i>	1	
<i>prosilk gel topical gel</i>	1	
<i>pruclair topical cream</i>	1	
<i>prudoxin topical cream 5 %</i>	1	ST; QL
<i>prumyx topical cream</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
QBREXZA TOPICAL TOWELETTE 2.4 %	2	PA
<i>recedo topical gel</i>	1	
REGRANEX TOPICAL GEL 0.01 %	2	QL
SAF-CLENS AF DERMAL WOUND TOPICAL CLEANSER	2	
SILVER NITRATE (BULK) CRYSTALS	2	
<i>silver nitrate applicators topical stick 75-25 %</i>	1	
<i>silver nitrate topical solution 0.5 %, 10 %, 25 %, 50 %</i>	1	
SILVER PROTEIN MILD (BULK) POWDER	2	
<i>skin treatment topical lotion 12 %</i>	1	OTC
SODIUM HYALURONATE (BULK) POWDER 94 %	2	
<i>sonafine topical emulsion</i>	1	
TACROLIMUS (BULK) POWDER 100 %	2	
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; QL

Drug Name	Drug Tier	Requirements / Limits
TANNIC ACID (BULK) POWDER	2	
TITANIUM DIOXIDE (BULK) LIQUID 30 %	2	
<i>tri-chlor topical solution 80 %</i>	1	
TRICHLOROACETIC ACID (BULK) CRYSTALS	2	
TRICHLOROACETIC ACID TOPICAL RECON SOLN 20 %, 30 %, 35 %, 40 %, 50 %, 80 %, 85 %, 90 %	2	
<i>umecta topical foam 40 %</i>	1	
UREA (BULK) BEADS 100 %	2	
UREA (BULK) POWDER 100 %	2	
<i>urea nail stick topical solution 50 %</i>	1	
<i>urea topical cream 39 %, 40 %, 41 %, 45 %, 47 %, 50 %</i>	1	
<i>urea topical foam 35 %</i>	1	
<i>urea topical gel 45 %</i>	1	
<i>ure-k topical cream 50 %</i>	1	
UVADEX INJECTION SOLUTION 20 MCG/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
VALCHLOR TOPICAL GEL 0.016 %	2	PA; SP
VASELINE WHITE PETROLEUM TOPICAL OINTMENT IN PACKET	2	
wintergreen oil oil	1	
WITCH HAZEL EXTRACT (BULK) LIQUID	2	
ZINC OXIDE (BULK) POWDER	2	
ZINC OXIDE TOPICAL PASTE 25 %	2	
THERAPY FOR ACNE		
<i>adapalene topical cream 0.1 %</i>	1	
<i>adapalene topical gel 0.3 %</i>	1	
<i>adapalene topical gel with pump 0.3 %</i>	1	
<i>adapalene topical solution 0.1 %</i>	1	
<i>adapalene topical swab 0.1 %</i>	1	
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>amneesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AMZEEQ TOPICAL FOAM 4 %	2	ST

Drug Name	Drug Tier	Requirements / Limits
<i>avar topical cleanser 10-5 % (w/w)</i>	1	
<i>avita topical cream 0.025 %</i>	1	
AZELAIC ACID (BULK) FLAKES 100 %, 85 %, 88 %	2	
AZELAIC ACID (BULK) POWDER 100 %	2	
<i>azelaic acid topical gel 15 %</i>	1	
<i>benzebro topical towelette 6 %</i>	1	
BENZOYL PEROXIDE (BULK) POWDER 65 TO 82 %	2	
<i>benzoyl peroxide topical cleanser 7 %</i>	1	
<i>benzoyl peroxide topical foam 5.3 %, 9.8 %</i>	1	
<i>bp 10-1 topical cleanser 10-1 %</i>	1	ST
<i>bpo topical gel 4 %, 8 %</i>	1	
<i>bpo topical towelette 6 %</i>	1	
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>cleansing wash topical cleanser 10-4-10 %</i>	1	ST
<i>clindacin etz topical swab 1 %</i>	1	
<i>clindacin p topical swab 1 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical foam 1 %</i>	1	QL
<i>clindamycin phosphate topical gel 1 %</i>	1	QL
<i>clindamycin phosphate topical lotion 1 %</i>	1	QL
<i>clindamycin phosphate topical solution 1 %</i>	1	QL
<i>clindamycin phosphate topical swab 1 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	1	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %</i>	1	
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	1	
<i>dapsone topical gel 5 %</i>	1	
<i>dapsone topical gel with pump 7.5 %</i>	1	
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 %	2	ST
<i>ery pads topical swab 2 %</i>	1	
<i>erygel topical gel 2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical gel 2 %</i>	1	
<i>erythromycin with ethanol topical solution 2 %</i>	1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	1	
FINACEA TOPICAL FOAM 15 %	2	ST
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	
<i>metronidazole topical gel 0.75 %, 1 %</i>	1	
<i>metronidazole topical gel with pump 1 %</i>	1	
<i>metronidazole topical lotion 0.75 %</i>	1	
MIRVASO TOPICAL GEL WITH PUMP 0.33 %	2	PA
<i>myorisan oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>neuac topical gel 1.2 %(1 % base) -5 %</i>	1	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	2	ST

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Drug Name	Drug Tier	Requirements / Limits
RETINOIC ACID POWDER	2	
rosadan topical cream 0.75 %	1	
rosadan topical gel 0.75 %	1	
rosula cleansing cloths topical pads, medicated 10-5 %	1	
sss 10-5 topical cream 10-5 % (w/w)	1	
sss 10-5 topical foam 10-5 %	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	
sulfacetamide sodium-sulfur-urea topical cleanser 10-5-10 %	1	

Drug Name	Drug Tier	Requirements / Limits
sulfacetamide-sulfur-cleanser23 topical kit 9-4.5 %	1	
sulfacleanse 8-4 topical suspension 8-4 %	1	ST
tazarotene topical cream 0.1 %	1	PA
TAZORAC TOPICAL CREAM 0.05 %	2	PA
TAZORAC TOPICAL GEL 0.05 %, 0.1 %	2	PA
TRETINOIN (BULK) POWDER	2	
tretinoin microspheres topical gel 0.04 %, 0.1 %	1	
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	1	
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
TOPICAL ANESTHETICS		
BENZOCAINE (BULK) POWDER	2	
BENZOCAINE MICRONIZED (BULK) POWDER 100 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
BUPIVACAINE (BULK) POWDER 100 %	2	
<i>bupivacaine (pf) injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml), 0.75 % (7.5 mg/ml)</i>	1	
<i>bupivacaine injection solution 0.25 % (2.5 mg/ml), 0.5 % (5 mg/ml)</i>	1	
<i>bupivacaine-epinephrine (pf) injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	1	
<i>bupivacaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	1	
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	1	
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)</i>	1	
COCAINE (BULK) CRYSTALS 100 %	2	
<i>dermacinrx prizopak topical kit 2.5-2.5 %</i>	1	
DIBUCAINE HCL (BULK) POWDER 100 %	2	
DYCLONINE HCL (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>ethyl chloride topical aerosol,spray 100 %</i>	1	
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	QL
LIDOCAINE (BULK) POWDER	2	
<i>lidocaine (pf) injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %), 40 mg/ml (4 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine (pf) injection syringe 50 mg/5 ml (1 %)</i>	1	
LIDOCAINE HCL (BULK) POWDER 100 %	2	
<i>lidocaine hcl injection solution 10 mg/ml (1 %), 20 mg/ml (2 %), 5 mg/ml (0.5 %)</i>	1	
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	1	QL
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine hcl topical cream 3 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
lidocaine hcl topical lotion 3 %	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine in nacl,iso-osmo(pf) injection syringe 100 mg/10 ml (1 %)	1	
lidocaine topical adhesive patch,medicated 5 %	1	PA
lidocaine topical ointment 5 %	1	QL
lidocaine viscous mucous membrane solution 2 %	1	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-epinephrine injection solution 0.5 %-1:200,000, 1 %-1:100,000, 2 %-1:100,000	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	QL
lidocaine-prilocaine topical kit 2.5-2.5 %	1	
lido-k topical lotion 3 %	1	
lidopin topical cream 3 %	1	
lidopril topical kit 2.5-2.5 %	1	

Drug Name	Drug Tier	Requirements / Limits
lido-sorb topical lotion 3 %	1	
lidozion topical lotion 3 %	1	
lta pre-attached laryngotracheal solution 4 %	1	
marcaine (pf) injection solution 0.75 % (7.5 mg/ml)	1	
polocaine injection solution 1 % (10 mg/ml)	1	
POLOCAINE INJECTION SOLUTION 2 %	2	
polocaine-mpf injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)	1	
PRILOCAINE (BULK) POWDER	2	
pro dna collection mucous membrane kit 2 %	1	
PROCAINE (BULK) CRYSTALS	2	
relador pak plus topical kit 2.5-2.5 %	1	
relador pak topical kit 2.5-2.5 %	1	
ropivacaine (pf) injection solution 10 mg/ml (1 %), 2 mg/ml (0.2 %), 5 mg/ml (0.5 %), 7.5 mg/ml (0.75 %)	1	

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Drug Name	Drug Tier	Requirements / Limits
ROPIVACAINE HCL (BULK) POWDER 100 %	2	
<i>sensorcaine injection solution 0.5 % (5 mg/ml)</i>	1	
<i>sensorcaine-epinephrine injection solution 0.25 %-1:200,000, 0.5 %-1:200,000</i>	1	
<i>sensorcaine-mpf injection solution 0.5 % (5 mg/ml)</i>	1	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75 %-1:200,000	2	
TETRACAINE (BULK) WAX 100 %	2	
TETRACAINE HCL (BULK) POWDER	2	
<i>tetracaine hcl (pf) injection solution 1 % (10 mg/ml)</i>	1	
<i>xylocaine dental-epinephrine injection cartridge 2 %-1:100,000, 2 %-1:50,000</i>	1	
<i>zionodil topical lotion 3 %</i>	1	
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	2	PA

TOPICAL ANTIBACTERIALS

Drug Name	Drug Tier	Requirements / Limits
BACITRACIN ZN MICRONIZED(BULK) POWDER 40 UNIT/MG	2	
<i>gentamicin topical cream 0.1 %</i>	1	
<i>gentamicin topical ointment 0.1 %</i>	1	
<i>hydrocortisone-iodoquinol-aloe2 topical gel 2-1-1 %</i>	1	
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	1	
<i>hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %</i>	1	
<i>lugols topical solution 5-10 %</i>	1	
<i>mafenide acetate topical packet 50 gram</i>	1	
MUPIROCIN (BULK) POWDER 100 %	2	
<i>mupirocin calcium topical cream 2 %</i>	1	ST; QL
<i>mupirocin topical ointment 2 %</i>	1	QL
NITROFURAZONE (BULK) POWDER	2	
POVIDONE- IODINE (BULK) POWDER 100 %	2	
<i>strong iodine topical solution 5-10 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	
SULFAMYLON TOPICAL CREAM 85 MG/G	2	
TRICLOSAN (BULK) POWDER 100 %	2	
TOPICAL ANTIFUNGALS		
<i>ciclodan topical cream 0.77 %</i>	1	QL
<i>ciclodan topical solution 8 %</i>	1	
CICLOPIROX OLAMINE (BULK) POWDER	2	
<i>ciclopirox topical cream 0.77 %</i>	1	QL
<i>ciclopirox topical gel 0.77 %</i>	1	QL
<i>ciclopirox topical shampoo 1 %</i>	1	QL
<i>ciclopirox topical solution 8 %</i>	1	
<i>ciclopirox topical suspension 0.77 %</i>	1	QL
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	1	
CLOTRIMAZOLE (BULK) POWDER	2	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	QL
ECONAZOLE NITRATE (BULK) POWDER	2	
<i>econazole topical cream 1 %</i>	1	QL
GENTIAN VIOLET (BULK) CRYSTALS	2	
<i>ketoconazole topical cream 2 %</i>	1	QL
<i>ketoconazole topical foam 2 %</i>	1	QL
<i>ketoconazole topical shampoo 2 %</i>	1	QL
<i>ketodan kit topical combo pack 2 %</i>	1	
<i>ketodan topical foam 2 %</i>	1	QL
MICONAZOLE NITRATE (BULK) POWDER	2	
<i>naftifine topical cream 1 %, 2 %</i>	1	QL
<i>naftifine topical gel 1 %</i>	1	QL
<i>nyamyc topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin topical cream 100,000 unit/gram</i>	1	QL
<i>nystatin topical ointment 100,000 unit/gram</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>nystatin topical powder 100,000 unit/gram</i>	1	QL
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	QL
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	QL
<i>nystop topical powder 100,000 unit/gram</i>	1	QL
<i>oxiconazole topical cream 1 %</i>	1	QL
<i>tavaborole topical solution with applicator 5 %</i>	1	
TOLNAFTATE (BULK) POWDER	2	
UNDECYLENIC ACID (BULK) LIQUID 100 %	2	
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream 5 %</i>	1	PA; QL
<i>acyclovir topical ointment 5 %</i>	1	PA; QL
TOPICAL CORTICOSTEROIDS		
<i>alclometasone topical cream 0.05 %</i>	1	
<i>alclometasone topical ointment 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>amcinonide topical cream 0.1 %</i>	1	ST
<i>amcinonide topical lotion 0.1 %</i>	1	ST
<i>apexicon e topical cream 0.05 %</i>	1	ST
<i>besser topical lotion 0.05 %</i>	1	ST
BETAMETHASON E DIPROPION (BULK) POWDER	2	
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	
BETAMETHASON E VALERATE (BULK) POWDER	2	
<i>betamethasone valerate topical cream 0.1 %</i>	1	
<i>betamethasone valerate topical foam 0.12 %</i>	1	ST
<i>betamethasone valerate topical lotion 0.1 %</i>	1	
<i>betamethasone valerate topical ointment 0.1 %</i>	1	
<i>betamethasone, augmented topical cream 0.05 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone, augmented topical gel 0.05 %</i>	1	
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	
CLOBETASOL PROPIONATE (BULK) POWDER	2	
<i>clobetasol scalp solution 0.05 %</i>	1	QL
<i>clobetasol topical cream 0.05 %</i>	1	QL
<i>clobetasol topical foam 0.05 %</i>	1	ST; QL
<i>clobetasol topical gel 0.05 %</i>	1	QL
<i>clobetasol topical lotion 0.05 %</i>	1	ST; QL
<i>clobetasol topical ointment 0.05 %</i>	1	QL
<i>clobetasol topical shampoo 0.05 %</i>	1	ST; QL
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	1	ST; QL
<i>clobetasol-emollient topical cream 0.05 %</i>	1	QL
<i>clobetasol-emollient topical foam 0.05 %</i>	1	ST; QL
<i>clodan topical shampoo 0.05 %</i>	1	ST; QL
<i>desonide topical cream 0.05 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desonide topical gel 0.05 %</i>	1	ST
<i>desonide topical lotion 0.05 %</i>	1	ST
<i>desonide topical ointment 0.05 %</i>	1	
DESONIDE, MICRONIZED (BULK) POWDER	2	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical gel 0.05 %</i>	1	ST
<i>desoximetasone topical ointment 0.05 %, 0.25 %</i>	1	ST
<i>desoximetasone topical spray,non-aerosol 0.25 %</i>	1	ST
<i>diflorasone topical cream 0.05 %</i>	1	ST; QL
<i>diflorasone topical ointment 0.05 %</i>	1	ST; QL
FLUOCINOLONE ACETONIDE (BULK) POWDER	2	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone topical oil 0.01 %</i>	1	
<i>fluocinolone topical ointment 0.025 %</i>	1	
<i>fluocinolone topical solution 0.01 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinonide topical cream 0.05 %</i>	1	QL
<i>fluocinonide topical cream 0.1 %</i>	1	ST; QL
<i>fluocinonide topical gel 0.05 %</i>	1	QL
<i>fluocinonide topical ointment 0.05 %</i>	1	QL
<i>fluocinonide topical solution 0.05 %</i>	1	QL
FLUOCINONIDE, MICRONIZED(BULK) POWDER 100 %	2	
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL
<i>flurandrenolide topical cream 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical lotion 0.05 %</i>	1	ST; QL
<i>flurandrenolide topical ointment 0.05 %</i>	1	ST; QL
FLUTICASONE PROP, MICRO (BULK) POWDER 100 %	2	
FLUTICASONE PROPIONATE (BULK) POWDER 100 %	2	
<i>fluticasone propionate topical cream 0.05 %</i>	1	
<i>fluticasone propionate topical lotion 0.05 %</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
<i>fluticasone propionate topical ointment 0.005 %</i>	1	
<i>halcinonide topical cream 0.1 %</i>	1	ST
<i>halobetasol propionate topical cream 0.05 %</i>	1	
<i>halobetasol propionate topical ointment 0.05 %</i>	1	
HYDROCORTISONE (BULK) POWDER	2	
HYDROCORTISONE ACETATE (BULK) POWDER	2	
<i>hydrocortisone butyrate topical cream 0.1 %</i>	1	QL
<i>hydrocortisone butyrate topical lotion 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyrate topical ointment 0.1 %</i>	1	ST
<i>hydrocortisone butyrate topical solution 0.1 %</i>	1	ST; QL
<i>hydrocortisone butyr-emollient topical cream 0.1 %</i>	1	QL
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	1	
MOMETASONE FUROATE (BULK) POWDER 100 %	2	
<i>mometasone topical cream 0.1 %</i>	1	
<i>mometasone topical ointment 0.1 %</i>	1	
<i>mometasone topical solution 0.1 %</i>	1	
<i>nolix topical cream 0.05 %</i>	1	ST; QL
<i>nolix topical lotion 0.05 %</i>	1	ST; QL
<i>prednicarbate topical cream 0.1 %</i>	1	
<i>prednicarbate topical ointment 0.1 %</i>	1	
<i>scalacort topical lotion 2 %</i>	1	
<i>tovet emollient topical foam 0.05 %</i>	1	ST; QL
TRIAMCINOLONE ACETONIDE (BULK) POWDER 100 %	2	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	ST
<i>trianex topical ointment 0.05 %</i>	1	ST
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	ST
TOPICAL ENZYMES		
COLLAGENASE CLOS HIST. (BULK) POWDER	2	
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	2	QL
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion 10 %</i>	1	
<i>lindane topical shampoo 1 %</i>	1	
<i>malathion topical lotion 0.5 %</i>	1	
PERMETHRIN (BULK) LIQUID 92 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>permethrin topical cream 5 %</i>	1	
PYRITHIONE ZINC (BULK) LIQUID 48 %	2	
<i>spinosad topical suspension 0.9 %</i>	1	
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
DIETHYLPROPION HCL (BULK) POWDER 100 %	2	
PHENTERMINE HCL (BULK) POWDER 100 %	2	
ANTIDOTES		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	1	
EDETATE DISODIUM (BULK) POWDER 100 %	2	
PROTOPAM CHLORIDE INJECTION RECON SOLN 1 GRAM	2	
ENZYMES		
CHYMOTRYPSIN (BULK) POWDER	2	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	1	
<i>ringer's irrigation solution</i>	1	
<i>tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75- 6.25 mg/100 ml</i>	1	
MISCELLANEOUS AGENTS		
2-DEOXY-D-GLUCOSE (BULK) POWDER	2	
2-METHOXYESTRADIOL (BULK) POWDER 100 %	2	
3,5-DIIODOTHYRONINE (BULK) POWDER 100 %	2	
<i>acamprosate oral tablet,delayed release (dr/ec) 333 mg</i>	1	
ACD SOLUTION A SOLUTION 2.45-2.2 GRAM- 800 MG/100 ML	2	
<i>acetic acid irrigation solution 0.25 %</i>	1	
ALPHA PINENE (BULK) LIQUID	2	
ALUMINUM, (ACETATO-O)DIH(BULK) POWDER	2	

