LifeWise Assurance Company

# Preferred (B3) Formulary Drug List Effective 01-01-2027

## The Preferred B3 Drug List is used by these plans:

University of Washington Graduate Appointee Insurance Program.

This document contains a list of generic, brand and specialty drugs covered under your plan.

## How to use this list:

Your drugs will fall into 3 tiers: Generic (1), Preferred Brand (2) and Non-Preferred Brand (3). Please see the chart on page 2 for information.

If you are unsure what plan you are on, check the front of your member ID card or call customer service at 800-592-6804 (TTY: 711), Monday through Friday, 5 am to 8 pm Pacific time.

## How do I find a drug on the Formulary Drug List?

Drugs are listed by categories depending on the type of medical conditions that they are used to treat. If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

If you are not sure what category to look under, you can also search for the drug in the Index. The Index provides an alphabetical list of all the drugs included in this document. Next to the name of the drug in the Index, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## How do I use the B3 Formulary Drug List?

**Drug Name column**
The first column of the chart lists the drug name. Generic drugs are in lower-case italics (such as *metformin oral tablet*). Brand-name drugs are capitalized (like JANUVIA).

**Drug Tier column**
On the B3 formulary, your drugs fall into tiers. The drug tier column will have either a 1 (*generic drugs*), a 2 (BRAND-NAME drugs), or a 3 (Non-preferred brand-name drugs).

| Drug Tier | Includes |
|---|---|
| Generic (1) | Tier 1 is the lowest tier and includes generic drugs. Generic drugs are as effective, safe, and high quality as their brand-name counterparts, yet less expensive. |
| Brand (2) | Tier 2 includes preferred brand drugs. Considered "preferred" when there is no generic, and/or because of their value and effectiveness. |
| Non-Preferred Brand (3) | Tier 3 includes non-preferred brand drugs. These drugs may be more expensive than their alternatives in tiers 1 and 2. |

**Requirements/ Limits column**

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug. See the Abbreviations and Explanation of Coverage chart below.

Drugs subject to these restrictions will generally mean that your doctor or healthcare provider needs to request approval and provide additional information on your medical condition before the drug will be covered. Information on this process is on our website on the Drugs Requiring Approval page.

The amount you pay for a covered drug will depend on if you have met any applicable deductible for the plan year, if you have met any applicable maximum out of pocket for the plan year and what tier the medication is on.

More information on applicable deductibles and maximum out of pockets can be found in your member booklet.

## Abbreviations and Explanation of Coverage

| Abbreviation | Requirements or Limits for coverage | Explanation |
|---|---|---|
| ACA | Affordable Care Act (ACA) Preventive Medication | ACA preventive drugs are prescription and over-the-counter medications that the Affordable Care Act (ACA) requires to be covered at 100% with $0 cost-sharing (no deductible or copay). These drugs are intended to prevent disease or health conditions in individuals with specific risk factors, based on recommendations from the U.S. Preventive Services Task Force (USPSTF) recommendation of grade "A" or "B." The USPSTF recommendations are sometimes age-specific or for a limited quantity. |

| | | |
|---|---|---|
| AGE | Age Limit | This drug is limited to certain age ranges consistent with Food and Drug Administration (FDA) guidelines. The prescription is covered if your age is within that range. For example, Drug A is limited to individuals aged 2 through 5. |
| HCLV | High Cost, Low Value | Certain drugs aren't covered under your specific plan if a lower-cost generic or therapeutic equivalent is available. Please refer to the applicable benefit plan to determine benefit availability and the terms, conditions, and limitations of coverage. |
| LA | Limited Access | Limited access drugs are drugs where the FDA has either restricted distribution or if they require special handling, provider coordination, or patient education that cannot be met by a retail pharmacy. Your benefit may require that you fill these drugs at an in-network specialty pharmacy. |
| PA | Prior Authorization | Your doctor must submit a prior authorization to us before you can fill a prescription for this drug. Without prior authorization, this drug may not be covered. |
| OCh | Oral Chemotherapy | Certain oral chemotherapy drugs may be covered under your medical plan. |
| OPT | Optional Benefits | Many health plans exclude drugs for erectile dysfunction (ED), fertility, and weight management. Please refer to the applicable benefit plan to determine benefit availability and the terms, conditions, and limitations of coverage. For questions about benefit information, contact customer service at the number on the back of your member ID card. |
| QL | Quantity Limit | Some drugs have a cap on the amount (number of pills, bottles, or patches) covered within a specific period. For example, we will cover 18 tablets per 30-day supply. These guidelines are for safety reasons (preventing overuse or misuse), reducing waste, and controlling high costs, based on FDA guidelines. |
| SP | Specialty Pharmacy | In general, specialty drugs are typically used to treat chronic, complex, or rare conditions. They may require special handling, like refrigeration, and may require enhanced clinical support. Specialty pharmacy drugs are generally limited to a one-month supply. |
| ST | Step Therapy | These drugs require that you first try a preferred (or covered) drug on the drug list to treat your medical condition. The step therapy drug is considered non-preferred and may only be covered if the preferred drug doesn't work for you. Your provider must submit a prior authorization for the non-preferred drug before the prescription can be filled. |

## How is the list of covered drugs developed?

The formulary drug list is developed with an independent committee of physicians, pharmacists, and other healthcare providers called the Pharmacy and Therapeutics Committee. This independent committee reviews and selects drugs for coverage based on each drugs safety, effectiveness, and cost.

The committee meets at least quarterly to review new drugs to market to determine placement on this list and reviews updated safety, effectiveness, and cost information for existing drugs to ensure the drug list remains up to date with current medical evidence.

## Will the Formulary Drug List change?

The formulary drug list is updated throughout the year. If you are taking a drug and it will be removed from the drug list or moved to a higher cost sharing tier, we will notify you of this change via letter. We also post information on upcoming drug list changes on our website on the “Drug list Changes” page.

Have any questions? Please call customer service at 800-722-1471 (TTY:711), Monday through Friday, 5 a.m. to 8p.m. Pacific Time.