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

Drug Name	Drug Tier	Requirements / Limits
AMMONIUM SULFATE (BULK) GRANULES	2	
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	
ANISINDIONE (BULK) POWDER 100 %	2	
ANTICOAG CITRATE PHOS DEXTROSE SOLUTION 2.63-222 GRAM-MG/100ML	2	
ANTIPYRINE (BULK) POWDER 100 %	2	
<i>aqua care sodium chloride irrigation solution 0.9 %</i>	1	
<i>aqua care sterile water irrigation solution</i>	1	
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG, 500 MG	2	PA; SP
<i>bacteriostatic water(parabens) injection solution</i>	1	
BARIUM SULFATE (BULK) POWDER	2	
<i>bd pre-filled normal saline injection syringe</i>	1	
BENZYL BENZOATE (BULK) LIQUID	2	

Drug Name	Drug Tier	Requirements / Limits
BETANAPHTHOL (BULK) POWDER 99 %	2	
BISMUTH CITRATE (BULK) POWDER	2	
BISMUTH SUBNITRATE (BULK) POWDER 100 %	2	
BREVITAL INJECTION RECON SOLN 500 MG	2	
BROMHEXINE HCL (BULK) POWDER	2	
BUFLOMEDIL (BULK) POWDER 100 %	2	
<i>bupivacaine-dextrose-water(pf) injection solution 0.75 % (7.5 mg/ml)</i>	1	
CAFFEINE (BULK) POWDER 100 %	2	
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	
CALCITRIOL-ALMOND OIL (BULK) LIQUID 1 MCG/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	2	PA; SP
CARBAZOCHROME (BULK) POWDER 100 %	2	
CESIUM CHLORIDE (BULK) CRYSTALS 100 %	2	
<i>cevimeline oral capsule 30 mg</i>	1	
CHEMET ORAL CAPSULE 100 MG	2	PA
CHLORHEXIDINE ACETATE (BULK) POWDER 100 %	2	
<i>citric acid anhydrous (bulk) granules 100 %</i>	1	
<i>citric acid monohydrate (bulk) granules 100 %</i>	1	
<i>clariscan (meglumine) intravenous solution 0.5 mmol/ml (376.9 mg/ml)</i>	1	
CLEMIZOLE HCL (BULK) POWDER	2	
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	

Drug Name	Drug Tier	Requirements / Limits
CLINIMIX E 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 2.75 %	2	
<i>clovique oral capsule 250 mg</i>	1	PA
COUMARIN (BULK) POWDER	2	
<i>cryoserv solution 99 %</i>	1	
CYSTEAMINE HCL (BULK) POWDER 100 %	2	
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
DEANOL BITARTRATE (BULK) POWDER 100 %	2	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; SP
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	1	PA; SP
<i>deferiprone oral tablet 500 mg</i>	1	PA; SP
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	1	
<i>delflex-lc/1.5% dextrose intraperitoneal solution ca 2.5 meq/l- mg 0.5 meq/l</i>	1	
<i>delflex-lc/2.5% dextrose intraperitoneal solution ca 2.5 meq/l- mg 0.5 meq/l</i>	1	
<i>delflex-lc/4.25% dextrose intraperitoneal solution ca 2.5 meq/l- mg 0.5 meq/l</i>	1	
DEOXYCHOLIC ACID (BULK) POWDER 98 %	2	
<i>desflurane inhalation liquid 100 %</i>	1	
DESOXIMETASON E, MICRO (BULK) POWDER 100 %	2	
DEXTROSE (BULK) GRANULES	2	

Drug Name	Drug Tier	Requirements / Limits
DEXTROSE (BULK) POWDER	2	
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 20 % in water (d20w) intravenous parenteral solution 20 %</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 30 % in water (d30w) intravenous parenteral solution</i>	1	
<i>dextrose 40 % in water (d40w) intravenous parenteral solution 40 %</i>	1	
<i>dextrose 5 % in ringer's intravenous parenteral solution 5 %</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
dextrose 5 %-lactated ringers intravenous parenteral solution	1	
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
dextrose 5%-0.3 % sod.chloride intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous parenteral solution	1	
dextrose 50 % in water (d50w) intravenous syringe	1	
dextrose 70 % in water (d70w) intravenous parenteral solution	1	
DICHLORALPHENAZONE (BULK) POWDER 100 %	2	
DILUENT FOR EPOPROSTENOL/FLOLA INTRAVENOUS SOLUTION	2	SP
diluent for treprostinil (gly) intravenous solution	1	SP
DIMERCAPTOPROPANESULFONATE SOD POWDER 97 %	2	

Drug Name	Drug Tier	Requirements / Limits
DIMETHYL SULFOXIDE (BULK) LIQUID 99.99 %	2	
DINITROCHLOROBENZENE(2,4)(BULK) CRYSTALS 100 %	2	
DIOSGENIN (BULK) POWDER	2	
DIPHENCYPRONE (BULK) POWDER 98 %	2	
DISULFIRAM (BULK) POWDER 100 %	2	
disulfiram oral tablet 250 mg, 500 mg	1	
DMPS CRYSTALS	2	
DMSA (BULK) POWDER 98 %	2	
D-XYLOSE (BULK) POWDER	2	
ENFAMIL GLUCOSE ORAL SOLUTION 5 %	2	OTC
EOVIST INTRAVENOUS SOLUTION 0.25 MMOL/ML (181.43 MG/ML)	2	
ETHAMOLIN INTRAVENOUS SOLUTION 5 %	2	
ETHYL ALCOHOL (BULK) LIQUID 95 %	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>etidronate disodium oral tablet 200 mg</i>	1	
ETOMIDATE (BULK) POWDER	2	
<i>etomidate intravenous solution 2 mg/ml</i>	1	
EXTRANEAL 7.5 % INTRAPERITONEAL SOLUTION CA 3.5 MEQ/L- MG 0.5 MEQ/L	2	
FERRIPROX (2 TIMES A DAY) ORAL TABLET 1,000 MG	2	PA; SP
FERRIPROX ORAL SOLUTION 100 MG/ML	2	PA; SP
FERRIPROX ORAL TABLET 1,000 MG, 500 MG	2	PA; SP
<i>forane inhalation liquid 99.9 %</i>	1	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %)	2	PA; SP
GLUTOL GEL ORAL LIQUID 100 GRAM/180 ML	2	OTC
GRAMICIDIN D (BULK) POWDER	2	
GRISEOFULVIN (BULK) POWDER	2	
HEXTEND INTRAVENOUS SOLUTION 6 %	2	

Drug Name	Drug Tier	Requirements / Limits
HISTAMINE PHOSPHATE (BULK) CRYSTALS 100 %	2	
HYDRAZINE SULFATE (BULK) CRYSTALS 100 %	2	
HYDROXYPROPYL CELLULOSE POWDER	2	
<i>ic green injection recon soln 25 mg</i>	1	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	2	PA; SP
<i>indigo carmine injection solution 8 mg/ml (0.8 %)</i>	1	
INDOCYANINE GREEN (BULK) POWDER 100 %	2	
<i>indocyanine green injection recon soln 25 mg</i>	1	
IODINE (BULK) CRYSTALS	2	
IODINE (BULK) GRANULES 100 %	2	
IOPANOIC ACID (BULK) POWDER 100 %	2	
<i>isoflurane inhalation liquid 99.9 %</i>	1	
<i>isopropyl alcohol solution 91 %, 99 %</i>	1	OTC
<i>isosulfan blue subcutaneous solution 1 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
KAOLIN (BULK) POWDER	2	
KETAMINE (BULK) POWDER 100 %	2	
<i>ketamine in 0.9 % sod chloride intravenous syringe 50 mg/5 ml (10 mg/ml)</i>	1	
<i>ketamine injection solution 10 mg/ml, 100 mg/ml, 50 mg/ml</i>	1	
<i>kionex (with sorbitol) oral suspension 15-19.3 gram/60 ml</i>	1	
L-ALANINE POWDER	2	
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	1	
LEUCINE (BULK) POWDER	2	
LEVOCARNITINE (BULK) POWDER	2	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
LEXISCAN INTRAVENOUS SYRINGE 0.4 MG/5 ML	2	

Drug Name	Drug Tier	Requirements / Limits
<i>lmd 10 % in 0.9 % sodium chlor intravenous parenteral solution 10 %</i>	1	
<i>lmd 10 % in 5 % dextrose intravenous parenteral solution 10 %</i>	1	
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	2	QL
M-CRESOL ACETATE (BULK) LIQUID 100 %	2	
<i>md-76 r injection solution 66-10 %</i>	1	
<i>md-gastroview oral solution 66-10 %</i>	1	
MECAMYLAMINE HCL (BULK) POWDER	2	
MECLOFENOXAT E HCL (BULK) POWDER 100 %	2	
MENADIONE (BULK) POWDER	2	
MEQUINOL (BULK) CRYSTALS 100 %	2	
META-CRESOL (BULK) LIQUID 100 %	2	
METHACHOLINE CHLORIDE (BULK) POWDER 100 %	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>monoject 0.9% sodium chloride injection syringe</i>	1	
<i>monoject prefill advanced ns injection syringe</i>	1	
MOXISYLYTE (BULK) POWDER 100 %	2	
MURI-LUBE OIL	2	
NH4 TETRATHIOMOL YBDATE (BULK) POWDER 100 %	2	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	2	PA; SP
<i>normal saline flush injection syringe</i>	1	
OMNIPAQUE 140 INTRAVENOUS SOLUTION 140 MG IODINE/ML	2	
OMNIPAQUE 180 INTRATHECAL SOLUTION 180 MG IODINE/ML	2	
OMNIPAQUE 240 INTRAVENOUS SOLUTION 240 MG IODINE/ML	2	

Drug Name	Drug Tier	Requirements / Limits
OMNIPAQUE 300 INTRAVENOUS SOLUTION 300 MG IODINE/ML	2	
OMNIPAQUE 350 INTRAVENOUS SOLUTION 350 MG IODINE/ML	2	
OXYQUINOLINE SULFATE (BULK) POWDER 100 %	2	
PARACHLOROPH ENOL (BULK) POWDER 100 %	2	
PENTYLENETETR AZOL (BULK) CRYSTALS	2	
PHENINDIONE (BULK) POWDER	2	
PHENOL (BULK) LIQUID 89 %	2	
PHENYLMERCURI C NITRATE (BULK) CRYSTALS	2	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
POLYETHYLENE GLYCOL 3350(BULK) POWDER	2	
POTASSIUM CITRATE M-HYD(BULK) POWDER 100 %	2	
POVIDONE (BULK) POWDER K-30	2	
PREGNENOLONE (BULK) POWDER	2	

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Drug Name	Drug Tier	Requirements / Limits
PREGNENOLONE, MICRONIZED(BULK) POWDER 100 %	2	
PROLASTIN-C INTRAVENOUS RECON SOLN 1,000 MG	2	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	2	PA; SP
<i>propofol intravenous emulsion 10 mg/ml</i>	1	
RAVICTI ORAL LIQUID 1.1 GRAM/ML	2	PA; SP
REVCORI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	2	PA; SP
<i>riluzole oral tablet 50 mg</i>	1	PA
<i>risedronate oral tablet 30 mg</i>	1	QL
SEROTONIN HCL (BULK) POWDER 97 %	2	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sevoflurane inhalation liquid</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium benzoate-sodium phenylacetate intravenous solution 10-10 %</i>	1	
SODIUM BORATE (BULK) POWDER	2	
SODIUM BROMIDE (BULK) GRANULES	2	
SODIUM BUTYRATE (BULK) POWDER 100 %	2	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	1	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	1	
<i>sodium chloride 0.9 % injection solution</i>	1	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	
<i>sodium chloride injection syringe 0.9 %</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
SODIUM CITRATE DIHYDRATE(BULK) GRANULES	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sodium ferric gluconat-sucrose intravenous solution 62.5 mg/5 ml</i>	1	PA
SODIUM PHENYLBUTYRATE (BULK) POWDER 100 %	2	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
<i>sodium polystyrene (sorb free) oral suspension 15 gram/60 ml</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SODIUM TETRADECYL SULF (BULK) POWDER	2	
<i>sodium tetradecyl sulfate intravenous solution 3 % (30 mg/ml)</i>	1	
<i>sodium thiosulfate intravenous solution 12.5 gram/50 ml (250 mg/ml)</i>	1	
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
SOTRADECOL INTRAVENOUS SOLUTION 1 % (10 MG/ML)	2	
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
SQUARIC ACID (BULK) POWDER 100 %	2	
SQUARIC ACID DIBUTYLEST.(BULK) LIQUID 100 %	2	
SQUARIC ACID DIBUTYLEST.(BULK) POWDER	2	
SQUARIC ACID IN BUTANOL LIQUID 150 MG	2	
SULFADIAZINE SODIUM (BULK) POWDER 100 %	2	
<i>terrell inhalation liquid 99.9 %</i>	1	
THEOBROMINE (BULK) POWDER 100 %	2	
THYMOL (BULK) CRYSTALS	2	
THYROGEN INTRAMUSCULAR RECON SOLN 1.1 MG (0.9 MG/ML FINAL CONC.)	2	SP

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Drug Name	Drug Tier	Requirements / Limits
TRICITRASOL INJECTION CONCENTRATE 46.7 %	2	
<i>trientine oral capsule 250 mg</i>	1	PA
TRIOXSALEN (BULK) CRYSTALS 100 %	2	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	2	
<i>water for inject, bacteriostat injection solution</i>	1	
<i>water for injection, sterile injection solution</i>	1	
<i>water for injection, sterile injection syringe</i>	1	
<i>water for injection, sterile intravenous parenteral solution</i>	1	
<i>water for irrigation, sterile irrigation solution</i>	1	
XIAFLEX INJECTION RECON SOLN 0.9 MG	2	PA; SP
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	2	PA; SP
YOHIMBINE HCL (BULK) POWDER	2	
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ZINC SULFATE HEPTAHYDRATE (BULK) POWDER 100 %	2	
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; SP
MISCELLANEOUS DEVICES		
<i>alcohol, rubbing solution 70 %</i>	1	OTC
<i>dy-o-derm solution</i>	1	OTC
INSTACLEAN SOLUTION	2	OTC
ISOPROPYL ALCOHOL SOLUTION 70 %	2	OTC
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	ACA
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG	2	ACA
CHANTIX ORAL TABLET 0.5 MG, 1 MG	2	ACA
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)-1 MG (42)	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR	2	ACA; OTC
<i>nicorelief buccal gum 2 mg</i>	1	ACA; OTC
NICORETTE BUCCAL GUM 2 MG, 4 MG	2	ACA; OTC
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG	2	ACA; OTC
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG	2	ACA; OTC
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	ACA; OTC
NICOTINE (POLACRILEX) BUCCAL LOZENGE 2 MG	2	ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	1	ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge 2 mg</i>	1	ACA; OTC
NICOTINE (POLACRILEX) BUCCAL MINI LOZENGE 4 MG	2	ACA; OTC
NICOTINE POLACRILEX (BULK) POWDER 15 %, 20 %	2	

Drug Name	Drug Tier	Requirements / Limits
NICOTINE TARTRATE POWDER 100 %	2	
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	ACA; OTC
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	ACA; OTC
<i>quit 2 buccal gum 2 mg</i>	1	ACA; OTC
QUIT 2 BUCCAL LOZENGE 2 MG	2	ACA; OTC
<i>quit 4 buccal gum 4 mg</i>	1	ACA; OTC
<i>quit 4 buccal lozenge 4 mg</i>	1	ACA; OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	ACA; OTC
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	1	QL
<i>azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)</i>	1	
BECLOMETHASO NE DIPROP (BULK) POWDER	2	
CETYLPYRIDINIU M CHLORIDE(BULK) CRYSTALS	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	
<i>dentagel dental gel 1.1 %</i>	1	
EUGENOL (BULK) LIQUID	2	
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	
<i>ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)</i>	1	QL
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	QL
<i>oralone dental paste 0.1 %</i>	1	
OXYMETAZOLINE (BULK) POWDER 100 %	2	
<i>paroex oral rinse mucous membrane mouthwash 0.12 %</i>	1	
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	
<i>triamcinolone acetonide dental paste 0.1 %</i>	1	
XYLOMETAZOLINE (BULK) POWDER 100 %	2	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	
CARBAMIDE PEROXIDE (BULK) POWDER 100 %	2	
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	1	
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML)	2	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>a-hydrocort injection recon soln 100 mg</i>	1	
ALDOSTERONE (BULK) POWDER 97.5 %	2	
ARISTOSPAN INTRA-ARTICULAR INJECTION SUSPENSION 20 MG/ML	2	
ARISTOSPAN INTRALESIONAL INJECTION SUSPENSION 5 MG/ML	2	
BETAMETHASON E ACET,MICRO(BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone acet,sod phos injection suspension 6 mg/ml</i>	1	
BETAMETHASON E SOD PHOS (BULK) POWDER	2	
CORTICOTROPIN (BULK) POWDER	2	
CORTISONE (BULK) POWDER	2	
<i>cortisone oral tablet 25 mg</i>	1	
<i>cosyntropin injection recon soln 0.25 mg</i>	1	
<i>decadron oral tablet 0.5 mg, 0.75 mg, 4 mg, 6 mg</i>	1	
DESOXYCORTICOSTERONE AC (BULK) POWDER 100 %	2	
<i>dexabliss oral tablets,dose pack 1.5 mg (39 tabs)</i>	1	PA
DEXAMETHASON E AC, MICRO (BULK) POWDER 100 %	2	
DEXAMETHASON E ACETATE (BULK) POWDER	2	
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	
DEXAMETHASON E ISONIC (BULK) POWDER	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)</i>	1	PA
DEXAMETHASONE SOD PHOS (BULK) POWDER 100 %	2	
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	
DEXAMETHASONE, MICRONIZED (BULK) POWDER 100 %	2	
<i>dexamethasone-0.9 % sod. chlor intravenous piggyback 10 mg/50 ml</i>	1	
FLUDROCORTISONE (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
<i>fludrocortisone oral tablet 0.1 mg</i>	1	
<i>hidex oral tablets,dose pack 1.5 mg (21 tabs)</i>	1	PA
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
METHYLPREDNISOLONE AC, MIC (BULK) POWDER 100 %	2	
<i>methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	1	
METHYLPREDNISOLONE, MIC (BULK) POWDER 100 %	2	
<i>millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>millipred oral tablet 5 mg</i>	1	
PREDNISOLONE (BULK) POWDER	2	
PREDNISOLONE AC, MICRO (BULK) POWDER 100 %	2	
<i>prednisolone oral solution 15 mg/5 ml</i>	1	
PREDNISOLONE SOD PHOS (BULK) POWDER	2	
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml), 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg</i>	1	
PREDNISOLONE, MICRO (BULK) POWDER 100 %	2	
PREDNISONE (BULK) POWDER	2	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
PREDNISONE MICRONIZED (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>prednisone oral solution 5 mg/5 ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablets, dose pack 10 mg, 5 mg</i>	1	
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML, 500 MG/4 ML	2	
SOLU-CORTEF INJECTION RECON SOLN 100 MG	2	
TRIAMCIN DIACET, MICRO (BULK) POWDER 100 %	2	
TRIAMCINOLONE (BULK) POWDER	2	
<i>triamcinolone acetonide injection suspension 10 mg/ml, 40 mg/ml</i>	1	
TRIAMCINOLONE DIACETATE (BULK) POWDER	2	
<i>veripred 20 oral solution 20 mg/5 ml (4 mg/ml)</i>	1	

ANTITHYROID AGENTS

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

Drug Name	Drug Tier	Requirements / Limits
METHIMAZOLE (BULK) POWDER 100 %	2	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
POTASSIUM IODIDE (BULK) CRYSTALS 100 %	2	
POTASSIUM IODIDE (BULK) GRANULES	2	
POTASSIUM IODIDE (BULK) POWDER	2	
PROPYLTHIOURACIL (BULK) POWDER 100 %	2	
<i>propylthiouracil oral tablet 50 mg</i>	1	
DIABETES THERAPY		
1ST TIER UNILET COMFORTOUCH 28 GAUGE, 30 GAUGE	2	OTC
2-IN-1 LANCET DEVICE 30 GAUGE	2	OTC
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ACCU-CHEK COMBO SYSTEM KIT	2	
ACCU-CHEK FASTCLIX LANCET DRUM	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK FASTCLIX LANCING DEV KIT	2	OTC
ACCU-CHEK MULTICLIX LANCET	2	OTC
ACCU-CHEK MULTICLIX LANCET KIT	2	OTC
ACCU-CHEK RAPID D INFUSION SUBCUTANEOUS INFUSION SET 10 X 70 MM-CM, 6 X 50 MM-CM, 8 X 50 MM-CM, 8 X 70 MM-CM	2	
ACCU-CHEK SAFE-T-PRO 23 GAUGE	2	OTC
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	2	OTC
ACCU-CHEK SOFT DEV LANCETS KIT	2	OTC
ACCU-CHEK SOFTCLIX LANCETS	2	OTC
ACCU-CHEK SPIRIT ADAPTER	2	
ACCU-CHEK SPIRIT CARTRIDGE SYS	2	

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

Drug Name	Drug Tier	Requirements / Limits
ACCU-CHEK TENDER SUBCUTANEOUS INFUSION SET 13 X 110 MM-CM, 13 X 60 MM-CM, 13 X 80 MM-CM, 17 X 110 MM-CM, 17 X 60 MM-CM, 17 X 80 MM-CM	2	
ACCU-CHEK ULTRAFLEX SUBCUTANEOUS INFUSION SET 10 X 110 MM-CM, 10 X 60 MM-CM, 10 X 80 MM-CM, 8 X 110 MM-CM, 8 X 60 MM-CM, 8 X 80 MM-CM	2	
ACD-A SOLUTION	2	
ACE AEROSOL CLOUD ENHANCER SPACER	2	
<i>acti-lance lancets 17 gauge, 28 gauge</i>	1	OTC
ACTI-LANCE LANCETS 23 GAUGE	2	OTC
ADJUSTABLE LANCING DEVICE	2	OTC
ADVANCED LANCING DEVICE KIT	2	OTC
ADVANCED TRAVEL LANCETS 28 GAUGE, 30 GAUGE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ADVOCATE LANCET 26 GAUGE, 30 GAUGE	2	OTC
ADVOCATE LANCING DEVICE	2	OTC
ADVOCATE RAPID-SAFE LANCING	2	OTC
AEROCHAMBER MINI SPACER	2	
AEROCHAMBER MV SPACER	2	
AEROCHAMBER PLUS FLOW-VU SPACER	2	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	2	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	2	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	2	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	2	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	2	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	2	
AEROCHAMBER WITH FLOWSIGNAL SPACER	2	

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

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	2	
AEROTRACH PLUS SPACER	2	
AEROVENT PLUS SPACER	2	
<i>alcohol pads topical pads, medicated</i>	1	OTC
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	OTC
ALCOHOL SWABS TOPICAL PADS, MEDICATED	2	OTC
ALCOHOL WIPES TOPICAL PADS, MEDICATED	2	OTC
ALTERNATE SITE LANCET 26 GAUGE	2	OTC
ALTERNATE SITE LANCING DEVICE	2	OTC
AQUA LANCE LANCING DEVICE	2	OTC
ASSURE HAEMOLANCE PLUS 1.2 MM, 18 GAUGE, 21 GAUGE, 25 GAUGE, 28 GAUGE	2	OTC
ASSURE LANCE 25 GAUGE, 28 GAUGE	2	OTC
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN	2	OTC
AUTO-LANCET MINI	2	OTC
AUTOLET IMPRESSION LANC DEV KIT	2	OTC
AUTOLET LANCING DEVICE	2	OTC
AUTOLET PLUS LANCING DEVICE	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOPEN 2 TO 42 UNITS SUBCUTANEOUS INSULIN PEN	2	OTC
AUTOSOFT 30 INFUSION SET	2	
AUTOSOFT 90 INFUSION SET	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET	2	
AUTOSOFT XC INFUSION SET 32" INFUSION SET	2	
AUTOSOFT XC INFUSION SET 43" INFUSION SET	2	
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
BD ALCOHOL SWABS TOPICAL PADS, MEDICATED	2	OTC
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	2	OTC
BD ECLIPSE LUER-LOK NEEDLE 21 GAUGE X 1 1/2", 22 GAUGE X 1", 25 GAUGE X 1 1/2", 30 X 1/2 "	2	
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	
BD ECLIPSE NEEDLE 21 GAUGE X 1", 25 GAUGE X 1"	2	
BD FILTER NEEDLE 5-MICRON NOKO NEEDLE 18 GAUGE X 1 1/2"	2	
BD FILTER NEEDLE-5 MICRON NEEDLE 19 X 1 1/2 "	2	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 5/16"	2	
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2"	2	

Drug Name	Drug Tier	Requirements / Limits
BD INSULIN SYRINGE SLIP TIP SYRINGE 1 ML	2	
BD INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	2	
BD INSULIN SYRINGE U-500 SYRINGE 1/2 ML 31 GAUGE X 15/64"	2	
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1"	2	
BD INTRADERMAL BEVEL NEEDLES NEEDLE 26 GAUGE X 3/8"	2	

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

Drug Name	Drug Tier	Requirements / Limits
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2"	2	
BD LO-DOSE ULTRA-FINE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
BD MAGNI-GUIDE SYRINGE MAGNIFI	2	OTC
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	2	OTC
BD NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
BD NOKOR ADMIX NEEDLE NEEDLE 18 GAUGE X 1 1/2"	2	
BD PRECISIONGLIDE NEEDLE 25 GAUGE X 1", 27 GAUGE X 1 1/2"	2	
BD PRECISIONGLIDE NON-STERILE NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1 1/2", 20 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 22 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1", 25 GAUGE X 5/8"	2	

Drug Name	Drug Tier	Requirements / Limits
BD Q-SYTE MDV ADAPTER INFUSION SET	2	OTC
BD Q-SYTE SPLIT-SEPT DEVICE INFUSION SET	2	OTC
BD REGULAR BEVEL NEEDLES NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 5/8", 26 GAUGE X 1/2", 27 GAUGE X 1/2"	2	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	2	

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

Drug Name	Drug Tier	Requirements / Limits
BD SAFETYGLIDE NEEDLE NEEDLE 18 GAUGE X 1 1/2", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 25 GAUGE X 1", 25 X 5/8 ", 27 X 5/8 "	2	
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
BD SPECIALTY USE NEEDLES NEEDLE 16 GAUGE X 1 1/2", 16 GAUGE X 1", 21 GAUGE X 2", 23 GAUGE X 1 1/4", 25 GAUGE X 7/8", 27 GAUGE X 1 1/4", 30 GAUGE X 1", 30 GAUGE X 1/2"	2	
BD ULTRA FINE LANCETS 33 GAUGE	2	OTC
BD ULTRA-FINE II LANCETS 30 GAUGE	2	OTC
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	2	OTC
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	2	OTC

Drug Name	Drug Tier	Requirements / Limits
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	2	OTC
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	2	OTC
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	2	
BD VEO INSULIN SYR HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64"	2	
BD VEO INSULIN SYRINGE UF SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	2	
BD YALE REGULAR BEVEL NEEDLE 27 GAUGE X 1"	2	
BLUNT NEEDLE, DISPOSABLE NEEDLE 18 X 1 1/2 ", 22 X 1 1/2 "	2	
BREATHERITE MDI SPACER SPACER	2	
BREATHERITE SPACER-MASK, NEO. SPACER	2	

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

Drug Name	Drug Tier	Requirements / Limits
BREATHERITE SPACER-MASK,ADULT SPACER	2	
BREATHERITE SPACER-MASK,CHILD SPACER	2	
BREATHERITE SPACER-MASK,INFANT SPACER	2	
BREATHERITE SPACER-MASK,S.CHLD SPACER	2	
BREATHERITE VALVED MDI CHAMBER SPACER	2	
BREATHERITE VALVED MDI SPACER SPACER	2	
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	2	OTC
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML	2	PA; QL
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML	2	PA; QL

Drug Name	Drug Tier	Requirements / Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; QL
CAREONE LANCING DEVICE	2	OTC
CAREONE ULTRA THIN LANCET	2	OTC
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	2	OTC
CARETOUCH LANCING DEVICE	2	OTC
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	2	OTC
CLEO 90 INFUSION SET 24" INFUSION SET	2	
CLEO 90 INFUSION SET 31" INFUSION SET	2	
CLEVER CHEK LANCETS 30 GAUGE	2	OTC
CLEVER CHOICE CHAMBER-LRG MASK SPACER	2	
CLEVER CHOICE CHAMBER-MED MASK SPACER	2	

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

Drug Name	Drug Tier	Requirements / Limits
CLEVER CHOICE CHAMBER-SM MASK SPACER	2	
COAGUCHEK LANCETS	2	OTC
COLOR LANCETS 21 GAUGE	2	OTC
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	2	OTC
COMFORT INFUSION SET 23" INFUSION SET	2	
COMFORT INFUSION SET 32" INFUSION SET	2	
COMFORT INFUSION SET 43" INFUSION SET	2	
COMFORT LANCETS	2	OTC
COMFORT SHORT INSULIN PUMP 32" INFUSION SET	2	
COMPACT SPACE CHAMBER SPACER	2	
COMPACT SPACE CHAMBER-LRG MASK SPACER	2	
COMPACT SPACE CHAMBER-MED MASK SPACER	2	
COMPACT SPACE CHAMBER-SM MASK SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
CONTACT DETACH INFUS SET 23" INFUSION SET	2	
CONTACT DETACH INFUS SET 32" INFUSION SET	2	
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	2	OTC
DERMAVIEW II TOPICAL BANDAGE 2 3/8 X 2 3/4 ", 4 X 4 1/2 "	2	OTC
DERMAVIEW TOPICAL BANDAGE 4 X 5 "	2	OTC
DEXCOM G4 RECEIVER	2	
DEXCOM G4 RECEIVER PEDIATRIC	2	
DEXCOM G4 RECEIVER-SHARE (PED)	2	
DEXCOM G4 RECEIVER-SHARE KIT	2	
DEXCOM G4 TRANSMITTER DEVICE	2	QL
DEXCOM G5 RECEIVER	2	
DEXCOM G5 TRANSMITTER DEVICE	2	QL
DEXCOM G5-G4 SENSOR DEVICE	2	QL

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

Drug Name	Drug Tier	Requirements / Limits
DEXCOM G6 RECEIVER	2	
DEXCOM G6 SENSOR DEVICE	2	QL
DEXCOM G6 TRANSMITTER DEVICE	2	QL
DEXCOM RECEIVER	2	
DIAZOXIDE (BULK) POWDER 100 %	2	
<i>diazoxide oral suspension 50 mg/ml</i>	1	
DISPOSABLE NEEDLES NEEDLE 22 GAUGE X 3/4"	2	
DISPOSABLE POWER	2	OTC
DROPLET LANCETS 30 GAUGE	2	OTC
DROPLET LANCING DEVICE	2	OTC
EASIVENT HOLDING CHAMBER SPACER	2	
EASIVENT MASK LARGE DEVICE	2	
EASIVENT MASK MEDIUM DEVICE	2	
EASIVENT MASK SMALL DEVICE	2	
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	2	OTC

Drug Name	Drug Tier	Requirements / Limits
EASY COMFORT LANCETS 30 GAUGE	2	OTC
EASY MINI EJECT LANCING DEVICE	2	OTC
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	OTC
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	2	OTC
EASY TOUCH LANCING DEVICE	2	OTC
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	2	OTC
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	2	OTC
EASY TWIST AND CAP LANCETS 28 GAUGE	2	OTC
EMBRACE LANCETS 30 GAUGE	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
EXEL HYPODERMIC NEEDLES NEEDLE 18 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 20 X 3/4 ", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 22 GAUGE X 3/4", 23 GAUGE X 3/4", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 3/4", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 26 GAUGE X 1/2", 26 GAUGE X 3/8", 26 GAUGE X 5/8", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	2	
<i>e-z ject lancets , 26 gauge, 30 gauge, 32 gauge, 33 gauge</i>	1	OTC
<i>e-z ject thin lancets 28 gauge</i>	1	OTC
EZ SMART LANCETS 28 GAUGE	2	OTC
EZ-LETS 26 GAUGE	2	OTC
FARXIGA ORAL TABLET 10 MG, 5 MG	2	ST; QL
FC2 FEMALE CONDOM	2	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	2	ACA
FIFTY50 SAFETY SEAL LANCETS 30 GAUGE, 32 GAUGE	2	OTC
FILTER NEEDLES NEEDLE 18 GAUGE X 1 1/2"	2	
FINE 30 UNIVERSAL LANCETS 30 GAUGE	2	OTC
FINGERSTIX LANCETS	2	OTC
FLEXICHAMBER SPACER	2	
FLEXICHAMBER- LG CHILD MASK DEVICE	2	
FLEXICHAMBER- SM ADULT MASK DEVICE	2	
FLEXICHAMBER- SM CHILD MASK DEVICE	2	
FLOW-EZE VENTED NEEDLE NEEDLE	2	
FORA LANCING DEVICE	2	OTC
FORACARE LANCETS 30 GAUGE	2	OTC
FREESTYLE CONTROL SOLUTION	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
FREESTYLE FREEDOM KIT	2	OTC
FREESTYLE FREEDOM LITE KIT	2	OTC
FREESTYLE INSULINX	2	OTC
FREESTYLE INSULINX STRIP	2	OTC
FREESTYLE INSULINX TEST STRIPS STRIP	2	OTC
FREESTYLE LANCETS 28 GAUGE	2	OTC
FREESTYLE LIBRE 14 DAY READER	2	
FREESTYLE LIBRE 14 DAY SENSOR KIT	2	QL
FREESTYLE LIBRE 2 READER	2	
FREESTYLE LIBRE 2 SENSOR KIT	2	
FREESTYLE LITE METER KIT	2	OTC
FREESTYLE LITE STRIPS STRIP	2	OTC
FREESTYLE TEST STRIP	2	OTC
FREESTYLE UNISTIK 2	2	OTC
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
GLIPIZIDE (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML	2	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG	2	QL
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG	2	QL
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	2	QL
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	2	OTC
GLUCOSE KETONE CONTROL SOLN SOLUTION	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
GLYBURIDE (BULK) POWDER	2	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	2	ST; QL
GOJJI LANCETS 30 GAUGE	2	OTC
GOJJI LANCING DEVICE	2	OTC
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL

Drug Name	Drug Tier	Requirements / Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML, 1 MG/0.2 ML	2	QL
HEALTHY ACCENTS AUTOLET	2	OTC
HEALTHY ACCENTS UNILET LANCET 30 GAUGE	2	OTC
<i>huber safety needles (disp.) needle 22 x 3/4 "</i>	1	
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	2	

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

Drug Name	Drug Tier	Requirements / Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	2	

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	2	
HYPODERMIC NEEDLES NEEDLE 21 GAUGE X 1", 23 GAUGE X 1 1/2", 26 GAUGE X 5/8"	2	
HYPOLANCE AST LANCING KIT	2	OTC
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	2	OTC
INCONTROL LANCING DEVICE	2	OTC
INCONTROL SUPER THIN LANCETS 30 GAUGE	2	OTC
INCONTROL ULTRA THIN LANCETS 28 GAUGE	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	2	OTC
INSPIRACHAMBER SPACER	2	
INSPIRACHAMBER WITH MASK- LARGE SPACER	2	
INSPIRACHAMBER WITH MASK- MED SPACER	2	
INSPIRACHAMBER WITH MASK- SMALL SPACER	2	
INSULIN SYRINGE MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	2	
INSULIN SYRINGE NEEDLELESS SYRINGE 1 ML	2	
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	2	
INVACARE LANCETS 30 GAUGE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
INVOKAMET ORAL TABLET 150-1,000 MG, 150- 500 MG, 50-1,000 MG, 50-500 MG	2	ST; QL
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50- 500 MG	2	ST; QL
INVOKANA ORAL TABLET 100 MG, 300 MG	2	ST; QL
IV ADMINISTRATIO N SET INFUSION SET	2	OTC
IV PREP WIPES TOPICAL PADS, MEDICATED	2	OTC
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	2	PA; QL
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	2	PA; QL
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	2	PA; QL
JARDIANCE ORAL TABLET 10 MG, 25 MG	2	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	2	PA; QL
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	PA; QL
KENDALL TOPICAL BANDAGE 2 X 2 3/4 "	2	OTC
LANCETS , 21 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	2	OTC
LANCETS, SUPER THIN	2	OTC
LANCETS, THIN , 23 GAUGE, 28 GAUGE	2	OTC
LANCETS, ULTRA THIN , 26 GAUGE	2	OTC
LANCING DEVICE	2	OTC
LANCING DEVICE WITH LANCETS	2	OTC
LANCING DEVICE WITH LANCETS KIT	2	OTC
LANCING SYSTEM	2	OTC

Drug Name	Drug Tier	Requirements / Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LANZO LANCING DEVICE KIT	2	OTC
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
LIFESHIELD BLUNT CANNULA NEEDLE 18 GAUGE X 1"	2	
LITE TOUCH LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	2	OTC
LITE TOUCH LANCING DEVICE	2	OTC
LITE TOUCH-MEDIUM MASK DEVICE	2	
LITEAIRE MDI CHAMBER SPACER	2	