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| **ANTI - INFECTIVES** | | |
| **ANTIFUNGAL AGENTS** | | |
| ANCOBON ORAL CAPSULE 250 MG, 500 MG | 3 | HCLV |
| *clotrimazole mucous membrane troche 10 mg* | 1 | |
| CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG | 3 | |
| DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 3 | HCLV |
| *fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml* | 1 | |
| *fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 1 | |
| *flucytosine oral capsule 250 mg, 500 mg* | 1 | |
| *griseofulvin microsize oral suspension 125 mg/5 ml* | 1 | |
| *griseofulvin microsize oral tablet 500 mg* | 1 | |
| *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg* | 1 | |
| *griseofulvin ultramicrosize oral tablet 165 mg* | 1 | HCLV |
| *itraconazole oral capsule 100 mg* | 1 | |
| *itraconazole oral solution 10 mg/ml* | 1 | |
| *ketoconazole oral tablet 200 mg* | 1 | |
| NOXAFIL ORAL SUSP, DELAYED RELEASE FOR RECON 300 MG | 3 | |
| *nystatin oral suspension 100,000 unit/ml* | 1 | |
| *nystatin oral tablet 500,000 unit* | 1 | |
| ORAVIG MUCO-ADHESIVE BUCCAL TABLET 50 MG | 3 | HCLV |
| *posaconazole oral suspension 200 mg/5 ml (40 mg/ml)* | 1 | |
| *posaconazole oral tablet, delayed release (dr/ec) 100 mg* | 1 | |
| SPORANOX ORAL CAPSULE 100 MG | 3 | HCLV |
| *terbinafine hcl oral tablet 250 mg* | 1 | |
| TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG | 3 | HCLV |
| VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VIVJOA ORAL CAPSULE 150 MG | 3 | |
| *voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)* | 1 | |
| *voriconazole oral tablet 200 mg, 50 mg* | 1 | |
| **ANTIVIRALS** | | |
| *abacavir oral solution 20 mg/ml* | 1 | |
| *abacavir oral tablet 300 mg* | 1 | |
| *abacavir-lamivudine oral tablet 600-300 mg* | 1 | |
| *acyclovir oral capsule 200 mg* | 1 | |
| *acyclovir oral suspension 200 mg/5 ml* | 1 | |
| *acyclovir oral tablet 400 mg, 800 mg* | 1 | |
| *adefovir oral tablet 10 mg* | 1 | |
| *amantadine hcl oral capsule 100 mg* | 1 | |
| *amantadine hcl oral solution 50 mg/5 ml* | 1 | |
| *amantadine hcl oral tablet 100 mg* | 1 | |
| APRETUDE INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 600 MG/3 ML (200 MG/ML) | 3 | ACA |
| APTIVUS ORAL CAPSULE 250 MG | 2 | |
| *atazanavir oral capsule 150 mg, 200 mg, 300 mg* | 1 | |
| BARACLUDE ORAL SOLUTION 0.05 MG/ML | 2 | HCLV |
| BARACLUDE ORAL TABLET 0.5 MG, 1 MG | 3 | HCLV |
| BEYFORTUS INTRAMUSCULAR SYRINGE 100 MG/ML, 50 MG/0.5 ML | 2 | ACA |
| BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG | 2 | |
| CABENUVA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML | 2 | |
| CIMDUO ORAL TABLET 300-300 MG | 3 | |
| COMPLERA ORAL TABLET 200-25-300 MG | 3 | HCLV |
| *darunavir oral tablet 600 mg, 800 mg* | 1 | |
| DELSTRIGO ORAL TABLET 100-300-300 MG | 3 | HCLV |
| DESCOVY ORAL TABLET 120-15 MG | 3 | |
| DESCOVY ORAL TABLET 200-25 MG | 3 | ACA |
| DOVATO ORAL TABLET 50-300 MG | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| EDURANT ORAL TABLET 25 MG | 3 | HCLV |
| EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG | 2 | |
| *efavirenz oral tablet 600 mg* | 1 | |
| *efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg* | 1 | |
| *efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg* | 1 | |
| *emtricitabine oral capsule 200 mg* | 1 | |
| *emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg* | 1 | |
| *emtricitabine-tenofovir (tdf) oral tablet 200-300 mg* | 1 | ACA |
| *emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg* | 1 | |
| EMTRIVA ORAL CAPSULE 200 MG | 3 | HCLV |
| EMTRIVA ORAL SOLUTION 10 MG/ML | 2 | |
| ENFLONSIA INTRAMUSCULAR SYRINGE 105 MG/0.7 ML | 2 | ACA |
| *entecavir oral tablet 0.5 mg, 1 mg* | 1 | |
| EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG | 2 | |
| EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG | 2 | |
| EPIVIR ORAL SOLUTION 10 MG/ML | 3 | HCLV |
| EPIVIR ORAL TABLET 150 MG, 300 MG | 3 | HCLV |
| *etravirine oral tablet 100 mg, 200 mg* | 1 | |
| EVOTAZ ORAL TABLET 300-150 MG | 3 | |
| *famciclovir oral tablet 125 mg, 250 mg, 500 mg* | 1 | |
| FLUMADINE ORAL TABLET 100 MG | 3 | HCLV |
| *fosamprenavir oral tablet 700 mg* | 1 | |
| GENVOYA ORAL TABLET 150-150-200-10 MG | 2 | |
| HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG | 2 | |
| HARVONI ORAL TABLET 45-200 MG, 90-400 MG | 2 | |
| INTELENCE ORAL TABLET 100 MG, 200 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| INTELENCE ORAL TABLET 25 MG | 3 | |
| ISENTRESS HD ORAL TABLET 600 MG | 2 | |
| ISENTRESS ORAL POWDER IN PACKET 100 MG | 3 | |
| ISENTRESS ORAL TABLET 400 MG | 2 | |
| ISENTRESS ORAL TABLET, CHEWABLE 100 MG, 25 MG | 2 | |
| JULUCA ORAL TABLET 50-25 MG | 2 | |
| KALETRA ORAL SOLUTION 400-100 MG/5 ML | 3 | |
| KALETRA ORAL TABLET 100-25 MG, 200-50 MG | 3 | HCLV |
| *lamivudine oral solution 10 mg/ml* | 1 | |
| *lamivudine oral tablet 100 mg, 150 mg, 300 mg* | 1 | |
| *lamivudine-zidovudine oral tablet 150-300 mg* | 1 | |
| LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG | 3 | |
| LIVTENCITY ORAL TABLET 200 MG | 3 | |
| *lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg* | 1 | |
| *maraviroc oral tablet 150 mg, 300 mg* | 1 | |
| MAVYRET ORAL PELLETS IN PACKET 50-20 MG | 2 | |
| MAVYRET ORAL TABLET 100-40 MG | 2 | |
| *nevirapine oral suspension 50 mg/5 ml* | 1 | |
| *nevirapine oral tablet 200 mg* | 1 | |
| *nevirapine oral tablet extended release 24 hr 400 mg* | 1 | |
| NORVIR ORAL POWDER IN PACKET 100 MG | 2 | |
| NORVIR ORAL TABLET 100 MG | 3 | HCLV |
| ODEFSEY ORAL TABLET 200-25-25 MG | 2 | |
| *oseltamivir oral capsule 30 mg, 45 mg, 75 mg* | 1 | |
| *oseltamivir oral suspension for reconstitution 6 mg/ml* | 1 | |
| PAXLOVID ORAL TABLETS, DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5), 300 MG (150 MG X 2)-100 MG | 2 | |
| PIFELTRO ORAL TABLET 100 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG | 3 | |