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

Drug Name	Drug Tier	Requirements / Limits
LITETOUCH-LARGE MASK DEVICE	2	
LITETOUCH-SMALL MASK DEVICE	2	
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
MEDISENSE COMBO PACK	2	OTC
MEDISENSE GLUCOSE KETONE COMBO PACK	2	OTC
MEDISENSE MID CONTROL SOLUTION	2	OTC
MEDISENSE THIN LANCETS 28 GAUGE	2	OTC
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	2	OTC
MEDTRONIC REMOTE CONTROL	2	OTC
METFORMIN (BULK) POWDER 100 %	2	
<i>metformin oral solution 500 mg/5 ml</i>	1	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	QL
<i>metformin oral tablet extended release 24hr 1,000 mg, 500 mg</i>	1	ST; QL
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg, 500 mg</i>	1	PA; QL
MICRO THIN LANCETS 33 GAUGE	2	OTC
MICROCHAMBER SPACER	2	
MICROLET 2 LANCING DEVICE KIT	2	OTC
MICROLET LANCET	2	OTC
MICROLET NEXT LANCING DEVICE KIT	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
MICROSPACER SPACER	2	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MINI LANCING DEVICE	2	OTC
MINIMED 530G INSULIN PUMP	2	
MINIMED 630G INSULIN PUMP	2	
MINIMED 670G INSULIN PUMP	2	
MINIMED 770G INSULIN PUMP	2	
MINIMED INFUSION SET-MMT 390 INFUSION SET	2	
MINIMED MIO 18" INFUSION SET	2	
MINIMED MIO 23" INFUSION SET	2	
MINIMED MIO 32" INFUSION SET	2	
MINIMED MIO ADVANCE INF SET 23" INFUSION SET	2	OTC
MINIMED QUICK SET 18" INFUSION SET	2	
MINIMED QUICK SET 23" INFUSION SET	2	
MINIMED QUICK SET 32" INFUSION SET	2	

Drug Name	Drug Tier	Requirements / Limits
MINIMED QUICK SET 43" INFUSION SET	2	
MINIMED SILHOUETTE 18" INFUSION SET	2	
MINIMED SILHOUETTE 23" INFUSION SET	2	
MINIMED SILHOUETTE 32" INFUSION SET	2	
MINIMED SILHOUETTE 43" INFUSION SET	2	
MINIMED SURE T 18" INFUSION SET	2	
MINIMED SURE T 23" INFUSION SET	2	
MINIMED SURE T 32" INFUSION SET	2	
MINIMED SYRINGE RESERVOIR 3 ML	2	
MIO INFUSION SET INFUSION SET	2	
MONOJECT BLOOD COLLECTION NEEDLE 20 GAUGE X 1", 20 X 1 1/2 ", 21 GAUGE X 1", 22 GAUGE X 1"	2	
MONOJECT FILTER ASPIRATOR NEEDLE 18 X 3 "	2	

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

Drug Name	Drug Tier	Requirements / Limits
MONOJECT FILTER NEEDLE NEEDLE 5 MICRON 20 X 1 1/2"	2	
MONOJECT HYPODERMIC NEEDLES NEEDLE 14 GAUGE X 1 1/2", 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 26 GAUGE X 1 1/2", 27 GAUGE X 1 1/2", 27 GAUGE X 1/2", 30 GAUGE X 3/4"	2	
MONOJECT HYPODERMIC POLYPROPYL NEEDLE 18 GAUGE X 1 1/2"	2	
MONOJECT MEDICATION TRANSF NDL NEEDLE 20 X 1 "	2	
MONOLET LANCETS 21 GAUGE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
MONOLET THIN LANCETS 28 GAUGE	2	OTC
MOUTHPIECE DEVICE	2	OTC
MULTI-DRAW NEEDLE NEEDLE 20 GAUGE X 1", 21 GAUGE X 1", 22 GAUGE X 1"	2	
MULTI-LANCET DEVICE 2 KIT	2	OTC
MYGLUCOHEALT H LANCETS 30 GAUGE	2	OTC
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
NEEDLE (DISP) 16 G NEEDLE 16 GAUGE X 1"	2	
NEEDLE (DISP) 18 G NEEDLE 18 GAUGE X 1"	2	
NEEDLE (DISP) 19 G NEEDLE 19 GAUGE X 1 1/2"	2	
NEEDLE (DISP) 23 GAUGE NEEDLE 23 GAUGE X 1"	2	
NEEDLES, HUBER DISPOSABLE NEEDLE 22 X 1 "	2	
NEXCARE TEGADERM TOPICAL BANDAGE 4 X 4 3/4 "	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
NOKOR NEEDLE NEEDLE 16 GAUGE X 1", 18 GAUGE X 1"	2	
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	2	OTC
NOVA SUREFLEX LANCETS	2	OTC
NOVAMAX PLUS KETONE STRIP	2	OTC
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	2	OTC
NOVOFINE AUTOCOVER NEEDLE 30 GAUGE X 1/3"	2	OTC
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	2	OTC
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	OTC
OMNIPOD DASH 5 PACK POD SUBCUTANEOUS CARTRIDGE	2	
OMNIPOD INSULIN MANAGEMENT	2	
OMNIPOD INSULIN REFILL SUBCUTANEOUS CARTRIDGE	2	
ON CALL LANCET 30 GAUGE	2	OTC
ON CALL LANCING DEVICE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ON CALL PLUS LANCET 30 GAUGE	2	OTC
ON CALL PLUS LANCING DEVICE	2	OTC
ONE WAY VALVED MOUTHPIECE DEVICE	2	OTC
ONETOUCH DELICA LANC DEVICE KIT	2	OTC
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE	2	OTC
ONETOUCH DELICA PLUS LANC DEV KIT	2	OTC
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	2	OTC
ONETOUCH SURESOFT LANCING DEV 18 GAUGE, 21 GAUGE, 28 GAUGE	2	OTC
ONETOUCH ULTRA BLUE TEST STRIP STRIP	2	OTC
ONETOUCH ULTRA CONTROL SOLUTION	2	OTC
ONETOUCH ULTRA2 METER	2	OTC
ONETOUCH ULTRAMINI KIT	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
ONETOUCH ULTRASOFT LANCETS	2	OTC
ONETOUCH VERIO FLEX METER	2	OTC
ONETOUCH VERIO HIGH CONTROL SOLUTION	2	OTC
ONETOUCH VERIO IQ METER	2	OTC
ONETOUCH VERIO METER	2	OTC
ONETOUCH VERIO MID CONTROL SOLUTION	2	OTC
ONETOUCH VERIO REFLECT METER	2	OTC
ONETOUCH VERIO TEST STRIPS STRIP	2	OTC
ON-THE-GO LANCETS 30 GAUGE	2	OTC
OPTICHAMBER ADULT MASK-LARGE DEVICE	2	
OPTICHAMBER DIAMOND LG MASK SPACER	2	
OPTICHAMBER DIAMOND VHC SPACER	2	
OPTICHAMBER DIAMOND-MED MSK SPACER	2	

Drug Name	Drug Tier	Requirements / Limits
OPTICHAMBER DIAMOND-SML MASK SPACER	2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML)	2	PA; QL
PANDA MASK DEVICE	2	OTC
PARADIGM RESERVOIR 1.8 ML, 3 ML	2	
PARADIGM SILHOUETTE INFUS SET	2	
PEDIATRIC MEDIUM MASK DEVICE	2	OTC
PEDIATRIC PANDA MASK DEVICE	2	OTC
PEDIATRIC SMALL MASK DEVICE	2	OTC
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	QL
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
PIP LANCET 28 GAUGE, 30 GAUGE	2	OTC
POCKET CHAMBER SPACER	2	
POLY HUB NEEDLE NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 GAUGE X 5/8", 27 GAUGE X 1 1/4", 27 GAUGE X 1/2", 30 GAUGE X 1/2"	2	
POLYSKIN II TOPICAL BANDAGE 4 X 4 3/4 "	2	OTC
PRECISION XTRA B-KETONE STRIP	2	OTC
PRECISION XTRA KETONE-GLUCOSE KIT	2	OTC
PRECISION XTRA MONITOR	2	OTC
PRECISION XTRA TEST STRIP	2	OTC
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
PRIMEAIRE SPACER	2	
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	2	OTC
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	2	OTC
PRO COMFORT SPACER-ADULT MASK SPACER	2	
PRO COMFORT SPACER-CHILD MASK SPACER	2	
PROCARE SPACER WITH ADULT MASK SPACER	2	
PROCARE SPACER WITH CHILD MASK SPACER	2	
PROCHAMBER SPACER	2	
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	2	OTC
PRODIGY LANCING DEVICE	2	OTC
PRODIGY TWIST TOP LANCET 28 GAUGE	2	OTC
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
PURE COMFORT LANCETS 30 GAUGE	2	OTC
PURE COMFORT SAFETY LANCETS 30 GAUGE	2	OTC
PUSH BUTTON SAFETY LANCETS 28 GAUGE	2	OTC
QUICK-SET PARADIGM INFUSION SET	2	
READYLANCE SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	2	OTC
RELIAMED LANCET 28 GAUGE, 30 GAUGE	2	OTC
RELIAMED MINI LANCING DEVICE	2	OTC
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	2	OTC
RELION THIN LANCETS 26 GAUGE	2	OTC
RELION ULTRA THIN PLUS LANCETS	2	OTC

Drug Name	Drug Tier	Requirements / Limits
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>repaglinide-metformin oral tablet 1-500 mg, 2-500 mg</i>	1	QL
REVEL PEDIATRIC PROGRAM PUMP	2	
REVEL PROGRAMMABLE PUMP	2	
RIGHTEST GD500 LANCING DEVICE	2	OTC
RIGHTEST GL300 LANCETS 30 GAUGE	2	OTC
RITEFLO AEROCHAMBER SPACER	2	
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; QL
SAFE-CLIP BY MAIL DEVICE	2	OTC
SAFE-CLIP NEEDLE STORAGE DEV DEVICE	2	OTC
SAFETY LANCETS 21 GAUGE, 26 GAUGE, 28 GAUGE	2	OTC
SAFETY NEEDLES NEEDLE 18 GAUGE X 1 1/2"	2	

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

Drug Name	Drug Tier	Requirements / Limits
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	2	OTC
SAFETY-LET LANCETS 30 GAUGE	2	OTC
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	2	ST; QL
SIDESTREAM PEDIATRIC FACE MASK DEVICE	2	OTC
SILHOUETTE 23"-FULL SET INFUSION SET	2	
SILHOUETTE 43"-FULL SET INFUSION SET	2	
SILICONE MASK - INFANT DEVICE	2	
SILICONE MASK - PEDIATRIC DEVICE	2	OTC
SIL-SERTER	2	OTC
SINGLE-LET	2	OTC
SMART SENSE LANCETS 21 GAUGE, 26 GAUGE, 33 GAUGE	2	OTC
SMARTDIABETES VANTAGE	2	OTC
SMARTEST LANCET	2	OTC
SOFT TOUCH LANCETS	2	OTC

Drug Name	Drug Tier	Requirements / Limits
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	2	QL
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	2	OTC
SOLUS V2 LANCING DEVICE KIT	2	OTC
SPACE CHAMBER SPACER	2	
SPACE CHAMBER WITH LARGE MASK SPACER	2	
SPACE CHAMBER WITH MEDIUM MASK SPACER	2	
SPACE CHAMBER WITH SMALL MASK SPACER	2	
STEGLATRO ORAL TABLET 15 MG, 5 MG	2	ST; QL
STERILANCE TL 30 GAUGE, 32 GAUGE	2	OTC
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	2	OTC
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	2	OTC
SURE COMFORT LANCING PEN	2	OTC
SUREFLEX DEVICE WITH LANCETS KIT	2	OTC
SUREFLEX LANCING DEVICE	2	OTC
SURE-LANCE , 26 GAUGE, 28 GAUGE	2	OTC
SURE-LANCE ULTRA THIN 30 GAUGE	2	OTC
SURE-PEN LANCING DEVICE	2	OTC
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	OTC
SURESITE MATRIX TOPICAL BANDAGE 6 X 8 "	2	OTC
SURESITE WINDOW TOPICAL BANDAGE 4 X 4 1/2 "	2	OTC
SURE-T INFUSION SET	2	
SURE-T PARADIGM INFUSION SET	2	

Drug Name	Drug Tier	Requirements / Limits
SURE-TOUCH LANCET	2	OTC
SURGUARD2 SAFETY NEEDLE 18 GAUGE X 1 1/2", 18 GAUGE X 1", 19 GAUGE X 1 1/2", 19 GAUGE X 1", 20 GAUGE X 1 1/2", 20 GAUGE X 1", 21 GAUGE X 1 1/2", 21 GAUGE X 1", 22 GAUGE X 1 1/2", 22 GAUGE X 1", 23 GAUGE X 1 1/2", 23 GAUGE X 1", 25 GAUGE X 1 1/2", 25 GAUGE X 1", 25 X 5/8 ", 26 GAUGE X 1/2", 27 GAUGE X 1/2", 30 GAUGE X 1 1/2"	2	
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	2	ST; QL
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	2	ST; QL
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG	2	ST; QL

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

Drug Name	Drug Tier	Requirements / Limits
T:30 INFUSION SET INFUSION SET	2	
T:90 INFUSION SET 23" INFUSION SET	2	
T:90 INFUSION SET 43" INFUSION SET	2	
T:FLEX SUBCUTANEOUS CARTRIDGE	2	
T:SLIM G4 SUBCUTANEOUS CARTRIDGE	2	
T:SLIM INSULIN DELIVERY SYSTEM	2	
T:SLIM SUBCUTANEOUS CARTRIDGE	2	
T:SLIM X2 SUBCUTANEOUS CARTRIDGE	2	
TECHLITE LANCETS 25 GAUGE, 28 GAUGE, 30 GAUGE	2	OTC
TEGADERM FIRST AID STYLE TOPICAL BANDAGE 2 3/8 X 2 3/4 ", 4 X 4 3/4 "	2	OTC
TEGADERM FRAME STYLE TOPICAL BANDAGE 2 3/8 X 2 3/4 ", 4 X 10 ", 4 X 4 3/4 ", 6 X 8 ", 8 X 12 "	2	OTC

Drug Name	Drug Tier	Requirements / Limits
TEGADERM HP FRAME STYLE TOPICAL BANDAGE 2 3/8 X 2 3/4 ", 4 1/2 X 4 3/4 ", 4 X 4 1/2 "	2	OTC
TEGADERM TOPICAL BANDAGE 2 X 2 3/4 ", 2.375 X 4 ", 3 1/2 X 4 ", 4 X 4 3/4 "	2	OTC
TELCARE LANCETS 30 GAUGE	2	OTC
THIN LANCETS 26 GAUGE	2	OTC
TOPCARE UNIVERSAL1 LANCET , 33 GAUGE	2	OTC
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	2	
TRADJENTA ORAL TABLET 5 MG	2	PA; QL
TRANSPARENT DRESSINGS TOPICAL BANDAGE 2 X 2 3/4 ", 4 X 4 3/4 "	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
TRANSPARENT THIN FILM DRESSING TOPICAL BANDAGE 2 3/8 X 2 3/4 "	2	OTC
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	2	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	2	
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG	2	ST
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	2	OTC
TRUE COMFORT LANCET 30 GAUGE	2	OTC
TRUEDRAW LANCING DEVICE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
TRUEPLUS LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 33 GAUGE	2	OTC
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	2	PA; QL
TRUSTEEL INFUSION SET 23" INFUSION SET	2	
TRUSTEEL INFUSION SET 32" INFUSION SET	2	
TWIST LANCETS 30 GAUGE, 32 GAUGE	2	OTC
ULTI-LANCE	2	OTC
ULTI-LANCE KIT	2	OTC
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	2	OTC
ULTILET BASIC LANCETS 30 GAUGE	2	OTC
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	2	OTC
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
ULTILET SAFETY LANCETS 23 GAUGE	2	OTC
ULTRA THIN II LANCETS 30 GAUGE	2	OTC
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE, 33 GAUGE	2	OTC
ULTRA THIN PLUS LANCETS 33 GAUGE	2	OTC
ULTRA TLC LANCETS	2	OTC
ULTRA-CARE LANCETS 30 GAUGE	2	OTC
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	2	OTC
ULTRA-THIN II LANCETS 28 GAUGE	2	OTC
UNILET COMFORTOUCH LANCET , 26 GAUGE	2	OTC
UNILET EXCELITE II LANCET	2	OTC
UNILET EXCELITE LANCET	2	OTC
UNILET GP LANCET	2	OTC

Drug Name	Drug Tier	Requirements / Limits
UNILET LANCET 28 GAUGE, 33 GAUGE	2	OTC
UNILET LANCETS 30 GAUGE	2	OTC
UNILET SUPER THIN LANCETS 30 GAUGE	2	OTC
UNISTIK 2 DEVICE KIT	2	OTC
UNISTIK 2 NORMAL LANCET,DEVICE KIT	2	OTC
UNISTIK 3 COMFORT DEVICE KIT	2	OTC
UNISTIK 3 COMFORT LANCET	2	OTC
UNISTIK 3 EXTRA LANCET 21 GAUGE	2	OTC
UNISTIK 3 GENTLE 30 GAUGE	2	OTC
UNISTIK 3 KIT	2	OTC
UNISTIK 3 LANCETS 21 GAUGE	2	OTC
UNISTIK 3 NEONATAL DEVICE KIT	2	OTC
UNISTIK 3 NORMAL LANCET 23 GAUGE	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	2	OTC
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	2	OTC
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	2	OTC
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	2	OTC
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE, 33 GAUGE	2	OTC
VARISOFT INFUSION SET 23" INFUSION SET	2	
VARISOFT INFUSION SET 32" INFUSION SET	2	
VARISOFT INFUSION SET 43" INFUSION SET	2	
V-GO 20 DEVICE	2	
V-GO 30 DEVICE	2	
V-GO 40 DEVICE	2	
VIVAGUARD LANCET 30 GAUGE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
VIVAGUARD LANCING DEVICE	2	OTC
WEBCOL TOPICAL PADS, MEDICATED	2	OTC
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	ST; QL
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML)	2	QL
YALE DISPOSABLE NEEDLES NEEDLE 21 GAUGE X 1 1/4"	2	
MISCELLANEOUS HORMONES		
ACTHREL INTRAVENOUS RECON SOLN 100 MCG	2	
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	2	PA; SP
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR	2	PA; QL

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

Drug Name	Drug Tier	Requirements / Limits
BRINEURA INTRAVENTRICULAR KIT 300 MG/10 ML (150MG/5ML X2)	2	PA; SP
<i>cabergoline oral tablet 0.5 mg</i>	1	QL
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
CERDELGA ORAL CAPSULE 84 MG	2	PA; SP
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	2	PA; SP
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	SP
CHOR GONADOTROPIN, HUM (BULK) POWDER 1 MILLION UNIT, 10 MILLION UNIT, 2 MILLION UNIT, 5 MILLION UNIT	2	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	1	ST