| PREVYMIS ORAL TABLET 240 MG, 480 MG | 3 | |
| PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG | 3 | |
| PREZISTA ORAL SUSPENSION 100 MG/ML | 2 | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | 2 | |
| PREZISTA ORAL TABLET 600 MG, 800 MG | 3 | HCLV |
| RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION | 3 | |
| RETROVIR ORAL CAPSULE 100 MG | 3 | HCLV |
| RETROVIR ORAL SYRUP 10 MG/ML | 3 | HCLV |
| REYATAZ ORAL CAPSULE 200 MG, 300 MG | 3 | HCLV |
| REYATAZ ORAL POWDER IN PACKET 50 MG | 3 | |
| *ribavirin inhalation recon soln 6 gram* | 1 | |
| *ribavirin oral capsule 200 mg* | 1 | |
| *ribavirin oral tablet 200 mg* | 1 | |
| *rilpivirine hcl oral tablet 25 mg* | 1 | |
| *rimantadine oral tablet 100 mg* | 1 | |
| *ritonavir oral tablet 100 mg* | 1 | |
| RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG | 3 | |
| SELZENTRY ORAL SOLUTION 20 MG/ML | 2 | |
| SELZENTRY ORAL TABLET 150 MG, 300 MG | 3 | HCLV |
| SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG | 3 | |
| SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG | 2 | |
| SOVALDI ORAL TABLET 200 MG, 400 MG | 2 | |
| STRIBILD ORAL TABLET 150-150-200-300 MG | 3 | |
| SUNLENCA ORAL TABLET 300 MG | 3 | |
| SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML | 3 | |
| SYMFI ORAL TABLET 600-300-300 MG | 3 | HCLV |
| SYMTUZA ORAL TABLET 800-150-200-10 MG | 3 | |
| TAMIFLU ORAL CAPSULE 75 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML | 3 | HCLV |
| TEMBEXA ORAL SUSPENSION 10 MG/ML | 3 | |
| TEMBEXA ORAL TABLET 100 MG | 3 | |
| *tenofovir disoproxil fumarate oral tablet 300 mg* | 1 | |
| TIVICAY ORAL TABLET 50 MG | 2 | |
| TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG | 2 | |
| TRIUMEQ ORAL TABLET 600-50-300 MG | 2 | |
| TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG | 2 | |
| TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG | 3 | HCLV |
| *valacyclovir oral tablet 1 gram, 500 mg* | 1 | |
| VALCYTE ORAL RECON SOLN 50 MG/ML | 3 | HCLV |
| *valganciclovir oral recon soln 50 mg/ml* | 1 | |
| *valganciclovir oral tablet 450 mg* | 1 | |
| VALTREX ORAL TABLET 1 GRAM, 500 MG | 3 | HCLV |
| VEMLIDY ORAL TABLET 25 MG | 2 | |
| VIRACEPT ORAL TABLET 250 MG, 625 MG | 2 | |
| VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) | 3 | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | 2 | |
| VIREAD ORAL TABLET 300 MG | 3 | HCLV |
| VOSEVI ORAL TABLET 400-100-100 MG | 2 | |
| XOCOVA ORAL TABLET 125 MG | 3 | |
| XOFLUZA ORAL TABLET 40 MG, 80 MG | 3 | HCLV |
| YEZTUGO ORAL TABLET 300 MG | 2 | ACA |
| YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML | 2 | ACA |
| ZIAGEN ORAL SOLUTION 20 MG/ML | 3 | HCLV |
| *zidovudine oral capsule 100 mg* | 1 | |
| *zidovudine oral syrup 10 mg/ml* | 1 | |
| *zidovudine oral tablet 300 mg* | 1 | |
| **CEPHALOSPORINS** | | |
| *cefaclor oral capsule 250 mg, 500 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml* | 1 | |
| *cefaclor oral tablet extended release 12 hr 500 mg* | 1 | |
| *cefadroxil oral capsule 500 mg* | 1 | |
| *cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml* | 1 | |
| *cefadroxil oral tablet 1 gram* | 1 | |
| *cefazolin injection recon soln 1 gram* | 1 | |
| *cefdinir oral capsule 300 mg* | 1 | |
| *cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *cefixime oral capsule 400 mg* | 1 | |
| *cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 1 | |
| *cefixime oral tablet 400 mg* | 1 | HCLV |
| *cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml* | 1 | |
| *cefpodoxime oral tablet 100 mg, 200 mg* | 1 | |
| *cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *cefprozil oral tablet 250 mg, 500 mg* | 1 | |
| *ceftriaxone injection recon soln 1 gram, 250 mg, 500 mg* | 1 | |
| *cefuroxime axetil oral tablet 250 mg, 500 mg* | 1 | |
| *cephalexin oral capsule 250 mg, 500 mg* | 1 | |
| *cephalexin oral capsule 750 mg* | 1 | HCLV |
| *cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *cephalexin oral tablet 250 mg, 500 mg* | 1 | |
| **ERYTHROMYCINS & OTHER MACROLIDES** | | |
| *azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml* | 1 | |
| *azithromycin oral tablet 250 mg, 500 mg, 600 mg* | 1 | |
| *clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml* | 1 | |
| *clarithromycin oral tablet 250 mg, 500 mg* | 1 | |
| *clarithromycin oral tablet extended release 24 hr 500 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML | 3 | |
| DIFICID ORAL TABLET 200 MG | 3 | HCLV |
| *e.e.s. oral tablet 400 mg* | 1 | |
| E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | 3 | |
| ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | 3 | HCLV |
| ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML | 3 | HCLV |
| *ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg* | 1 | |
| ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG | 3 | |
| *erythrocin (as stearate) oral tablet 250 mg* | 1 | |
| *erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml* | 1 | |
| *erythromycin ethylsuccinate oral tablet 400 mg* | 1 | |
| *erythromycin oral capsule, delayed release (dr/ec) 250 mg* | 1 | |
| *erythromycin oral tablet 250 mg, 500 mg* | 1 | |
| *erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg* | 1 | |
| *fidaxomicin oral tablet 200 mg* | 1 | |
| ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML | 3 | |
| ZITHROMAX ORAL TABLET 250 MG, 500 MG | 3 | |
| ZITHROMAX TRI-PAK ORAL TABLET 500 MG | 3 | |
| ZITHROMAX Z-PAK ORAL TABLET 250 MG | 3 | |
| **MISCELLANEOUS ANTIINFECTIVES** | | |
| *albendazole oral tablet 200 mg* | 1 | |
| ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | 3 | |
| ALINIA ORAL TABLET 500 MG | 3 | HCLV |
| *amikacin injection solution 500 mg/2 ml* | 1 | |
| ARAKODA ORAL TABLET 100 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML | 3 | |
| *atovaquone oral suspension 750 mg/5 ml* | 1 | |
| *atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg* | 1 | |
| BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG | 3 | |
| BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML | 3 | HCLV |
| CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML | 2 | |
| *chloroquine phosphate oral tablet 250 mg, 500 mg* | 1 | |
| CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG | 3 | |
| CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML | 3 | HCLV |
| *clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg* | 1 | |
| *clindamycin pediatric oral recon soln 75 mg/5 ml* | 1 | |
| COARTEM ORAL TABLET 20-120 MG | 2 | |
| *colistin (colistimethate na) injection recon soln 150 mg* | 1 | |
| COLY-MYCIN M PARENTERAL INJECTION RECON SOLN 150 MG | 3 | |
| *cycloserine oral capsule 250 mg* | 1 | |
| *dapsone oral tablet 100 mg, 25 mg* | 1 | |
| DARAPRIM ORAL TABLET 25 MG | 3 | HCLV |
| EMVERM ORAL TABLET, CHEWABLE 100 MG | 3 | |
| *ethambutol oral tablet 100 mg, 400 mg* | 1 | |
| *gentamicin injection solution 40 mg/ml* | 1 | |
| HUMATIN ORAL CAPSULE 250 MG | 3 | |
| *hydroxychloroquine oral tablet 100 mg, 200 mg, 300 mg, 400 mg* | 1 | |
| IMPAVIDO ORAL CAPSULE 50 MG | 3 | |
| *isoniazid oral solution 50 mg/5 ml* | 1 | |
| *isoniazid oral tablet 100 mg, 300 mg* | 1 | |
| *ivermectin oral tablet 3 mg, 6 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | 3 | HCLV |
| KRINTAFEL ORAL TABLET 150 MG | 3 | HCLV |
| LAMPIT ORAL TABLET 120 MG, 30 MG | 3 | |
| LIKMEZ ORAL SUSPENSION 500 MG/5 ML | 3 | |
| *linezolid oral suspension for reconstitution 100 mg/5 ml* | 1 | |
| *linezolid oral tablet 600 mg* | 1 | |
| MALARONE ORAL TABLET 250-100 MG | 3 | HCLV |
| MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG | 3 | HCLV |
| *mefloquine oral tablet 250 mg* | 1 | |
| MEPRON ORAL SUSPENSION 750 MG/5 ML | 3 | HCLV |
| *metronidazole oral capsule 375 mg* | 1 | HCLV |
| METRONIDAZOLE ORAL TABLET 125 MG | 3 | HCLV |
| *metronidazole oral tablet 250 mg, 500 mg* | 1 | |
| NEBUPENT INHALATION RECON SOLN 300 MG | 3 | HCLV |
| *neomycin oral tablet 500 mg* | 1 | |
| *nitazoxanide oral tablet 500 mg* | 1 | |
| ORLYNVAH ORAL TABLET 500-500 MG | 3 | |
| *pentamidine inhalation recon soln 300 mg* | 1 | |
| PLAQUENIL ORAL TABLET 200 MG | 3 | HCLV |
| *praziquantel oral tablet 600 mg* | 1 | |
| PRETOMANID ORAL TABLET 200 MG | 3 | |
| PRIFTIN ORAL TABLET 150 MG | 3 | |
| *primaquine oral tablet 26.3 mg (15 mg base)* | 1 | |
| *pyrazinamide oral tablet 500 mg* | 1 | |
| *pyrimethamine oral tablet 25 mg* | 1 | |
| *quinine sulfate oral capsule 324 mg* | 1 | |
| *rifabutin oral capsule 150 mg* | 1 | |
| *rifampin oral capsule 150 mg, 300 mg* | 1 | |
| *rifapentine oral tablet 150 mg* | 1 | |
| SIRTURO ORAL TABLET 100 MG, 20 MG | 3 | |
| SIVEXTRO ORAL TABLET 200 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM | 3 | |
| SOVUNA ORAL TABLET 200 MG, 300 MG | 3 | HCLV |
| STROMECTOL ORAL TABLET 3 MG | 3 | HCLV |
| *tinidazole oral tablet 250 mg, 500 mg* | 1 | |
| TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | 3 | HCLV |
| TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG | 3 | HCLV |
| *tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml* | 1 | |
| *tobramycin inhalation solution for nebulization 300 mg/4 ml* | 1 | HCLV |
| *tobramycin sulfate injection recon soln 1.2 gram* | 1 | |
| TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML | 3 | HCLV |
| XENLETA ORAL TABLET 600 MG | 3 | |
| XIFAXAN ORAL TABLET 200 MG, 550 MG | 2 | |
| ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML | 3 | |
| **PENICILLINS** | | |
| *amoxicillin oral capsule 250 mg, 500 mg* | 1 | |
| *amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml* | 1 | |
| *amoxicillin oral tablet 500 mg, 875 mg* | 1 | |
| *amoxicillin oral tablet, chewable 125 mg, 250 mg* | 1 | |
| *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* | 1 | |
| *amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg* | 1 | |
| *amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg* | 1 | |
| *amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg* | 1 | |
| *ampicillin oral capsule 500 mg* | 1 | |
| AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML | 2 | |
| BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML | 3 | |
| *dicloxacillin oral capsule 250 mg, 500 mg* | 1 | |
| MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG | 3 | |
| *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 | |
| PIVYA ORAL TABLET 185 MG | 3 | |
| **QUINOLONES** | | |
| BAXDELA ORAL TABLET 450 MG | 3 | HCLV |
| CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML | 3 | |
| CIPRO ORAL TABLET 250 MG, 500 MG | 3 | |
| *ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| *ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml* | 1 | |
| *levofloxacin oral solution 250 mg/10 ml* | 1 | |
| *levofloxacin oral tablet 250 mg, 500 mg, 750 mg* | 1 | |
| *moxifloxacin oral tablet 400 mg* | 1 | |
| *ofloxacin oral tablet 400 mg* | 1 | |
| **SULFA'S & RELATED AGENTS** | | |
| BACTRIM DS ORAL TABLET 800-160 MG | 3 | HCLV |
| BACTRIM ORAL TABLET 400-80 MG | 3 | HCLV |
| *sulfadiazine oral tablet 500 mg* | 1 | |
| *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml* | 1 | |
| *sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg* | 1 | |
| *sulfatrim oral suspension 200-40 mg/5 ml* | 1 | |
| **TETRACYCLINES** | | |
| AVIDOXY DK KIT 100 MG-2 % -SPF 30 | 3 | HCLV |
| *avidoxy oral tablet 100 mg* | 1 | |
| *demeclocycline oral tablet 150 mg, 300 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| DORYX MPC ORAL TABLET, DELAYED RELEASE (DR/EC) 60 MG | 3 | HCLV |
| DORYX ORAL TABLET, DELAYED RELEASE (DR/EC) 200 MG, 80 MG | 3 | HCLV |
| *doxycycline hyclate oral capsule 100 mg, 50 mg* | 1 | |
| DOXYCYCLINE HYCLATE ORAL CAPSULE 75 MG | 3 | HCLV |
| *doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg* | 1 | |
| *doxycycline hyclate oral tablet 50 mg* | 1 | HCLV |
| *doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 50 mg, 75 mg* | 1 | |