Drug Name	Drug Tier	Requirements / Limits
CLOMIPHENE CITRATE (BULK) POWDER 100 %	2	
<i>clomiphene citrate oral tablet 50 mg</i>	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	2	PA; SP; QL
DANAZOL (BULK) POWDER	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE)	2	
DEHYDROEPIAN DROSTERONE (MICRO) POWDER 100 %	2	
DESMOPRESSIN ACETATE (BULK) POWDER	2	
<i>desmopressin injection solution 4 mcg/ml</i>	1	SP
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	ST
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	2	PA; SP
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	2	PA; SP
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	1	SP
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML	2	ST; SP
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT	2	ST; SP
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT	2	ST; SP
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG	2	PA; SP
KUVAN ORAL TABLET, SOLUBLE 100 MG	2	PA; SP
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	2	PA; SP
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	2	SP
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	2	PA; SP
METHITEST ORAL TABLET 10 MG	2	
METHYLTESTOSTERONE (BULK) POWDER	2	
<i>methyltestosterone oral capsule 10 mg</i>	1	
METHYLTESTOSTERONE, MICRO(BULK) POWDER 100 %	2	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML	2	
<i>miglustat oral capsule 100 mg</i>	1	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	2	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	2	PA; SP
NANDROLONE DECANOATE (BULK) POWDER 100 %	2	
NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION	2	PA; QL
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE	2	PA; SP
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT, 5,000 UNIT	2	SP; QL
ORILISSA ORAL TABLET 150 MG, 200 MG	2	ST; QL
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	2	SP
OXANDROLONE (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	1	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	2	PA; SP; QL
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	1	
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	ST
SAMSCA ORAL TABLET 15 MG	2	PA; SP; QL
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; SP
<i>sapropterin oral tablet, soluble 100 mg</i>	1	PA; SP
<i>serophene oral tablet 50 mg</i>	1	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
STANOZOLOL (BULK) POWDER 100 %	2	
STANOZOLOL MICRONIZED (BULK) POWDER 100 %	2	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; SP
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	2	
TESTOSTERONE (BULK) POWDER	2	
TESTOSTERONE CYP, MICRO (BULK) POWDER 100 %	2	
TESTOSTERONE CYPIONATE (BULK) POWDER 100 %	2	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA
TESTOSTERONE ENANTHATE (BULK) POWDER 100 %	2	
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
TESTOSTERONE MICRONIZED (BULK) POWDER 100 %	2	
TESTOSTERONE PROPIONATE (BULK) POWDER	2	
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; QL
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation, 12.5 mg/1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; QL
TETRAHYDROBIOPTERIN DI-HCL POWDER , 100 %	2	
<i>tolvaptan oral tablet 30 mg</i>	1	PA; SP; QL
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>zoledronic acid intravenous recon soln 4 mg</i>	1	SP
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	1	SP
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	SP

THYROID HORMONES

ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	2	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE (BULK) POWDER 1 MG/GRAM, 100 %	2	
<i>levothyroxine intravenous recon soln 100 mcg, 200 mcg, 500 mcg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LIOthyRONINE (BULK) POWDER 1 MG/GRAM, 100 %	2	
<i>liothyronine intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
PCCA T3 SODIUM DILUTION POWDER 1 MG/GRAM	2	
PCCA T4 SODIUM DILUTION POWDER 1 MG/GRAM	2	
PROTIRELIN (BULK) POWDER 98 %	2	
THYROID, PORK (BULK) POWDER 100 % USP	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>unithroid oral tablet</i> 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
<i>westhroid oral tablet</i> 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>anaspaz oral tablet,disintegrating</i> 0.125 mg	1	
<i>atropine injection solution</i> 0.4 mg/ml, 1 mg/ml	1	
<i>atropine injection syringe</i> 0.05 mg/ml, 0.1 mg/ml	1	
ATTAPULGITE (BULK) POWDER	2	
BELLADONNA ALK LEAF EXT (BULK) POWDER 1.15 TO 1.35 %	2	
<i>belladonna alkaloids-opium rectal suppository</i> 16.2-30 mg, 16.2-60 mg	1	
BELLADONNA TINCTURE (BULK) LIQUID 30 MG/100 ML	2	

BISMUTH SUBCARBONATE (BULK) POWDER	2	
BISMUTH SUBGALLATE (BULK) POWDER	2	
BISMUTH SUBSALICYLATE (BULK) POWDER	2	
<i>chlordiazepoxide- clidinium oral capsule</i> 5-2.5 mg	1	
CLIDINIUM BROMIDE (BULK) POWDER 100 %	2	
DICYCLOMINE (BULK) POWDER 100 %	2	
<i>dicyclomine intramuscular solution</i> 10 mg/ml	1	
<i>dicyclomine oral capsule</i> 10 mg	1	
<i>dicyclomine oral solution</i> 10 mg/5 ml	1	
<i>dicyclomine oral tablet</i> 20 mg	1	
<i>diphenoxylate-atropine oral liquid</i> 2.5-0.025 mg/5 ml	1	
<i>diphenoxylate-atropine oral tablet</i> 2.5-0.025 mg	1	
<i>ed-spaz oral tablet,disintegrating</i> 0.125 mg	1	
GLYCOPYRROLA TE (BULK) POWDER 100 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml), 1 mg/5 ml (0.2 mg/ml)</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 1.5 mg, 2 mg</i>	1	
HOMATROPINE METHYLBROM (BULK) POWDER 100 %	2	
HYOSCYAMINE SULFATE (BULK) POWDER	2	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	1	
<i>hyosyne oral drops 0.125 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hyosyne oral elixir 0.125 mg/5 ml</i>	1	
ISOPROPAMIDE IODIDE (BULK) POWDER	2	
LEVSIN INJECTION SOLUTION 0.5 MG/ML	2	
LOPERAMIDE (BULK) POWDER	2	
METHSCOPOLAMINE BROMIDE (BULK) POWDER	2	
METHSCOPOLAMINE NITRATE (BULK) POWDER 100 %	2	
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	
<i>oscimin oral tablet 0.125 mg</i>	1	
<i>oscimin sl sublingual tablet 0.125 mg</i>	1	
<i>oscimin sr oral tablet extended release 12 hr 0.375 mg</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2 mg-0.1037 mg/5 ml (5 ml), 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phenohydro oral elixir 16.2-0.1037 - 0.0194 mg/5 ml</i>	1	
<i>phenohydro oral tablet 16.2-0.1037 - 0.0194 mg</i>	1	
PROPANTHELINE (BULK) POWDER	2	
<i>symax fastabs oral tablet, disintegrating 0.125 mg</i>	1	
<i>symax-sl sublingual tablet 0.125 mg</i>	1	
<i>symax-sr oral tablet extended release 12 hr 0.375 mg</i>	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
5-AMINOSALICYLIC ACID POWDER	2	
<i>alophen (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	1	
ALUMINUM HYDROXIDE GEL (BULK) POWDER	2	
AMINOSALICYLIC ACID-5 POWDER	2	
<i>anucort-hc rectal suppository 25 mg</i>	1	
APOMORPHINE (BULK) POWDER	2	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	QL
<i>balsalazide oral capsule 750 mg</i>	1	
BISACODYL (BULK) POWDER	2	
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>bisa-lax (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>budesonide oral capsule, delayed, extended release 3 mg</i>	1	
<i>budesonide oral tablet, delayed and extended release 9 mg</i>	1	
CHENODAL ORAL TABLET 250 MG	2	PA; SP
CHOLBAM ORAL CAPSULE 250 MG	2	PA; SP
CHOLBAM ORAL CAPSULE 50 MG	2	PA; SP; QL
CINVANTI INTRAVENOUS EMULSION 7.2 MG/ML	2	
<i>citrate of magnesia oral solution</i>	1	ACA; OTC
<i>citroma oral solution</i>	1	ACA; OTC
<i>clearlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>clearlax oral powder in packet 17 gram</i>	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML	2	ACA
<i>compro rectal suppository 25 mg</i>	1	
<i>constulose oral solution 10 gram/15 ml</i>	1	
CREON ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 12,000-38,000 - 60,000 UNIT, 24,000-76,000 - 120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	2	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML	2	SP
DIMENHYDRINATE (BULK) POWDER 100 %	2	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
DIPHENIDOL (BULK) POWDER	2	
DOCUSATE SODIUM (BULK) POWDER , 85 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	1	QL
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA
DROPERIDOL (BULK) POWDER	2	
<i>droperidol injection solution 2.5 mg/ml</i>	1	
<i>ducodyl (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	1	ACA; OTC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	2	PA; SP
<i>enulose oral solution 10 gram/15 ml</i>	1	
<i>fleet laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>fosaprepitant intravenous recon soln 150 mg</i>	1	
<i>gavilax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>gavilyte-n oral recon soln 420 gram</i>	1	ACA
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>glycolax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml), 100 mcg/ml</i>	1	
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL
<i>healthylax oral powder in packet 17 gram</i>	1	ACA; OTC
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 % (4g)</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %</i>	1	ST
<i>KINEVAC INJECTION RECON SOLN 5 MCG</i>	2	
<i>lactulose oral packet 10 gram</i>	1	
<i>lactulose oral solution 10 gram/15 ml, 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
<i>laxaclear oral powder 17 gram/dose</i>	1	ACA; OTC
<i>laxative (bisacodyl) oral tablet 5 mg</i>	1	ACA; OTC
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram), 3-0.5 %, 3-1 % (7 gram)</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	1	
<i>lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)</i>	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	2	QL
MAGNESIUM CITRATE (BULK) POWDER	2	
<i>magnesium citrate oral solution</i>	1	ACA; OTC
MAGNESIUM SULFATE (BULK) CRYSTALS 100 %	2	
MECLIZINE HCL (BULK) POWDER	2	
MESALAMINE (BULK) POWDER	2	
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	1	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	
<i>mesalamine rectal suppository 1,000 mg</i>	1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	
METOCLOPRAMIDE (BULK) POWDER	2	
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg</i>	1	
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	1	ACA; OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	1	ACA; OTC
<i>miralax oral powder in packet 17 gram</i>	1	ACA; OTC
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	2	QL

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Drug Name	Drug Tier	Requirements / Limits
<i>natura-lax oral powder 17 gram/dose</i>	1	ACA; OTC
OICALIVA ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
ONDANSETRON HCL (BULK) POWDER 100 %	2	
<i>ondansetron hcl (pf) injection solution 4 mg/2 ml</i>	1	
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl intravenous solution 2 mg/ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	QL
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	1	QL
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	QL
<i>oral saline laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
PANCREATIN (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	ACA
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	1	ACA
<i>peg-electrolyte soln oral recon soln 420 gram</i>	1	ACA
<i>peg-prep oral kit 5-210 mg-gram</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	2	
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	ACA; OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	ACA; OTC
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	ACA
<i>powderlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>powderlax oral powder in packet 17 gram</i>	1	ACA; OTC
PRAMOXINE HCL (BULK) POWDER	2	

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

Drug Name	Drug Tier	Requirements / Limits
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM	2	ACA
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml), 5 mg/ml</i>	1	
PROCHLORPERAZINE EDISYLT(BULK) POWDER 100 %	2	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
PROCHLORPERAZINE MALEATE(BULK) POWDER	2	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	
<i>procto-pak topical cream with perineal applicator 1 %</i>	1	
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	
<i>purelax oral powder 17 gram/dose</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>purelax oral powder in packet 17 gram</i>	1	ACA; OTC
RECTIV RECTAL OINTMENT 0.4 % (W/W)	2	
RELISTOR ORAL TABLET 150 MG	2	ST
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML	2	ST
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML	2	ST
REMICADE INTRAVENOUS RECON SOLN 100 MG	2	PA; SP
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	
SCOPOLAMINE HBR (BULK) POWDER	2	
SIMETHICONE (BULK) LIQUID	2	
<i>smoothlax oral powder 17 gram/dose</i>	1	ACA; OTC
<i>smoothlax oral powder in packet 17 gram</i>	1	ACA; OTC
SODIUM PHOSPHATE,DIBASIC(BULK) POWDER	2	

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

Drug Name	Drug Tier	Requirements / Limits
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	2	PA; SP
SULFASALAZINE (BULK) POWDER	2	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	
SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM	2	ACA
SYMPROIC ORAL TABLET 0.2 MG	2	
<i>trilyte with flavor packets oral recon soln 420 gram</i>	1	ACA
TRIMETHOBENZAMIDE (BULK) POWDER 100 %	2	
<i>trimethobenzamide oral capsule 300 mg</i>	1	
TRULANCE ORAL TABLET 3 MG	2	
UCERIS RECTAL FOAM 2 MG/ACTUATION	2	
URSODIOL (BULK) POWDER 100 %	2	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
VARUBI ORAL TABLET 90 MG	2	QL
VIBERZI ORAL TABLET 100 MG, 75 MG	2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT	2	
<i>woman's laxative (bisacodyl) oral tablet 5 mg</i>	1	ACA; OTC
<i>women's gentle laxative(bisac) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet 5 mg</i>	1	ACA; OTC
<i>women's laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	

ULCER THERAPY

<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	1	QL
CIMETIDINE (BULK) POWDER	2	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	QL
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	

<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	ST; QL
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	ST
<i>esomeprazole sodium intravenous recon soln 20 mg, 40 mg</i>	1	
FAMOTIDINE (BULK) POWDER 100 %	2	
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	
<i>famotidine intravenous solution 10 mg/ml</i>	1	
<i>famotidine oral suspension 40 mg/5 ml (8 mg/ml)</i>	1	
<i>famotidine oral tablet 40 mg</i>	1	
LANSOPRAZOLE (BULK) POWDER 100 %	2	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	
MISOPROSTOL (BULK) POWDER 1 %	2	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	ST; QL
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>nizatidine oral solution 150 mg/10 ml</i>	1	
OMEPRAZOLE (BULK) POWDER 100 %	2	
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg</i>	1	QL
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	1	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg</i>	1	PA; QL
<i>omeprazole-sodium bicarbonate oral packet 40-1,680 mg</i>	1	PA

Drug Name	Drug Tier	Requirements / Limits
<i>pantoprazole intravenous recon soln 40 mg</i>	1	
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	1	
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	QL
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG	2	
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	
<i>ranitidine hcl oral syrup 15 mg/ml</i>	1	
<i>ranitidine hcl oral tablet 300 mg</i>	1	
SUCRALFATE (BULK) POWDER	2	
<i>sucralfate oral suspension 100 mg/ml</i>	1	
<i>sucralfate oral tablet 1 gram</i>	1	
TALICIA ORAL CAPSULE,IR - DELAY REL,BIPHASE 10-250-12.5 MG	2	QL

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

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

Drug Name	Drug Tier	Requirements / Limits
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	2	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	2	
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	2	PA; SP; QL
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	2	PA; SP; QL
BETASERON SUBCUTANEOUS KIT 0.3 MG	2	PA; SP; QL
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	2	PA; SP
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
GENOTROPIN MINIQICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	2	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	2	PA; SP
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	2	SP
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML)	2	SP
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML	2	SP

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

Drug Name	Drug Tier	Requirements / Limits
LEUKINE INJECTION RECON SOLN 250 MCG	2	PA; SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	2	SP
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; QL
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	2	PA; SP; QL
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	2	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	2	PA; SP; QL
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	2	PA; SP; QL
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; SP; QL
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT	2	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; SP; QL

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

Drug Name	Drug Tier	Requirements / Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; SP; QL
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; SP
SERMORELIN ACETATE (BULK) POWDER 100 %	2	
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	2	PA; SP
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	2	PA; SP
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP; QL
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	2	PA; SP
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	2	ACA
AFLURIA QD 2020-21(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
AFLURIA QD 2020-21(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML	2	ACA

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Drug Name	Drug Tier	Requirements / Limits
AFLURIA QUAD 2020-2021(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
APLISOL INTRADERMAL SOLUTION 5 TUB. UNIT /0.1 ML	2	
ATGAM INTRAVENOUS SOLUTION 50 MG/ML	2	PA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	2	ACA
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	2	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE	2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	2	ACA
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
<i>candin intradermal allergen fda standard</i>	1	
CROFAB INJECTION RECON SOLN	2	
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	2	PA; SP
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	2	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	2	ACA
FLUAD 2020-2021 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML	2	ACA
FLUAD QUAD 2020-21(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
FLUARIX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
FLUBLOK QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML	2	ACA
FLUCELVAX QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
FLUCELVAX QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
FLULAVAL QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
FLUZONE HIGHDOSE QUAD 20-21 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML	2	ACA
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
FLUZONE QUAD 2020-2021 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
FLUZONE QUAD 2020-2021 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML	2	ACA
<i>fomepizole intravenous solution 1 gram/ml</i>	1	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	SP
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE	2	SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	2	PA; SP
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %)	2	PA; SP
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML	2	ACA
HEPAGAM B INJECTION SOLUTION >312 UNIT/ML, GREATER THAN 312 UNIT/ML (5 ML)	2	
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
HISTATROL INTRADERMAL SOLUTION 0.1 (0.275) MG/ML	2	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA; SP
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML)	2	
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML	2	
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML	2	
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML	2	
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
HYPERRHO S/D INTRAMUSCULAR SYRINGE 1,500 UNIT (300 MCG), 250 UNIT (50 MCG)	2	

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

Drug Name	Drug Tier	Requirements / Limits
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT	2	
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML	2	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML	2	ACA
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	2	ACA
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	2	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	2	ACA
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	2	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML	2	PA; SP
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	2	ACA
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML, 15LF-48MCG-62DU -10 MCG/0.5ML	2	ACA
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	2	ACA
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML	2	ACA
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	2	ACA

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

Drug Name	Drug Tier	Requirements / Limits
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	2	ACA
PRIVIGEN INTRAVENOUS SOLUTION 10 %	2	PA; SP
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3-3.99 TCID50/0.5	2	ACA
PROVENGE INTRAVENOUS SUSPENSION 50 MILLION CELL/250 ML	2	SP
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	2	ACA
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	2	ACA

Drug Name	Drug Tier	Requirements / Limits
ROTATEQ VACCINE ORAL SOLUTION 2 ML	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	2	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML	2	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	2	ACA
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML	2	ACA
THYMOGLOBULIN INTRAVENOUS RECON SOLN 25 MG	2	SP
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	2	
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	2	ACA
TUBERSOL INTRADERMAL SOLUTION 5 TUB. UNIT /0.1 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	2	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	2	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	2	ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	2	ACA
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML	2	ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	2	ACA
VIVOTIF ORAL CAPSULE, DELAYED RELEASE(DR/EC) 2 BILLION UNIT	2	ACA

Drug Name	Drug Tier	Requirements / Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	2	PA; SP
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML	2	ACA
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
ALLOPURINOL (BULK) POWDER	2	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous recon soln 500 mg</i>	1	
<i>aloprim intravenous recon soln 500 mg</i>	1	
COLCHICINE (BULK) POWDER	2	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	2	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
MITIGARE ORAL CAPSULE 0.6 MG	2	
<i>probenecid oral tablet 500 mg</i>	1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	1	QL
<i>alendronate oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	QL
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML)	2	PA; SP; QL
<i>ibandronate intravenous solution 3 mg/3 ml</i>	1	PA; SP
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	1	PA; SP
<i>ibandronate oral tablet 150 mg</i>	1	QL
<i>raloxifene oral tablet 60 mg</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	1	QL
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	1	QL