| *doxycycline hyclate oral tablet, delayed release (dr/ec) 200 mg* | 1 | HCLV |
| DOXYCYCLINE HYCLATE ORAL TABLET, DELAYED RELEASE (DR/EC) 80 MG | 3 | HCLV |
| *doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg* | 1 | |
| *doxycycline monohydrate oral capsule, ir - delay rel, biphase 40 mg* | 1 | HCLV |
| *doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml* | 1 | |
| *doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg* | 1 | |
| EMROSI ORAL CAPSULE,IR -EXTEND REL,BIPHASE 40 MG | 3 | HCLV |
| *minocycline oral capsule 100 mg, 50 mg, 75 mg* | 1 | |
| MINOCYCLINE ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG | 3 | HCLV |
| *minocycline oral tablet 100 mg, 50 mg, 75 mg* | 1 | |
| *minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg* | 1 | HCLV |
| *mondoxyne nl oral capsule 100 mg* | 1 | |
| *mondoxyne nl oral capsule 75 mg* | 1 | HCLV |
| MORGIDOX 1X 50 KIT 50 MG | 3 | HCLV |
| MORGIDOX 1X100 KIT 100 MG | 3 | HCLV |
| NUZYRA ORAL TABLET 150 MG | 3 | |
| ORACEA ORAL CAPSULE, IR - DELAY REL, BIPHASE 40 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG | 3 | HCLV |
| TARGADOX ORAL TABLET 50 MG | 3 | HCLV |
| *tetracycline oral capsule 250 mg, 500 mg* | 1 | |
| *tetracycline oral tablet 250 mg, 500 mg* | 1 | HCLV |
| XIMINO ORAL CAPSULE, EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG | 3 | HCLV |
| **URINARY TRACT AGENTS** | | |
| BLUJEPA ORAL TABLET 750 MG | 3 | |
| *fosfomycin tromethamine oral packet 3 gram* | 1 | HCLV |
| FURADANTIN ORAL SUSPENSION 25 MG/5 ML | 3 | |
| MACROBID ORAL CAPSULE 100 MG | 3 | |
| *methenamine hippurate oral tablet 1 gram* | 1 | |
| METHENAMINE MANDELATE ORAL SOLUTION 500 MG/5 ML | 3 | |
| *methenamine mandelate oral tablet 0.5 gram, 1 gram* | 1 | |
| *nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| *nitrofurantoin monohyd/m-cryst oral capsule 100 mg* | 1 | |
| *nitrofurantoin oral suspension 25 mg/5 ml* | 1 | |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML | 3 | HCLV |
| PRIMSOL ORAL SOLUTION 50 MG/5 ML | 3 | HCLV |
| *trimethoprim oral tablet 100 mg* | 1 | |
| **VANCOMYCIN** | | |
| FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML | 3 | HCLV |
| VANCOCIN ORAL CAPSULE 125 MG, 250 MG | 3 | |
| *vancomycin oral capsule 125 mg, 250 mg* | 1 | |
| *vancomycin oral recon soln 25 mg/ml, 50 mg/ml* | 1 | |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| **ADJUNCTIVE AGENTS** | | |
| *leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MESNEX ORAL TABLET 400 MG | 3 | HCLV |
| VISTOGARD ORAL GRANULES IN PACKET 10 GRAM | 2 | |
| **ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS** | | |
| *abiraterone oral tablet 250 mg* | 1 | OCh |
| *abiraterone oral tablet 500 mg* | 1 | OCh; HCLV |
| *abirtega oral tablet 250 mg* | 1 | OCh |
| AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG | 3 | OCh; HCLV |
| AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG | 3 | OCh; HCLV |
| AKEEGA ORAL TABLET 100-500 MG, 50-500 MG | 3 | OCh |
| ALECENSA ORAL CAPSULE 150 MG | 2 | OCh |
| ALKERAN ORAL TABLET 2 MG | 3 | OCh; HCLV |
| ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG | 3 | OCh |
| ALUNBRIG ORAL TABLETS, DOSE PACK 90 MG (7)- 180 MG (23) | 3 | OCh |
| *anastrozole oral tablet 1 mg* | 1 | OCh; ACA |
| ARIMIDEX ORAL TABLET 1 MG | 3 | OCh; HCLV |
| AROMASIN ORAL TABLET 25 MG | 3 | OCh; HCLV |
| ASTAGRAF XL ORAL CAPSULE, EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG | 3 | HCLV |
| AUGTYRO ORAL CAPSULE 160 MG, 40 MG | 3 | OCh |
| AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG | 3 | OCh |
| AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG | 3 | OCh |
| AZASAN ORAL TABLET 100 MG, 75 MG | 3 | HCLV |
| *azathioprine oral tablet 100 mg, 50 mg, 75 mg* | 1 | |
| BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG | 3 | OCh |
| *bexarotene oral capsule 75 mg* | 1 | OCh |
| *bexarotene topical gel 1 %* | 1 | |
| *bicalutamide oral tablet 50 mg* | 1 | OCh |
| BOSULIF ORAL CAPSULE 100 MG, 50 MG | 2 | OCh |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG | 2 | OCh |
| *bosutinib oral tablet 100 mg, 400 mg, 500 mg* | 1 | OCh |
| BRAFTOVI ORAL CAPSULE 75 MG | 2 | OCh |
| BRUKINSA ORAL TABLET 160 MG | 3 | OCh |
| BYNFEZIA SUBCUTANEOUS PEN INJECTOR 7,000 MCG/2.8ML (2,500 MCG/ML) | 3 | |
| CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG | 3 | OCh |
| CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG | 2 | OCh |
| *capecitabine oral tablet 150 mg, 500 mg* | 1 | OCh |
| CAPRELSA ORAL TABLET 100 MG, 300 MG | 2 | OCh |
| CASODEX ORAL TABLET 50 MG | 3 | OCh; HCLV |
| CELLCEPT ORAL CAPSULE 250 MG | 3 | |
| CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML | 3 | |
| CELLCEPT ORAL TABLET 500 MG | 3 | |
| 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 | OCh |
| COPIKTRA ORAL CAPSULE 15 MG, 25 MG | 3 | OCh |
| COTELLIC ORAL TABLET 20 MG | 2 | OCh |
| *cyclophosphamide oral capsule 25 mg, 50 mg* | 1 | OCh |
| CYCLOPHOSPHAMIDE ORAL TABLET 50 MG | 3 | OCh |
| *cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| *cyclosporine modified oral solution 100 mg/ml* | 1 | |
| *cyclosporine oral capsule 100 mg, 25 mg* | 1 | |
| DANZITEN ORAL TABLET 71 MG, 95 MG | 3 | OCh; HCLV |
| *dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg* | 1 | OCh |
| DAURISMO ORAL TABLET 100 MG, 25 MG | 3 | OCh |
| DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG | 3 | |
| ENSACOVE ORAL CAPSULE 100 MG, 25 MG | 3 | OCh |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML | 3 | |
| ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG | 3 | HCLV |
| ERIVEDGE ORAL CAPSULE 150 MG | 3 | OCh |
| ERLEADA ORAL TABLET 240 MG, 60 MG | 3 | OCh |
| *erlotinib oral tablet 100 mg, 150 mg, 25 mg* | 1 | OCh |
| *etoposide oral capsule 50 mg* | 1 | OCh |
| EULEXIN ORAL CAPSULE 125 MG | 3 | OCh; HCLV |
| *everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 1 | OCh |
| *everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg* | 1 | OCh |
| *everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg* | 1 | |
| *exemestane oral tablet 25 mg* | 1 | OCh; ACA |
| FARESTON ORAL TABLET 60 MG | 3 | OCh |
| FEMARA ORAL TABLET 2.5 MG | 3 | OCh; HCLV |
| FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG | 3 | OCh; HCLV |
| FRUZAQLA ORAL CAPSULE 1 MG, 5 MG | 3 | OCh |
| GAVRETO ORAL CAPSULE 100 MG | 3 | OCh |
| *gefitinib oral tablet 250 mg* | 1 | OCh |
| *gengraf oral capsule 100 mg, 25 mg* | 1 | |
| GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG | 2 | OCh |
| GLEEVEC ORAL TABLET 100 MG, 400 MG | 3 | OCh; HCLV |
| GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG | 3 | OCh; HCLV |
| GOMEKLI ORAL CAPSULE 1 MG, 2 MG | 3 | OCh |
| GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG | 3 | OCh |
| HERNEXEOS ORAL TABLET 60 MG | 3 | OCh |
| HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG | 3 | OCh |
| HYDREA ORAL CAPSULE 500 MG | 3 | OCh; HCLV |
| *hydroxyurea oral capsule 500 mg* | 1 | OCh |
| HYRNUO ORAL TABLET 10 MG | 3 | OCh |
| IBRANCE ORAL CAPSULE 125 MG | 3 | OCh |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG | 3 | OCh |
| IBTROZI ORAL CAPSULE 200 MG | 3 | OCh |
| ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG | 3 | OCh |
| IDHIFA ORAL TABLET 100 MG, 50 MG | 3 | OCh |
| *imatinib oral tablet 100 mg, 400 mg* | 1 | OCh |
| IMBRUVICA ORAL CAPSULE 140 MG, 70 MG | 2 | OCh |
| IMBRUVICA ORAL SUSPENSION 70 MG/ML | 2 | OCh |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG | 2 | OCh |
| IMKELDI ORAL SOLUTION 80 MG/ML | 3 | OCh |
| IMURAN ORAL TABLET 50 MG | 3 | |
| INLURIYO ORAL TABLET 200 MG | 3 | OCh |
| INLYTA ORAL TABLET 1 MG, 5 MG | 3 | OCh |
| INQOVI ORAL TABLET 35-100 MG | 3 | OCh |
| INREBIC ORAL CAPSULE 100 MG | 3 | OCh; HCLV |
| IRESSA ORAL TABLET 250 MG | 3 | OCh; HCLV |
| ITOVEBI ORAL TABLET 3 MG, 9 MG | 3 | OCh |
| IWILFIN ORAL TABLET 192 MG | 3 | OCh |
| JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG | 2 | OCh |
| JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG | 2 | OCh |
| JAYPIRCA ORAL TABLET 100 MG, 50 MG | 3 | OCh |
| JYLAMVO ORAL SOLUTION 2 MG/ML | 3 | OCh; HCLV |
| KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) | 2 | OCh |
| KLISYRI (250 MG) TOPICAL OINTMENT IN PACKET 1 % | 3 | |
| KOMZIFTI ORAL CAPSULE 200 MG | 2 | OCh |
| KOSELUGO ORAL CAPSULE 10 MG, 25 MG | 3 | OCh |
| KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG | 3 | OCh |
| KRAZATI ORAL TABLET 200 MG | 3 | OCh |
| *lanreotide subcutaneous syringe 120 mg/0.5 ml* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *lapatinib oral tablet 250 mg* | 1 | OCh |
| LAZCLUZE ORAL TABLET 240 MG, 80 MG | 3 | OCh |
| *lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg* | 1 | OCh |
| LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) | 3 | OCh |
| *letrozole oral tablet 2.5 mg* | 1 | OCh; ACA |
| LEUKERAN ORAL TABLET 2 MG | 2 | OCh |
| *leuprolide subcutaneous kit 1 mg/0.2 ml* | 1 | |
| *lomustine oral capsule 10 mg, 100 mg, 40 mg* | 1 | OCh |
| LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG | 3 | OCh |
| LORBRENA ORAL TABLET 100 MG, 25 MG | 3 | OCh |
| LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG | 3 | OCh |
| LUPKYNIS ORAL CAPSULE 7.9 MG | 3 | |
| LYNPARZA ORAL TABLET 100 MG, 150 MG | 2 | OCh |
| LYSODREN ORAL TABLET 500 MG | 2 | OCh |
| LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5) | 3 | OCh |
| MATULANE ORAL CAPSULE 50 MG | 2 | OCh |
| *megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)* | 1 | |
| *megestrol oral tablet 20 mg, 40 mg* | 1 | OCh |
| MEKINIST ORAL RECON SOLN 0.05 MG/ML | 2 | OCh |
| MEKINIST ORAL TABLET 0.5 MG, 2 MG | 2 | OCh |
| MEKTOVI ORAL TABLET 15 MG | 2 | OCh |
| *mercaptopurine oral suspension 20 mg/ml* | 1 | OCh |
| *mercaptopurine oral tablet 50 mg* | 1 | OCh |
| *methotrexate sodium (pf) injection solution 25 mg/ml* | 1 | |
| *methotrexate sodium injection solution 25 mg/ml* | 1 | |
| *methotrexate sodium oral tablet 2.5 mg* | 1 | OCh |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MODEYSO ORAL CAPSULE 125 MG | 3 | OCh |
| MYCAPSSA ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG | 3 | |
| *mycophenolate mofetil oral capsule 250 mg* | 1 | |
| *mycophenolate mofetil oral suspension for reconstitution 200 mg/ml* | 1 | |
| *mycophenolate mofetil oral tablet 500 mg* | 1 | |
| *mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg* | 1 | |
| MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG | 3 | |
| MYHIBBIN ORAL SUSPENSION 200 MG/ML | 3 | |
| MYLERAN ORAL TABLET 2 MG | 2 | OCh |
| NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG | 2 | HCLV |
| NEORAL ORAL CAPSULE 100 MG, 25 MG | 3 | |
| NEORAL ORAL SOLUTION 100 MG/ML | 3 | |
| NERLYNX ORAL TABLET 40 MG | 3 | OCh |
| NEXAVAR ORAL TABLET 200 MG | 3 | OCh; HCLV |
| *nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg* | 1 | OCh |
| *nilutamide oral tablet 150 mg* | 1 | OCh |
| NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG | 3 | OCh |
| NUBEQA ORAL TABLET 300 MG | 3 | OCh |
| *octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml* | 1 | |
| *octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)* | 1 | |
| ODOMZO ORAL CAPSULE 200 MG | 3 | OCh |
| OGSIVEO ORAL TABLET 100 MG, 150 MG | 3 | OCh |
| OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML | 3 | OCh |
| OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4), 500 MG/WEEK (100 MG X 5), 600 MG/WEEK (100 MG X 6) | 3 | OCh |
| OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG | 3 | OCh |
| ONUREG ORAL TABLET 200 MG, 300 MG | 3 | OCh |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ORGOVYX ORAL TABLET 120 MG | 3 | OCh |
| ORSERDU ORAL TABLET 345 MG, 86 MG | 3 | OCh |
| PALSONIFY ORAL TABLET 20 MG, 30 MG | 3 | |
| *pazopanib oral tablet 200 mg* | 1 | OCh |
| PAZOPANIB ORAL TABLET 400 MG | 3 | OCh; HCLV |
| PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG | 3 | OCh |
| PHYRAGO ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | 3 | OCh; HCLV |
| PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) | 2 | OCh |
| *pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg* | 1 | OCh |
| POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG | 3 | OCh; HCLV |
| PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG | 3 | |
| PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG | 3 | |
| PURIXAN ORAL SUSPENSION 20 MG/ML | 3 | OCh; HCLV |
| QINLOCK ORAL TABLET 50 MG | 2 | OCh |
| RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG | 3 | OCh |
| REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG | 3 | OCh; HCLV |
| REVUFORJ ORAL TABLET 110 MG, 160 MG | 3 | OCh |
| REVUFORJ ORAL TABLET 25 MG | 2 | OCh |
| REZLIDHIA ORAL CAPSULE 150 MG | 3 | OCh |
| REZUROCK ORAL TABLET 200 MG | 3 | |
| ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG | 3 | OCh |
| ROZLYTREK ORAL CAPSULE 100 MG, 200 MG | 3 | OCh |
| ROZLYTREK ORAL PELLETS IN PACKET 50 MG | 3 | OCh |
| RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG | 3 | OCh |
| RYDAPT ORAL CAPSULE 25 MG | 3 | OCh |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG | 3 | |
| SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML | 3 | HCLV |
| SAPHNELO PEN SUBCUTANEOUS AUTO-INJECTOR 120 MG/0.8 ML | 3 | |
| SAPHNELO SUBCUTANEOUS SYRINGE 120 MG/0.8 ML | 3 | |
| SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG | 3 | OCh |
| SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) | 3 | |
| SIKLOS ORAL TABLET 1,000 MG, 100 MG | 3 | HCLV |
| *sirolimus oral solution 1 mg/ml* | 1 | |
| *sirolimus oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| SOLTAMOX ORAL SOLUTION 20 MG/10 ML | 3 | OCh; ACA |
| *sorafenib oral tablet 200 mg* | 1 | OCh |
| SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG | 3 | OCh; HCLV |
| STIVARGA ORAL TABLET 40 MG | 2 | OCh |
| *sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg* | 1 | OCh |
| SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG | 3 | OCh; HCLV |
| TABLOID ORAL TABLET 40 MG | 2 | OCh |
| TABRECTA ORAL TABLET 150 MG, 200 MG | 3 | OCh |
| *tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg* | 1 | |
| TAFINLAR ORAL CAPSULE 50 MG, 75 MG | 2 | OCh |
| TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG | 2 | OCh |
| TAGRISSO ORAL TABLET 40 MG, 80 MG | 2 | OCh |
| TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG | 3 | OCh |
| *tamoxifen oral tablet 10 mg, 20 mg* | 1 | OCh; ACA |
| TARGRETIN ORAL CAPSULE 75 MG | 3 | OCh; HCLV |
| TARGRETIN TOPICAL GEL 1 % | 3 | HCLV |
| TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG | 3 | OCh; HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg* | 1 | OCh |
| TEPMETKO ORAL TABLET 225 MG | 3 | OCh; HCLV |
| THALOMID ORAL CAPSULE 100 MG, 50 MG | 2 | OCh |
| TIBSOVO ORAL TABLET 250 MG | 3 | OCh |
| *toremifene oral tablet 60 mg* | 1 | OCh |
| *torpenz oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 1 | OCh |
| *tretinoin (antineoplastic) oral capsule 10 mg* | 1 | OCh |
| TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG | 3 | OCh; HCLV |
| TRUQAP ORAL TABLET 160 MG, 200 MG | 3 | OCh |
| TUKYSA ORAL TABLET 150 MG, 50 MG | 3 | OCh |
| TURALIO ORAL CAPSULE 125 MG | 3 | OCh |
| TYKERB ORAL TABLET 250 MG | 3 | OCh; HCLV |
| VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG | 3 | OCh |
| VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG | 3 | OCh |
| VENCLEXTA STARTING PACK ORAL TABLETS, DOSE PACK 10 MG-50 MG- 100 MG | 3 | OCh |
| VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 2 | OCh |
| VIJOICE ORAL GRANULES IN PACKET 50 MG | 3 | |
| VIJOICE ORAL TABLET 125 MG, 250 MG/DAY (200 MG X1-50 MG X1), 50 MG | 3 | |
| VITRAKVI ORAL CAPSULE 100 MG, 25 MG | 3 | OCh |
| VITRAKVI ORAL SOLUTION 20 MG/ML | 3 | OCh |
| VONJO ORAL CAPSULE 100 MG | 3 | OCh |
| VORANIGO ORAL TABLET 10 MG, 40 MG | 3 | OCh |
| VOTRIENT ORAL TABLET 200 MG | 3 | OCh; HCLV |
| VOYXACT SUBCUTANEOUS SYRINGE 400 MG/2 ML (200 MG/ML) | 3 | |
| WAYRILZ ORAL TABLET 400 MG | 3 | |
| WELIREG ORAL TABLET 40 MG | 3 | OCh |
| XALKORI ORAL CAPSULE 200 MG, 250 MG | 2 | OCh |
| XALKORI ORAL PELLET 150 MG, 20 MG, 50 MG | 2 | OCh |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| XATMEP ORAL SOLUTION 2.5 MG/ML | 3 | OCh; HCLV |
| XERMELO ORAL TABLET 250 MG | 3 | |
| XOSPATA ORAL TABLET 40 MG | 3 | OCh |
| XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK) | 3 | OCh |
| XROMI ORAL SOLUTION 100 MG/ML | 3 | |
| XTANDI ORAL CAPSULE 40 MG | 2 | OCh |
| XTANDI ORAL TABLET 40 MG, 80 MG | 2 | OCh |
| YONSA ORAL TABLET 125 MG | 2 | OCh |
| *yulithira oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg* | 1 | OCh |
| ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG | 3 | OCh |
| ZELBORAF ORAL TABLET 240 MG | 2 | OCh |
| ZOLINZA ORAL CAPSULE 100 MG | 2 | OCh |
| ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG | 3 | |
| ZYDELIG ORAL TABLET 100 MG, 150 MG | 3 | OCh |
| ZYKADIA ORAL TABLET 150 MG | 3 | OCh |
| ZYTIGA ORAL TABLET 250 MG, 500 MG | 3 | OCh; HCLV |
| **AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH** | | |
| **ANTICONVULSANTS** | | |
| APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG | 3 | HCLV |
| BANZEL ORAL SUSPENSION 40 MG/ML | 3 | HCLV |
| BANZEL ORAL TABLET 200 MG, 400 MG | 3 | HCLV |
| *brivaracetam oral solution 10 mg/ml* | 1 | |
| *brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| BRIVIACT ORAL SOLUTION 10 MG/ML | 3 | HCLV |
| BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG | 3 | HCLV |
| *carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *carbamazepine oral suspension 100 mg/5 ml, 200 mg/10 ml* | 1 | |
| *carbamazepine oral tablet 200 mg* | 1 | |
| *carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg* | 1 | |
| *carbamazepine oral tablet, chewable 100 mg* | 1 | |