Drug Name	Drug Tier	Requirements / Limits
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	2	PA; SP; QL
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	2	PA; SP; QL
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	2	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	2	PA; SP; QL
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	2	PA; SP
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	2	PA; SP; QL
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	2	PA; SP; QL
D-PENAMINE ORAL TABLET 125 MG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	2	PA; SP; QL
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML)	2	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	2	PA; SP; QL
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	2	PA; SP; QL
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	2	PA; SP; QL
GOLD SODIUM THIOMALATE (BULK) POWDER	2	
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA PEN PSOR-UEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	2	PA; SP; QL

Drug Name	Drug Tier	Requirements / Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; SP; QL
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; SP; QL
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	2	PA; SP; QL
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	QL
OTEZLA ORAL TABLET 30 MG	2	PA; SP; QL

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

Drug Name	Drug Tier	Requirements / Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19)	2	PA; SP; QL
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	2	ST
PENICILLAMINE (BULK) POWDER	2	
<i>penicillamine oral capsule 250 mg</i>	1	PA
<i>penicillamine oral tablet 250 mg</i>	1	PA
PENICILLAMINE(D-) POWDER	2	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	2	ST
RIDAURA ORAL CAPSULE 3 MG	2	

Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG	2	PA; SP; QL
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	2	ST; QL
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)- 25 MG(8)-50 MG(42)	2	ST; QL
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	2	PA; SP; QL
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
XELJANZ ORAL TABLET 10 MG, 5 MG	2	PA; SP; QL
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	2	PA; SP; QL
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>camila oral tablet 0.35 mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	2	
<i>covaryx h.s. oral tablet 0.625-1.25 mg</i>	1	
<i>covaryx oral tablet 1.25-2.5 mg</i>	1	
CRINONE VAGINAL GEL 4 %	2	
CRINONE VAGINAL GEL 8 %	2	SP
<i>deblitane oral tablet 0.35 mg</i>	1	ACA
DEPO-ESTRADIOL INTRAMUSCULA R OIL 5 MG/ML	2	
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	2	QL
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	2	

Drug Name	Drug Tier	Requirements / Limits
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
DUAVEE ORAL TABLET 0.45-20 MG	2	
<i>eemt hs oral tablet 0.625-1.25 mg</i>	1	
<i>eemt oral tablet 1.25-2.5 mg</i>	1	
ENDOMETRIN VAGINAL INSERT 100 MG	2	SP
<i>errin oral tablet 0.35 mg</i>	1	ACA
ESTRADIOL (BULK) POWDER 100 %	2	
ESTRADIOL BENZOATE (BULK) POWDER	2	
ESTRADIOL CYPIONATE (BULK) POWDER	2	
ESTRADIOL HEMIHYD,MICRO (BULK) POWDER 100 %	2	
ESTRADIOL MICRONIZED (BULK) POWDER 100 %	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	QL
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
ESTRADIOL VALERATE (BULK) POWDER	2	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR)	2	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
ESTRONE (BULK) CRYSTALS	2	
ESTRONE (BULK) POWDER 100 %	2	
ETHINYL ESTRADIOL (BULK) POWDER	2	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>heather oral tablet 0.35 mg</i>	1	ACA
<i>hydroxyprogester(pf)(p reg presv) intramuscular oil 250 mg/ml (1 ml)</i>	1	PA; SP
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	1	PA; SP
HYDROXYPROGE STERONE CAPR(BULK) POWDER 100 %	2	
<i>hydroxyprogesterone caproate intramuscular oil 250 mg/ml</i>	1	
<i>incassia oral tablet 0.35 mg</i>	1	ACA
<i>jencycla oral tablet 0.35 mg</i>	1	ACA
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>lyza oral tablet 0.35 mg</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
MEDROXYPROGEST, AC MICRO(BULK) POWDER 100 %	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	ACA; QL
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	ACA; QL
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>nora-be oral tablet 0.35 mg</i>	1	ACA
NORETHINDRONE (BULK) POWDER 100 %	2	
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	ACA
NORETHINDRONE ACETATE (BULK) POWDER	2	
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norlyda oral tablet 0.35 mg</i>	1	ACA
PREMARIN INJECTION RECON SOLN 25 MG	2	

Drug Name	Drug Tier	Requirements / Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	2	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	2	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	2	
PROGESTERONE (BULK) POWDER 100 %	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	SP
PROGESTERONE MICRONIZED (BULK) POWDER 100 %	2	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	
<i>sharobel oral tablet 0.35 mg</i>	1	ACA
<i>tulana oral tablet 0.35 mg</i>	1	ACA
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	ACA
<i>fem ph vaginal gel 0.9-0.025 %</i>	1	
<i>gynol ii vaginal gel 3 %</i>	1	ACA; OTC
ISOXSUPRINE HCL (BULK) POWDER 100 %	2	
<i>isoxsuprine oral tablet 10 mg, 20 mg</i>	1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HRS (5 YRS) 19.5 MG	2	SP; ACA
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG - 5 MG (30)	2	PA; SP
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90)	2	PA; SP
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>miconazole-3 vaginal suppository 200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/24 HOURS (6 YRS) 52 MG	2	SP; ACA
NEXPLANON SUBDERMAL IMPLANT 68 MG	2	SP; ACA
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM)	2	PA
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HRS (3 YRS) 13.5 MG	2	SP; ACA
SULFANILAMIDE (BULK) POWDER	2	
SULFATHIAZOLE (BULK) POWDER	2	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG	2	ACA; OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	2	ACA; OTC
vaginal contraceptive foam vaginal foam 12.5 %	1	ACA; OTC
vandazole vaginal gel 0.75 %	1	
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	2	ACA; OTC
xulane transdermal patch weekly 150-35 mcg/24 hr	1	ACA
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle oral tablet 0.1-20 mg-mcg	1	ACA
altavera (28) oral tablet 0.15-0.03 mg	1	ACA
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	ACA
amethia oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
amethyst (28) oral tablet 90-20 mcg (28)	1	ACA

Drug Name	Drug Tier	Requirements / Limits
apri oral tablet 0.15-0.03 mg	1	ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA
ashlyna oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
aubra eq oral tablet 0.1-20 mg-mcg	1	ACA
aubra oral tablet 0.1-20 mg-mcg	1	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
aurovela 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
aurovela 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
aurovela fe 1-20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
aviane oral tablet 0.1-20 mg-mcg	1	ACA
ayuna oral tablet 0.15-0.03 mg	1	ACA
azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>balziva</i> (28) oral tablet 0.4-35 mg-mcg	1	ACA
<i>bekyree</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
<i>blisovi</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
<i>blisovi</i> fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>blisovi</i> fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
<i>briellyn</i> oral tablet 0.4-35 mg-mcg	1	ACA
<i>camrese</i> lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	ACA
<i>camrese</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
<i>caziant</i> (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
<i>charlotte</i> 24 fe oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
<i>chateal</i> (28) oral tablet 0.15-0.03 mg	1	ACA
<i>chateal</i> eq (28) oral tablet 0.15-0.03 mg	1	ACA
<i>cryselle</i> (28) oral tablet 0.3-30 mg-mcg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>cyclafem</i> 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
<i>cyclafem</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
<i>cyred</i> eq oral tablet 0.15-0.03 mg	1	ACA
<i>cyred</i> oral tablet 0.15-0.03 mg	1	ACA
<i>dasetta</i> 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
<i>dasetta</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
<i>daysee</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
<i>desog-e.estradiol/e.estradiol</i> oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
<i>drospirenone-e.estradiol-lm.fa</i> oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	1	ACA
<i>drospirenone-ethinyl estradiol</i> oral tablet 3-0.02 mg, 3-0.03 mg	1	ACA
<i>econtra</i> ez oral tablet 1.5 mg	1	ACA; OTC; QL
<i>econtra</i> one-step oral tablet 1.5 mg	1	ACA; OTC; QL

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

Drug Name	Drug Tier	Requirements / Limits
<i>elinet</i> oral tablet 0.3-30 mg-mcg	1	ACA
<i>emoquette</i> oral tablet 0.15-0.03 mg	1	ACA
<i>enpresse</i> oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
<i>enskyce</i> oral tablet 0.15-0.03 mg	1	ACA
<i>estarylla</i> oral tablet 0.25-35 mg-mcg	1	ACA
<i>ethynodiol diac-eth estradiol</i> oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	ACA
<i>falmina</i> (28) oral tablet 0.1-20 mg-mcg	1	ACA
<i>fayosim</i> oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA
<i>femynor</i> oral tablet 0.25-35 mg-mcg	1	ACA
<i>gianvi</i> (28) oral tablet 3-0.02 mg	1	ACA
<i>hailey 24 fe</i> oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
<i>hailey fe 1.5/30</i> (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>hailey fe 1/20</i> (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
<i>hailey</i> oral tablet 1.5-30 mg-mcg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>introvale</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
<i>isibloom</i> oral tablet 0.15-0.03 mg	1	ACA
<i>jaimiess</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
<i>jasmiel</i> (28) oral tablet 3-0.02 mg	1	ACA
<i>jolessa</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
<i>juleber</i> oral tablet 0.15-0.03 mg	1	ACA
<i>junel 1.5/30</i> (21) oral tablet 1.5-30 mg-mcg	1	ACA
<i>junel 1/20</i> (21) oral tablet 1-20 mg-mcg	1	ACA
<i>junel fe 1.5/30</i> (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>junel fe 1/20</i> (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
<i>junel fe 24</i> oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
<i>kaitlib fe</i> oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
<i>kalliga</i> oral tablet 0.15-0.03 mg	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>kariva</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
<i>kelnor</i> 1/35 (28) oral tablet 1-35 mg-mcg	1	ACA
<i>kelnor</i> 1-50 oral tablet 1-50 mg-mcg	1	ACA
<i>kurvelo</i> (28) oral tablet 0.15-0.03 mg	1	ACA
<i>l norgest/e.estradiol-e.estradiol</i> oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
<i>larin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
<i>larin</i> 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
<i>larin</i> 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	ACA
<i>larin fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>larin fe</i> 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
<i>larissia</i> oral tablet 0.1-20 mg-mcg	1	ACA
<i>layolis fe</i> oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
<i>leena</i> 28 oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>lessina</i> oral tablet 0.1-20 mg-mcg	1	ACA
<i>levonest</i> (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
<i>levonorgestrel</i> oral tablet 1.5 mg	1	ACA; OTC; QL
<i>levonorgestrel-ethinyl estrad</i> oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	ACA
<i>levonorgestrel-ethinyl estrad</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
<i>levonorg-eth estrad triphasic</i> oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
<i>levora-28</i> oral tablet 0.15-0.03 mg	1	ACA
<i>lillow</i> (28) oral tablet 0.15-0.03 mg	1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	2	ST; ACA
<i>lojaimiess</i> oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	ACA
<i>loryna</i> (28) oral tablet 3-0.02 mg	1	ACA
<i>low-ogestrel</i> (28) oral tablet 0.3-30 mg-mcg	1	ACA
<i>lo-zumandimine</i> (28) oral tablet 3-0.02 mg	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>luter</i> (28) oral tablet 0.1-20 mg-mcg	1	ACA
<i>marlissa</i> (28) oral tablet 0.15-0.03 mg	1	ACA
<i>melodetta</i> 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
<i>mibelas</i> 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
<i>microgestin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
<i>microgestin</i> 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA
<i>microgestin fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>microgestin fe</i> 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
<i>mili</i> oral tablet 0.25-35 mg-mcg	1	ACA
<i>mono-linyah</i> oral tablet 0.25-35 mg-mcg	1	ACA
<i>my choice</i> oral tablet 1.5 mg	1	ACA; OTC; QL
<i>my way</i> oral tablet 1.5 mg	1	ACA; OTC; QL
<i>necon</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>new day</i> oral tablet 1.5 mg	1	ACA; OTC; QL
<i>nikki</i> (28) oral tablet 3-0.02 mg	1	ACA
<i>noreth-ethinyl estradiol-iron</i> oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
<i>norethindrone ac-eth estradiol</i> oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	ACA
<i>norethindrone-e.estradiol-iron</i> oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
<i>norethindrone-e.estradiol-iron</i> oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
<i>norgestimate-ethinyl estradiol</i> oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	1	ACA
<i>nortrel</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
<i>nortrel</i> 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	ACA
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	ACA
<i>ocella oral tablet 3-0.03 mg</i>	1	ACA
<i>opcicon one-step oral tablet 1.5 mg</i>	1	ACA; OTC; QL
<i>option-2 oral tablet 1.5 mg</i>	1	ACA; OTC; QL
<i>orsythia oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>pirmella oral tablet 0.5/0.75/1 mg- 35 mcg, 1-35 mg-mcg</i>	1	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG	2	ACA; OTC; QL
<i>portia 28 oral tablet 0.15-0.03 mg</i>	1	ACA
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	1	ACA
<i>rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	ACA
<i>simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>simpesse oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>syeda oral tablet 3-0.03 mg</i>	1	ACA
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	ACA
<i>tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	2	ST; ACA
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	ACA
<i>tri-lynyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-previfem (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	ACA

Drug Name	Drug Tier	Requirements / Limits
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	ACA
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	ACA
<i>tydemy oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	ACA
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	ACA
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	ACA
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	ACA
<i>vyfemla (28) oral tablet 0.4-35 mg-mcg</i>	1	ACA
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	ACA
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	ACA
<i>wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>zarah oral tablet 3-0.03 mg</i>	1	ACA
<i>zovia 1/35e (28) oral tablet 1-35 mg-mcg</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
zumandimine (28) oral tablet 3-0.03 mg	1	ACA
OXYTOCICS		
HEMABATE INTRAMUSCULAR SOLUTION 250 MCG/ML	2	
methergine oral tablet 0.2 mg	1	QL
methylergonovine injection solution 0.2 mg/ml (1 ml)	1	
methylergonovine oral tablet 0.2 mg	1	QL
OXYTOCIN (BULK) POWDER	2	
oxytocin in 0.9 % sod chloride intravenous solution 20 unit/1000 ml	1	
oxytocin injection solution 10 unit/ml	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
ak-poly-bac ophthalmic (eye) ointment 500-10,000 unit/gram	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 %	2	
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	

Drug Name	Drug Tier	Requirements / Limits
bacitracin- polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentak ophthalmic (eye) ointment 0.3 % (3 mg/gram)	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
moxifloxacin ophthalmic (eye) drops, viscous 0.5 %	1	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
tobramycin ophthalmic (eye) drops 0.3 %	1	
ANTIVIRALS		
TRIFLURIDINE (BULK) POWDER 100 %	2	
trifluridine ophthalmic (eye) drops 1 %	1	

Drug Name	Drug Tier	Requirements / Limits
VIDARABINE (BULK) POWDER 100 %	2	
VIDARABINE MONOHYDRATE (BULK) POWDER 91.5 % (84.5-98.5%)	2	
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
metipranolol ophthalmic (eye) drops 0.3 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 %	2	
CYCLOPLEGIC MYDRIATICS		
ATROPINE (BULK) POWDER	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	1	
CYCLOPENTOLATE (BULK) POWDER 100 %	2	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	1	
<i>homatropaire ophthalmic (eye) drops 5 %</i>	1	
TROPICAMIDE (BULK) POWDER	2	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	1	
DIRECT ACTING MIOTICS		
ACETYLCHOLINE CHLORIDE (BULK) POWDER	2	
PILOCARPINE HCL (BULK) POWDER	2	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
PILOCARPINE NITRATE (BULK) POWDER	2	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>acuicyn topical spray,non-aerosol 0.01 %</i>	1	
<i>altacaine ophthalmic (eye) drops 0.5 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	
<i>balanced salt intraocular solution</i>	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	2	ST
<i>bioglo ophthalmic (eye) strip 1 mg</i>	1	
<i>biolon intraocular syringe 10 mg/ml</i>	1	
<i>bss intraocular solution</i>	1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	2	PA; SP
DAPIPRAZOLE (BULK) POWDER	2	
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML	2	PA; SP
EYLEA INTRAVITREAL SYRINGE 2 MG/0.05 ML	2	PA; SP
FLUORESCIN (BULK) POWDER 100 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	1	
<i>fluorescite intravenous solution 500 mg/5 ml (10 %)</i>	1	
<i>ful-glo ophthalmic (eye) strip 1 mg</i>	1	
<i>glostrips ophthalmic (eye) strip 1 mg</i>	1	
<i>green glo ophthalmic (eye) strip 1.5 mg</i>	1	
HYALURONIDAS E, BOVINE (BULK) POWDER 1 MILLION UNIT	2	
<i>hypocyn topical spray,non-aerosol 0.01 %</i>	1	
KETOTIFEN FUMARATE (BULK) POWDER 100 %	2	
<i>lidocaine-phenylephrn in water intraocular solution 1-1.5 %</i>	1	
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL)	2	PA; SP
<i>ocucoat intraocular syringe 2 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	2	PA; SP
PAZEO OPHTHALMIC (EYE) DROPS 0.7 %	2	ST
POLYVINYL ALCOHOL (BULK) POWDER 100 %	2	
PROPARACAINE (BULK) POWDER 100 %	2	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	2	PA; QL
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	2	PA; QL
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	1	
VISUDYNE INTRAVENOUS RECON SOLN 15 MG	2	SP
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	2	PA; QL

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

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

Drug Name	Drug Tier	Requirements / Limits
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	2	
<i>ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %</i>	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	2	
ORAL DRUGS FOR GLAUCOMA		
ACETAZOLAMIDE (BULK) POWDER	2	
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection recon soln 500 mg</i>	1	
METHAZOLAMIDE (BULK) POWDER	2	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	ST
CARBACHOL (BULK) POWDER 99 %	2	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	2	
DEMECARIUM BROMIDE (BULK) POWDER 100 %	2	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	ST
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	ST
<i>miostat intraocular solution 0.01 %</i>	1	
<i>physostigmine salicylate injection solution 1 mg/ml</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	ST
ZIOPTAN (PF) OPTHALMIC (EYE) DROPPERETTE 0.0015 %	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
TOBRADEX OPTHALMIC (EYE) OINTMENT 0.3-0.1 %	2	

Drug Name	Drug Tier	Requirements / Limits
TOBRADEX ST OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 %	2	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	
ZYLET OPTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 %	2	
STERIODS		
ALREX OPTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	2	ST
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION 1 %	2	
LOTEMAX OPTHALMIC (EYE) DROPS,GEL 0.5 %	2	

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

Drug Name	Drug Tier	Requirements / Limits
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	2	
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	2	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG	2	SP
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide- prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	
SULFONAMIDES		
SULFACETAMIDE SOD, MONO (BULK) POWDER 100 %	2	
SULFACETAMIDE SODIUM (BULK) POWDER	2	

Drug Name	Drug Tier	Requirements / Limits
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
BRIMONIDINE TARTRATE (BULK) POWDER 100 %	2	
VASOCONSTRICTOR DECONGESTANTS		
PHENYLEPHRINE HCL (BULK) POWDER 100 %	2	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %</i>	1	
TETRAHYDROZO LINE HCL (BULK) POWDER	2	
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMPHENIRAMINE MALEATE (BULK) POWDER	2	
<i>brompheniramine-pseudoephedrine oral syrup 2-30-10 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>carbinoxamine maleate oral tablet 6 mg</i>	1	ST
CHLORPHENIRAMINE MALEATE (BULK) POWDER	2	
CLEMASTINE FUMARATE (BULK) POWDER	2	
<i>clemastine oral tablet 2.68 mg</i>	1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	
CYPROHEPTADINE (BULK) POWDER 100 %	2	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	1	
<i>cyproheptadine oral tablet 4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>desloratadine oral tablet 5 mg</i>	1	QL
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	1	QL
<i>dexchlorpheniramine maleate oral solution 2 mg/5 ml</i>	1	
DEXTROMETHORPHAN HBR (BULK) POWDER	2	
DIPHENHYDRAMINE (BULK) POWDER	2	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	
EPINEPHRINE (BULK) POWDER	2	
EPINEPHRINE BITARTRATE (BULK) POWDER	2	
<i>epinephrine hcl in 0.9 % nacl intravenous solution 2 mg/250 ml (8 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	1	
<i>epinephrine hcl in 0.9 % nacl intravenous syringe 1 mg/10 ml (100 mcg/ml), 100 mcg/10 ml (10 mcg/ml)</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>epinephrine hcl in 5% dextrose intravenous solution 2 mg/250 ml (8 mcg/ml), 4 mg/250 ml (16 mcg/ml)</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	QL
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	PA; QL
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	2	PA; QL
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	PA; QL
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	2	PA; QL
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaiaitussin ac oral liquid 10-100 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
GUAIFENESIN (BULK) POWDER 100 %	2	
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>guaifenesin dac oral syrup 30-10-100 mg/5 ml</i>	1	
<i>hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral syrup 5-1.5 mg/5 ml</i>	1	
HYDROXYZINE HCL (BULK) POWDER	2	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
HYDROXYZINE PAMOATE (BULK) POWDER	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
LEVOCETIRIZINE (BULK) POWDER	2	
LORATADINE (BULK) POWDER 100 %	2	
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	
<i>m-clear wc oral liquid 6.3-100 mg/5 ml</i>	1	
<i>phenadoz rectal suppository 25 mg</i>	1	
PROMETHAZINE (BULK) POWDER 100 %	2	
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5 ml</i>	1	
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	1	
<i>promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
PSEUDOEPHEDRINE HCL (BULK) POWDER 100 %	2	
PYRILAMINE MALEATE (BULK) POWDER	2	
<i>rydex oral liquid 1.3-10-6.3 mg/5 ml</i>	1	
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML	2	QL
TRIPLELENAMINE (BULK) POWDER 100 %	2	
TRIPROLIDINE HCL (BULK) POWDER 100 %	2	
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	
<i>virtussin dac oral syrup 30-10-100 mg/5 ml</i>	1	

PULMONARY AGENTS

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

Drug Name	Drug Tier	Requirements / Limits
ACETYLCYSTEINE (BULK) POWDER	2	
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	2	PA; SP
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	2	PA; QL
ALBUTEROL SULFATE (BULK) POWDER	2	
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	QL
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml, 5 mg/ml</i>	1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg</i>	1	
<i>alyq oral tablet 20 mg</i>	1	PA; SP; QL
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SP
AMINOPHYLLINE (BULK) POWDER	2	
<i>aminophylline intravenous solution 250 mg/10 ml, 500 mg/20 ml</i>	1	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	2	QL
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	2	QL

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Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL
<i>azelastine- fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	1	QL
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	2	QL
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SP
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE	2	PA; QL
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9- 4.8 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	1	QL
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	1	QL
BUDESONIDE, MICRONIZED (BULK) POWDER 100 %	2	
<i>caffeine-sodium benzoate injection solution 250 mg/ml (125 mg/ml caffeine)</i>	1	
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	2	PA; SP
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	2	QL
CROMOLYN (BULK) POWDER	2	
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	
DALIRESP ORAL TABLET 250 MCG	2	PA; QL
DALIRESP ORAL TABLET 500 MCG	2	PA

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Drug Name	Drug Tier	Requirements / Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION , 200-5 MCG/ACTUATION , 50-5 MCG/ACTUATION	2	PA; QL
DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY	2	QL
DYPHYLLINE (BULK) POWDER 100 %	2	
EPHEDRINE HCL (BULK) POWDER	2	
EPHEDRINE SULFATE (BULK) POWDER	2	
<i>ephedrine sulfate injection solution 50 mg/ml</i>	1	
<i>epinephrine hcl nasal solution 1 mg/ml</i>	1	
ESBRIET ORAL CAPSULE 267 MG	2	PA; SP; QL
ESBRIET ORAL TABLET 267 MG	2	PA; SP; QL
ESBRIET ORAL TABLET 801 MG	2	PA; SP
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	2	PA; SP
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 250 MCG/ACTUATION , 50 MCG/ACTUATION	2	QL
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION , 220 MCG/ACTUATION , 44 MCG/ACTUATION	2	QL
FLUNISOLIDE (BULK) POWDER 100 %	2	
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	QL
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	QL

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Drug Name	Drug Tier	Requirements / Limits
FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113- 14 MCG/ACTUATION , 232-14 MCG/ACTUATION , 55-14 MCG/ACTUATION	2	PA; QL
<i>fluticasone propion- salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	PA; QL
FORMOTEROL FUMARATE (BULK) POWDER 100 %	2	
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; SP
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	2	QL
IPRATROPIUM BROMIDE (BULK) POWDER	2	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>ipratropium- albuterol inhalation solution for nebulization 0.5 mg- 3 mg(2.5 mg base)/3 ml</i>	1	QL
ISOPROTERENOL HCL (BULK) POWDER	2	
KALYDECO ORAL GRANULES IN PACKET 25 MG	2	PA; SP
KALYDECO ORAL GRANULES IN PACKET 50 MG, 75 MG	2	PA; SP; QL
KALYDECO ORAL TABLET 150 MG	2	PA; SP; QL
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	
<i>metaproterenol oral syrup 10 mg/5 ml</i>	1	
METAPROTEREN OL SULFATE (BULK) POWDER	2	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	1	QL
MONTELUKAST (BULK) POWDER	2	
<i>montelukast oral granules in packet 4 mg</i>	1	
<i>montelukast oral tablet 10 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
montelukast oral tablet, chewable 4 mg, 5 mg	1	
nebusal inhalation solution for nebulization 3 %	1	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	2	PA; SP; QL
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	2	PA; SP; QL
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	2	PA; SP; QL
OFEV ORAL CAPSULE 100 MG, 150 MG	2	PA; SP; QL
OPSUMIT ORAL TABLET 10 MG	2	PA; SP
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	2	PA; SP; QL
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	2	PA; SP; QL
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	2	QL
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL

Drug Name	Drug Tier	Requirements / Limits
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	QL
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION , 90 MCG/ACTUATION	2	QL
pulmosal inhalation solution for nebulization 7 %	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML	2	PA; SP
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION , 80 MCG/ACTUATION	2	QL
RACEPINEPHRINE (BULK) POWDER 100 %	2	

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Drug Name	Drug Tier	Requirements / Limits
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	2	PA; SP
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	2	QL
<i>sildenafil</i> (pulm.hypertension) intravenous solution 10 mg/12.5 ml	1	PA; SP
<i>sildenafil</i> (pulm.hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; SP; QL
<i>sildenafil</i> (pulm.hypertension) oral tablet 20 mg	1	PA; SP; QL
<i>sodium chloride</i> inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %	1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION , 2.5 MCG/ACTUATION	2	QL
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	2	QL

Drug Name	Drug Tier	Requirements / Limits
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	2	QL
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION , 80-4.5 MCG/ACTUATION	2	PA; QL
SYMDEKO ORAL TABLETS, SEQUENTIAL 100- 150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	2	PA; SP; QL
<i>tadalafil</i> (pulm. hypertension) oral tablet 20 mg	1	PA; SP; QL
<i>terbutaline</i> oral tablet 2.5 mg, 5 mg	1	
<i>terbutaline</i> subcutaneous solution 1 mg/ml	1	
TERBUTALINE SULFATE (BULK) POWDER	2	
<i>theochron</i> oral tablet extended release 12 hr 100 mg, 200 mg	1	
THEOPHYLLINE (BULK) POWDER	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>theophylline in dextrose 5 % intravenous parenteral solution 200 mg/100 ml, 200 mg/50 ml, 400 mg/250 ml, 800 mg/250 ml</i>	1	
<i>theophylline oral elixir 80 mg/15 ml</i>	1	
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	2	PA; SP
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG	2	QL
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 200-62.5-25 MCG	2	
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	2	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	2	PA; SP
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	2	QL
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	PA; QL
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	2	PA; SP; QL

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

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	2	PA; SP; QL
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	2	QL
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	1	PA
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	1	
<i>flavoxate oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM)	2	QL
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	2	
OXYBUTYNIN CHLORIDE (BULK) POWDER	2	
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	1	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	2	
<i>trospium oral capsule,extended release 24hr 60 mg</i>	1	
<i>trospium oral tablet 20 mg</i>	1	
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	
<i>dutasteride oral capsule 0.5 mg</i>	1	PA
<i>dutasteride- tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	PA
FINASTERIDE (BULK) POWDER 100 %	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin oral capsule 0.4 mg</i>	1	
CHOLINERGIC STIMULANTS		
BETHANECHOL CHLORIDE (BULK) POWDER	2	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
MISCELLANEOUS UROLOGICALS		
ALPROSTADIL (BULK) POWDER 100 %	2	
<i>alprostadil injection solution 500 mcg/ml</i>	1	
AMMONIUM CHLORIDE (BULK) GRANULES	2	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG	2	PA; QL
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG	2	PA; QL
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG	2	PA; QL
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	2	PA; SP

Drug Name	Drug Tier	Requirements / Limits
ELMIRON ORAL CAPSULE 100 MG	2	
<i>glycine urologic irrigation solution 1.5 %</i>	1	
<i>glycine urologic solution irrigation solution 1.5 %</i>	1	
<i>hyophen oral tablet 81.6-0.12-10.8 mg</i>	1	
K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG	2	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	1	
METHIONINE (BULK) POWDER	2	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG	2	PA; QL
PENTOSAN POLYSULFATE NA (BULK) POWDER 100 %	2	
<i>phosphasal oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	2	
SILDENAFIL (BULK) POWDER 100 %	2	
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	1	ST; QL
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; QL
<i>uretron d-s oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>urimar-t oral tablet 120-0.12-10.8 mg</i>	1	
<i>urin ds oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>uro-458 oral tablet 81-10.8-40.8 mg</i>	1	
<i>urogesic-blue oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>uro-mp oral capsule 118-10-40.8-36 mg</i>	1	
<i>uryl oral tablet 81.6-40.8-0.12 mg</i>	1	
<i>ustell oral capsule 120-0.12 mg</i>	1	
<i>utira-c oral tablet 81.6-10.8-40.8 mg</i>	1	
<i>varденаfil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	ST; QL

Drug Name	Drug Tier	Requirements / Limits
<i>varденаfil oral tablet,disintegrating 10 mg</i>	1	ST; QL
URINARY ANESTHETICS		
PHENAZOPYRIDINE (BULK) POWDER 100 %	2	
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 % intravenous parenteral solution 25 %</i>	1	
<i>albumin, human 5 % intravenous parenteral solution 5 %</i>	1	
<i>albuminar 25 % intravenous parenteral solution 25 %</i>	1	
<i>alburx (human) 25 % intravenous parenteral solution 25 %</i>	1	
<i>alburx (human) 5 % intravenous parenteral solution 5 %</i>	1	
<i>albutein 25 % intravenous parenteral solution 25 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>albutein 5 % intravenous parenteral solution 5 %</i>	1	
<i>buminate 25 % intravenous parenteral solution 25 %</i>	1	
<i>buminate 5 % intravenous parenteral solution 5 %</i>	1	
<i>plasbumin 25 % intravenous parenteral solution 25 %</i>	1	
<i>plasbumin 5 % intravenous parenteral solution 5 %</i>	1	
ELECTROLYTES		
ADDAMEL N INTRAVENOUS SOLUTION 5.33-0.34-0.54 MCG-MG-MG/ML	2	
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	1	
<i>calcium chloride intravenous solution 100 mg/ml (10 %)</i>	1	
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
CALCIUM GLUCON MONOHYD (BULK) POWDER 100 %	2	
<i>calcium gluconate in 0.9% nacl intravenous solution 1 gram/100 ml</i>	1	
<i>calcium gluconate intravenous solution 100 mg/ml (10%)</i>	1	
<i>chromium chloride intravenous solution 4 mcg/ml</i>	1	
<i>copper chloride intravenous solution 0.4 mg/ml</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOL/ML	2	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	
<i>k-tab oral tablet extended release 8 meq</i>	1	
<i>lactated ringers intravenous parenteral solution</i>	1	
<i>lugols oral solution 5 %</i>	1	
MAGNESIUM CHLORIDE (BULK) CRYSTALS	2	
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	1	
MAGNESIUM OXIDE (BULK) POWDER 100 %	2	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 4 meq/ml (50 %)</i>	1	
<i>magnesium sulfate injection syringe 4 meq/ml</i>	1	
MANGANESE CHLORIDE (BULK) POWDER 100 %	2	
<i>manganese chloride intravenous solution 0.1 mg/ml</i>	1	
MANGANESE SULFATE (BULK) POWDER	2	
<i>manganese sulfate intravenous solution 0.1 mg/ml</i>	1	
MULTITRACE-4 CONCENTRATE INTRAVENOUS SOLUTION 10 MCG-1 MG- 0.5 MG-5 MG/ML	2	
MULTITRACE-4 INTRAVENOUS SOLUTION 4 MCG-0.4 MG- 0.1 MG-1 MG/ML	2	

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Drug Name	Drug Tier	Requirements / Limits
MULTITRACE-4 NEONATAL INTRAVENOUS SOLUTION 0.85 MCG-0.1 MG - 25MCG-1.5MG/ML	2	
<i>multitrace-4 pediatric intravenous solution 1 mcg-0.1 mg-25 mcg-1 mg/ml</i>	1	
MULTITRACE-5 CONCENTRATE INTRAVENOUS SOLUTION 10 MCG-1 MG-0.5 MG-60MCG-5MG/ML	2	
MULTITRACE-5 INTRAVENOUS SOLUTION 4-400-100-20 -1000 MCG/ML	2	
NORMOSOL-R IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
<i>nutrilyte intravenous solution 25-40.6-5 meq/20 ml</i>	1	
PEDITRACE INTRAVENOUS SOLUTION 521-53.7-3.6 MCG/ML	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML	2	
POTASSIUM ACETATE (BULK) POWDER 100 %	2	

Drug Name	Drug Tier	Requirements / Limits
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
POTASSIUM CHLORIDE (BULK) POWDER	2	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 30 meq/100 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet, er particles/crystals 10 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride-d5-0.3%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	

Drug Name	Drug Tier	Requirements / Limits
POTASSIUM GLUCONATE (BULK) POWDER	2	
POTASSIUM PERMANGANATE (BULK) GRANULES	2	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous parenteral solution</i>	1	
<i>selenium intravenous solution 40 mcg/ml</i>	1	
SODIUM ACETATE (BULK) POWDER	2	
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>	1	
<i>sodium bicarbonate in d5w intravenous solution 150 meq/1,000 ml</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	1	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
SODIUM CHLORIDE (BULK) GRANULES	2	

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Drug Name	Drug Tier	Requirements / Limits
SODIUM CHLORIDE (BULK) POWDER	2	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	
<i>sodium chloride 3 % intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % intravenous parenteral solution 5 %</i>	1	
<i>sodium chloride intravenous parenteral solution 2.5 meq/ml, 4 meq/ml</i>	1	
SODIUM LACTATE (BULK) SOLUTION 60 %	2	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	1	
<i>strong iodine oral solution 5 %</i>	1	
TPN ELECTROLYTES II INTRAVENOUS SOLUTION 18-18-5-4.5-35 MEQ/20 ML	2	
TRACE ELEMENTS 4/PEDIATRIC INTRAVENOUS SOLUTION 1 MCG-0.1 MG-30 MCG-0.5 MG/ML	2	

Drug Name	Drug Tier	Requirements / Limits
ZINC ACETATE DIHYDRATE (BULK) CRYSTALS 100 %	2	
ZINC CHLORIDE (BULK) GRANULES	2	
<i>zinc chloride intravenous solution 1 mg/ml</i>	1	
ZINC SULFATE (BULK) POWDER , 100 %	2	
<i>zinc sulfate intravenous solution 1 mg/ml, 5 mg/ml</i>	1	
MISCELLANEOUS NUTRITION PRODUCTS		
ADVANTAGE WITH IRON ORAL POWDER 2.07-5.6 GRAM/100 KCAL	2	OTC
AMINOSYN 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
AMINOSYN 7 % WITH ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 7 %	2	
AMINOSYN 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	
AMINOSYN 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	

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Drug Name	Drug Tier	Requirements / Limits
AMINOSYN II 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
AMINOSYN II 15 % INTRAVENOUS PARENTERAL SOLUTION 15 %	2	
AMINOSYN II 7 % INTRAVENOUS PARENTERAL SOLUTION 7 %	2	
AMINOSYN II 8.5 % INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	
AMINOSYN II 8.5 %-ELECTROLYTES INTRAVENOUS PARENTERAL SOLUTION 8.5 %	2	
AMINOSYN M 3.5 % INTRAVENOUS PARENTERAL SOLUTION 3.5 %	2	
AMINOSYN-HBC 7% INTRAVENOUS PARENTERAL SOLUTION 7 %	2	
AMINOSYN-PF 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
AMINOSYN-PF 7 % (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 7 %	2	

Drug Name	Drug Tier	Requirements / Limits
AMINOSYN-RF 5.2 % INTRAVENOUS PARENTERAL SOLUTION 5.2 %	2	
ARGININE (L-ARGININE) (BULK) POWDER 100 %	2	
ARGININE HCL(L-ARGININE)(BULK) POWDER 100 %	2	
BAL IN OIL INTRAMUSCULAR SOLUTION 100 MG/ML	2	
BCAD 1 ORAL POWDER 16.2-500 GRAM-KCAL/100 G	2	OTC
CALCILO XD ORAL POWDER	2	OTC
CALCIUM DISODIUM VERSENATE INJECTION SOLUTION 200 MG/ML	2	
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
CLINIMIX 5%/D25W SULFITE-FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	

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Drug Name	Drug Tier	Requirements / Limits
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX 4.25%-D25W SULF-FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
CLINIMIX E 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX E 4.25%/D5W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	2	
CLINIMIX E 5%/D15W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
CLINIMIX E 5%/D20W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	

CYCLINEX-1 ORAL POWDER 7.5-510 G-KCAL/100 G	2	OTC
CYSTEINE HCL(L-CYSTEINE)(BULK) POWDER	2	
EDETATE CALCIUM DISODIUM(BULK) POWDER 100 %	2	
ELECARE INFANT FORMULA ORAL POWDER 3.1-4.8-10.7 GRAM/100 KCAL	2	OTC
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	
ENFAGROW TODDLR TRANSITION SOY ORAL POWDER 3.3-4.4 GRAM/100 KCAL	2	OTC
<i>enfamil a.r. oral powder 2.5-5.1-11.3 gram/100 kcal</i>	1	OTC
ENFAMIL ENFACARE ORAL POWDER 2.8-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL GENTLEASE NON-GMO ORAL POWDER 2.3-5.3 GRAM/100 KCAL	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
ENFAMIL GENTLEASE ORAL LIQUID 2.3-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL GENTLEASE ORAL POWDER 2.3-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL INFANT NON-GMO ORAL POWDER 2-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL INFANT ORAL CONCENTRATE 2-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL INFANT ORAL LIQUID 2-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL INFANT ORAL POWDER 2-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL INFANT ORAL POWDER IN PACKET 2-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL NEWBORN NON-GMO ORAL POWDER 2.1-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL NEWBORN ORAL LIQUID 2.1-5.3 GRAM/100 KCAL	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ENFAMIL NEWBORN ORAL POWDER 2.1-5.3 GRAM/100 KCAL	2	OTC
ENFAMIL PROSOBEE LIPIL ORAL CONCENTRATE	2	OTC
ENFAMIL PROSOBEE LIPIL ORAL LIQUID	2	OTC
ENFAMIL PROSOBEE ORAL POWDER 2.5-5.3 GRAM/100 KCAL	2	OTC
ENFAPORT ORAL LIQUID 3.5-5.5-10 GRAM/100 KCAL	2	OTC
<i>freamine iii 10 % intravenous parenteral solution 10 %</i>	1	
GERBER GOOD START GENTLE NOGMO ORAL POWDER 2.1-5.1-11.4 GRAM/100 KCAL	2	OTC
GERBER GOOD START GENTLE ORAL LIQUID 2.2-5.1-11.6 GRAM/100 KCAL	2	OTC
GERBER GOOD START SOY ORAL LIQUID 2.5-5.1 GRAM/100 KCAL	2	OTC
GERBER GOOD START SOY ORAL POWDER 2.5-5.1 GRAM/100 KCAL	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
GERBER GS GENTLEPRO 2 NO-GMO ORAL POWDER 1.9-5.1-11.9 GRAM/100 KCAL	2	OTC
GERBER GS GNTLPR NOGMO(B.LACT) ORAL POWDER 2.2-5.1-11.2 G/100 KCAL	2	OTC
GLUTAREX-1 ORAL POWDER 15-480 G-KCAL/100 G	2	OTC
HCY 1 POWDER ORAL POWDER 16.2-500 GRAM-KCAL/100 G	2	OTC
HEPATAMINE 8% INTRAVENOUS PARENTERAL SOLUTION 8 %	2	
<i>hetastarch 6 % in 0.9 % nacl intravenous solution 6 %</i>	1	
HISTIDINE HCL(L-HISTID)(BULK) POWDER	2	
HOMINEX-1 ORAL POWDER 15-480 GRAM-KCAL	2	OTC
<i>intralipid intravenous emulsion 20 %</i>	1	

Drug Name	Drug Tier	Requirements / Limits
IONOSOL-B IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
IONOSOL-MB IN D5W INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	2	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	2	
ISOMIL ADVANCE ORAL LIQUID	2	OTC
ISOMIL DF ORAL LIQUID	2	OTC
ISOMIL/IRON ORAL LIQUID	2	OTC
I-VALEX-1 ORAL POWDER 15 GRAM-480 KCAL/100 GRAM	2	OTC
KETONEX-1 ORAL POWDER 15-480 G-KCAL	2	OTC
MSUD ANALOG ORAL POWDER 13-475 GRAM-KCAL/100 G	2	OTC

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Drug Name	Drug Tier	Requirements / Limits
NEPHRAMINE 5.4 % INTRAVENOUS PARENTERAL SOLUTION 5.4 %	2	
NORMOSOL-M IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	2	
NORMOSOL-R PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	2	
NUTRAMIGEN DHA-ARA ORAL CONCENTRATE 2.8-5.3-10.3 GRAM/100 KCAL	2	OTC
NUTRAMIGEN DHA-ARA ORAL LIQUID 2.8-5.3-10.3 GRAM/100 KCAL	2	OTC
NUTRAMIGEN TODDLER ENFLORA-LGG ORAL POWDER 2.5-4.3 GRAM/100 KCAL	2	OTC
NUTRAMIGEN WITH ENFLORA LGG ORAL POWDER 2.8-5.3-10.3 GRAM/100 KCAL	2	OTC
OA 1 POWDER ORAL POWDER 15.7-500 G-KCAL/100 G	2	OTC

Drug Name	Drug Tier	Requirements / Limits
ORNITHINE HYDROCHLORIDE (BULK) POWDER 100 %	2	
PFD TODDLER ORAL POWDER 530 KCAL/100 GRAM	2	OTC
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	2	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	2	
<i>plasmanate intravenous parenteral solution 5 %</i>	1	
<i>plenamine intravenous parenteral solution 15 %</i>	1	
PREGESTIMIL ORAL LIQUID 2.8-5.6 GRAM/ 100 KCAL (5 OZ), 2.8-5.6 GRAM/ 100 KCAL(4.2OZ)	2	OTC
PREGESTIMIL ORAL POWDER	2	OTC
<i>premasol 10 % intravenous parenteral solution 10 %</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
PREMIUM INFANT FORMULA ORAL POWDER 2.1-5.3 GRAM/100 KCAL	2	OTC
PROCALAMINE 3% INTRAVENOUS PARENTERAL SOLUTION 3 %	2	
PRODUCT 3232A ORAL POWDER 22-33-14.8 G-G-MG/100 G	2	OTC
PRO-PHREE ORAL POWDER 5.5-12.7 GRAM/100 KCAL	2	OTC
PROPIMEX-1 ORAL POWDER 15-480 G-KCAL/100 G	2	OTC
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	2	
RCF SOY PROTEIN FORMULA BASE ORAL CONCENTRATE	2	OTC
R-GENE 10 INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
SIMILAC ADVANCE ORAL CONCENTRATE	2	OTC

Drug Name	Drug Tier	Requirements / Limits
SIMILAC ADVANCE ORAL LIQUID 2.07-5.40-11.2 GRAM/100 KCAL	2	OTC
SIMILAC ADVANCE ORAL POWDER IN PACKET 2.07 GRAM/100 KCAL(17.4 GRAM)	2	OTC
SIMILAC ADVANCE ORGANIC ORAL LIQUID 2.07 GRAM-5.4 GRAM/100 KCAL	2	OTC
<i>similac advance organic oral powder 2.07 gram-5.63 gram/100 kcal</i>	1	OTC
SIMILAC ADVANCE WITH IRON ORAL POWDER 2.07-5.6 GRAM/100 KCAL	2	OTC
<i>similac alimentum oral powder 2.75-5.54-10.2 gram/100 kcal</i>	1	OTC
SIMILAC EXPERT CARE ALIMENTUM ORAL POWDER 2.75-5.54-10.2 GRAM/100 KCAL	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
SIMILAC EXPERT CARE ALIMENTUM ORAL SUSPENSION 2.75-5.54-10.2 GRAM/100 KCAL	2	OTC
SIMILAC EXPERT CARE NEOSURE ORAL POWDER 2.8-5.5 GRAM/100 KCAL	2	OTC
SIMILAC EXPERT CARE ORAL LIQUID	2	OTC
SIMILAC FOR SPIT-UP ORAL LIQUID 2.14-5.4-11 GRAM/100 KCAL	2	OTC
SIMILAC FOR SPIT-UP ORAL POWDER 2.14-5.4-11 GRAM/100 KCAL	2	OTC
SIMILAC HUMAN MILK FORTIFIER ORAL LIQUID IN PACKET 0.349-6.85 GRAM-KCAL/5 ML	2	OTC
SIMILAC HUMAN MILK FORTIFIER ORAL POWDER IN PACKET 0.25 GRAM-3.5 KCAL/0.9 GRAM	2	OTC
SIMILAC LOW-IRON ORAL LIQUID	2	OTC

Drug Name	Drug Tier	Requirements / Limits
SIMILAC NEOSURE ORAL LIQUID 2.8-5.5-10.1 GRAM/100 KCAL	2	OTC
SIMILAC PM ORAL POWDER	2	OTC
SIMILAC PRO-ADVANCE NON-GMO ORAL LIQUID 2.07-5.4-11 GRAM/100 KCAL	2	OTC
SIMILAC PRO-SENSITIVE NON-GMO ORAL LIQUID 2.1-5.4-10.9 GRAM/100 KCAL	2	OTC
<i>similac sensitive fuss and gas oral concentrate 2.1-5.4-11.1 gram/100 kcal</i>	1	OTC
SIMILAC SENSITIVE FUSS AND GAS ORAL LIQUID 2.14-5.4-11.1 GRAM/100 KCAL	2	OTC
SIMILAC SENSITIVE FUSS AND GAS ORAL POWDER 2.1-5.4-11.1 GRAM/100 KCAL, 2.2-5.4-11 GRAM/100 KCAL	2	OTC
SIMILAC SENSITIVE ISOMIL SOY ORAL POWDER IN PACKET 2.45 GRAM/100 KCAL(17.6 GRAM)	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
SIMILAC SENSITIVE ORAL SUSPENSION 2.14-5.4-10.7 G/100 KCAL	2	OTC
SIMILAC SOY ISOMIL ORAL LIQUID 2.45-5.46 GRAM/100 KCAL	2	OTC
SIMILAC SOY ISOMIL ORAL POWDER 2.45-5.46 GRAM/100 KCAL	2	OTC
SIMILAC SPECIAL CARE 24 ORAL LIQUID 3-5.43 GRAM/100 KCAL	2	OTC
SIMILAC SPECIAL CARE 30 ORAL SUSPENSION 3-6.61 GRAM/100 KCAL	2	OTC
SIMILAC SUPPLEMENTATION ORAL LIQUID 2.07-5.4-11.3 GRAM/100 KCAL	2	OTC
SIMILAC SUPPLEMENTATION ORAL POWDER 2.07-5.6-10.8 GRAM/100 KCAL	2	OTC
SIMILAC TOTAL COMFORT NON-GMO ORAL POWDER 2.32-5.4 GRAM/100 KCAL	2	OTC
SIMILAC TOTAL COMFORT ORAL LIQUID 2.32-5.4 GRAM/100 KCAL	2	OTC

Drug Name	Drug Tier	Requirements / Limits
SIMILAC TOTAL COMFORT ORAL POWDER 2.32-5.4 GRAM/100 KCAL	2	OTC
<i>travasol 10 % intravenous parenteral solution 10 %</i>	1	
TROMETHAMINE (BULK) POWDER 100 %	2	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	2	
TYREX-1 ORAL POWDER 15-480 GRAM-KCAL	2	OTC
TYROS 1 ORAL POWDER 16.7-500 G-KCAL	2	OTC
XLEU ANALOG ORAL POWDER 13 GRAM-475 KCAL/100 GRAM	2	OTC
XLYS- XTRP ANALOG ORAL POWDER 13-475 GRAM-KCAL/100 G	2	OTC
XMET ANALOG ORAL POWDER 13-475 G-KCAL/100 G	2	OTC
XMTVI ANALOG ORAL POWDER 13-475 G-KCAL/100 G	2	OTC

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

Drug Name	Drug Tier	Requirements / Limits
XPHE, XTYR ANALOG ORAL POWDER 13-475 G-KCAL	2	OTC
XPTM ANALOG ORAL POWDER 13-475 G-KCAL	2	OTC
VITAMINS / HEMATINICS		
AQUASOL A INTRAMUSCULAR SOLUTION 50,000 UNIT/ML	2	
ascorbic acid (vitamin c) injection solution 500 mg/ml	1	
ASCORBIC ACID(VITAMIN C)(BULK) GRANULES 100 %	2	
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	1	ACA; OTC
<i>b complex 100 injection solution 100-2-100-2-2 mg/ml</i>	1	
<i>b complex 100 oral tablet 0.4 mg</i>	1	ACA; OTC
<i>b complex-vitamin b12 oral tablet</i>	1	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	1	ACA; OTC
<i>b-100 complex oral tablet extended release 100 mg</i>	1	ACA; OTC
<i>balance b-100 (folic acid) oral tablet 0.4 mg</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>balance b-50 (with folic acid) oral tablet 0.4 mg</i>	1	ACA; OTC
<i>balanced b-100 complex oral tablet extended release 100 mg</i>	1	ACA; OTC
<i>balanced b-100 oral tablet 0.4 mg</i>	1	ACA; OTC
<i>balanced b-50 oral tablet</i>	1	ACA; OTC
<i>bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg</i>	1	
<i>b-complex injection injection solution 100-2-100-2-2 mg/ml</i>	1	
<i>b-complex with vitamin c oral tablet , 400-500 mcg-mg</i>	1	ACA; OTC
<i>classic prenatal oral tablet 28 mg iron-800 mcg</i>	1	ACA; OTC
<i>c-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>complete natal dha oral combo pack 29-1-250-200 mg</i>	1	
<i>complex b-100 oral tablet extended release</i>	1	ACA; OTC
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
CYANOCOBALAMIN(VIT B-12)(BULK) POWDER	2	
<i>daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	1	ACA; OTC
<i>dialyvite 800 oral tablet 0.8 mg</i>	1	ACA; OTC
<i>elite-ob oral tablet 50 mg iron- 1.25 mg</i>	1	
ERGOCALCIFEROL (VIT D2) (BULK) POWDER	2	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17 ML (30 MG/ML)	2	PA
FERRIC SUBSULFATE (BULK) POWDER	2	
FERRIC SUBSULFATE (BULK) SOLUTION 20 TO 22 GRAM/100 ML	2	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>fluoritab oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	ACA; OTC
<i>folivane-ob oral capsule 85-1 mg</i>	1	
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	1	ACA; OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	ACA; OTC
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	1	
INFED INJECTION SOLUTION 50 MG/ML	2	PA
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION 80 MG-400 UNIT- 200 MCG/5 ML	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>kobee oral tablet 0.4 mg</i>	1	ACA; OTC
<i>kpn oral tablet</i>	1	ACA; OTC
<i>ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	ACA; OTC
<i>m.v.i. adult intravenous solution 3,300 unit- 150 mcg/10 ml</i>	1	
M.V.I. PEDIATRIC INTRAVENOUS RECON SOLN 80-400-200 MG-UNIT-MCG	2	
M.V.I.-12 (WITHOUT VITAMIN K) INTRAVENOUS SOLUTION 3,300 UNIT-200 UNIT/10 ML	2	
<i>m-natal plus oral tablet 27 mg iron- 1 mg</i>	1	
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	1	OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
<i>multivitamin with fluoride oral tablet,chewable 0.5 mg</i>	1	ACA; OTC
<i>multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	ACA; OTC
<i>mynatal advance oral tablet 90-1-50 mg</i>	1	
<i>mynatal oral capsule 65 mg iron- 1 mg</i>	1	
<i>mynatal oral tablet 90-1-50 mg</i>	1	
<i>mynatal plus oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynatal-z oral tablet 65 mg iron- 1 mg</i>	1	
<i>mynate 90 plus oral tablet extended release 90 mg iron-1 mg</i>	1	
NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY	2	
<i>natural b-100 complex oral tablet 100 mg</i>	1	ACA; OTC
<i>newgen oral tablet 32-1,000 mg-mcg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg</i>	1	
<i>one daily prenatal oral combo pack 28-800-440 mg-mcg-mg</i>	1	ACA; OTC
<i>perry prenatal oral capsule 13.5-0.4 mg</i>	1	ACA; OTC
<i>pnv 29-1 oral tablet 29 mg iron- 1 mg</i>	1	
<i>pnv-dha + docusate oral capsule 27-1.25-55-300 mg</i>	1	
<i>pnv-dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>pnv-omega oral capsule 28-1-300 mg</i>	1	
<i>pnv-select oral tablet 27-1 mg</i>	1	
<i>pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg</i>	1	
<i>pr natal 400 oral combo pack 29-1-400 mg</i>	1	
<i>pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg</i>	1	
<i>pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg</i>	1	
<i>prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg</i>	1	
<i>prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg</i>	1	
<i>prenaissance oral capsule 29-1.25-55-325 mg</i>	1	
<i>prenaissance plus oral capsule 28-1-50-250 mg</i>	1	
<i>prenatabs fa oral tablet 29-1 mg</i>	1	
<i>prenatabs rx oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal complete oral tablet 14 mg iron- 400 mcg</i>	1	ACA; OTC
<i>prenatal formula oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal multi-dha (algal oil) oral capsule 27mg iron-800 mcg-250 mg</i>	1	ACA; OTC
<i>prenatal multivitamins oral tablet 28 mg iron-800 mcg</i>	1	ACA; OTC
<i>prenatal one daily oral tablet 27 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal plus oral tablet 29 mg iron- 1 mg</i>	1	
<i>prenatal tablet oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	1	ACA; OTC
<i>prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg</i>	1	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	1	ACA; OTC
<i>prenatal-u oral capsule 106.5-1 mg</i>	1	
<i>preplus oral tablet 27 mg iron- 1 mg</i>	1	
<i>pretab oral tablet 29-1 mg</i>	1	
PYRIDOXINE (BULK) POWDER 100 %	2	
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	1	
<i>rena-vite oral tablet 0.8 mg</i>	1	ACA; OTC

Drug Name	Drug Tier	Requirements / Limits
RIBOFLAVIN (VITAMIN B2) (BULK) POWDER	2	
RIBOFLAVIN 5PHOSPHAT SOD(BULK) POWDER	2	
<i>se-natal 19 chewable oral tablet,chewable 29 mg iron- 1 mg</i>	1	
<i>se-natal-19 oral tablet 29 mg iron- 1 mg</i>	1	
<i>stress formula 600 c oral tablet</i>	1	ACA; OTC
<i>stress formula oral tablet</i>	1	ACA; OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	1	ACA; OTC
<i>stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron</i>	1	ACA; OTC
<i>super b complex-vitamin c oral tablet</i>	1	ACA; OTC
<i>super b maxi complex oral tablet 0.4 mg</i>	1	ACA; OTC
<i>super quint b-50 oral tablet</i>	1	ACA; OTC
<i>super quint oral tablet 0.4 mg</i>	1	ACA; OTC
<i>taron-c dha oral capsule 35-1-200 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg</i>	1	
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	1	
<i>trinatal rx 1 oral tablet 60 mg iron-1 mg</i>	1	
<i>trinate oral tablet 28 mg iron- 1 mg</i>	1	
<i>triveen-duo dha oral combo pack 29-1-400 mg</i>	1	
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC
<i>tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC
VENOFER INTRAVENOUS SOLUTION 100 MG IRON/5 ML, 200 MG IRON/10 ML, 50 MG IRON/2.5 ML	2	PA
<i>virt-c dha oral capsule 35-1-200 mg</i>	1	

Drug Name	Drug Tier	Requirements / Limits
<i>virt-nate dha oral capsule 28 mg iron-1 mg -200 mg</i>	1	
<i>virt-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>virt-pn plus oral capsule 28-1-300 mg</i>	1	
<i>vitamin b complex oral tablet</i>	1	ACA; OTC
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	1	ACA; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	ACA; OTC
<i>vitamins b complex oral tablet</i>	1	ACA; OTC
<i>vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg</i>	1	
<i>zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg</i>	1	
<i>zatean-pn plus oral capsule 28-1-300 mg</i>	1	
<i>zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg</i>	1	

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