| CARBAMAZEPINE ORAL TABLET, CHEWABLE 200 MG | 3 | HCLV |
| CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | 3 | |
| CELONTIN ORAL CAPSULE 300 MG | 3 | HCLV |
| *clobazam oral suspension 2.5 mg/ml* | 1 | |
| *clobazam oral tablet 10 mg, 20 mg* | 1 | |
| *clonazepam oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| *clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 1 | |
| DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG | 3 | |
| DEPAKOTE ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG | 3 | |
| DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG | 3 | |
| DIACOMIT ORAL CAPSULE 250 MG, 500 MG | 3 | |
| DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG | 3 | |
| *diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg* | 1 | |
| DILANTIN EXTENDED ORAL CAPSULE 100 MG | 2 | |
| DILANTIN INFATABS ORAL TABLET, CHEWABLE 50 MG | 2 | |
| DILANTIN ORAL CAPSULE 30 MG | 2 | |
| DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML | 2 | |
| *divalproex oral capsule, delayed rel sprinkle 125 mg* | 1 | |
| *divalproex oral tablet extended release 24 hr 250 mg, 500 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg* | 1 | |
| ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1, 000 MG, 1, 500 MG | 3 | HCLV |
| EPIDIOLEX ORAL SOLUTION 100 MG/ML | 3 | |
| EPRONTIA ORAL SOLUTION 25 MG/ML | 3 | HCLV |
| EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG | 3 | |
| *eslicarbazepine oral tablet 200 mg, 400 mg, 600 mg, 800 mg* | 1 | HCLV |
| *ethosuximide oral capsule 250 mg* | 1 | |
| *ethosuximide oral solution 250 mg/5 ml* | 1 | |
| *felbamate oral suspension 600 mg/5 ml* | 1 | |
| *felbamate oral tablet 400 mg, 600 mg* | 1 | |
| FELBATOL ORAL TABLET 400 MG, 600 MG | 3 | |
| FINTEPLA ORAL SOLUTION 2.2 MG/ML | 3 | |
| FYCOMPA ORAL SUSPENSION 0.5 MG/ML | 3 | HCLV |
| FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 3 | HCLV |
| *gabapentin oral capsule 100 mg, 300 mg, 400 mg* | 1 | |
| *gabapentin oral capsule 200 mg* | 1 | HCLV |
| *gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)* | 1 | |
| *gabapentin oral tablet 600 mg, 800 mg* | 1 | |
| *gabapentin oral tablet extended release 24 hr 300 mg, 450 mg, 600 mg, 750 mg, 900 mg* | 1 | |
| GABARONE ORAL TABLET 100 MG, 400 MG | 3 | HCLV |
| GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG, 600 MG, 750 MG, 900 MG | 3 | HCLV |
| KEPPRA ORAL SOLUTION 100 MG/ML | 3 | HCLV |
| KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG | 3 | HCLV |
| KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG | 3 | HCLV |
| KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG | 3 | HCLV |
| *lacosamide oral solution 10 mg/ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg* | 1 | |
| LAMICTAL ODT ORAL TABLET, DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG | 3 | HCLV |
| LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) | 3 | HCLV |
| LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) | 3 | HCLV |
| LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) | 3 | HCLV |
| LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG | 3 | HCLV |
| LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG | 3 | HCLV |
| LAMICTAL STARTER (BLUE) KIT ORAL TABLETS, DOSE PACK 25 MG (35) | 3 | HCLV |
| LAMICTAL STARTER (GREEN) KIT ORAL TABLETS, DOSE PACK 25 MG (84) -100 MG (14) | 3 | HCLV |
| LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS, DOSE PACK 25 MG (42) -100 MG (7) | 3 | HCLV |
| LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG | 3 | HCLV |
| LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL, DOSE PACK 25 MG (21) -50 MG (7) | 3 | HCLV |
| LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL, DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) | 3 | HCLV |
| LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL, DOSE PACK 25MG (14)-50 MG (14)-100MG (7) | 3 | HCLV |
| *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 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *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 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 | |
| LEVETIRACETAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG | 3 | HCLV |
| LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG | 3 | HCLV |
| LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG | 3 | HCLV |
| LYRICA ORAL SOLUTION 20 MG/ML | 3 | HCLV |
| *methsuximide oral capsule 300 mg* | 1 | |
| MOTPOLY XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG | 3 | |
| MYSOLINE ORAL TABLET 250 MG, 50 MG | 3 | |
| NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) | 2 | |
| NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG | 3 | HCLV |
| NEURONTIN ORAL SOLUTION 250 MG/5 ML | 3 | HCLV |
| NEURONTIN ORAL TABLET 600 MG, 800 MG | 3 | HCLV |
| ONFI ORAL SUSPENSION 2.5 MG/ML | 3 | HCLV |
| ONFI ORAL TABLET 10 MG, 20 MG | 3 | HCLV |
| *oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)* | 1 | |
| *oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg* | 1 | |
| *oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg, 600 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG | 3 | |
| *perampanel oral suspension 0.5 mg/ml* | 1 | |
| *perampanel oral tablet 10 mg, 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 1 | |
| *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 | |
| PHENYTEK ORAL CAPSULE 200 MG, 300 MG | 2 | |
| *phenytoin oral suspension 125 mg/5 ml* | 1 | |
| *phenytoin oral tablet, chewable 50 mg* | 1 | |
| *phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg* | 1 | |
| *pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg* | 1 | |
| *pregabalin oral solution 20 mg/ml* | 1 | |
| *pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg* | 1 | |
| PRIMIDONE ORAL TABLET 125 MG | 3 | HCLV |
| *primidone oral tablet 250 mg, 50 mg* | 1 | |
| RELGAABI ORAL CAPSULE 200 MG | 3 | HCLV |
| *relgaabi oral capsule 300 mg, 400 mg* | 1 | |
| *roweepra oral tablet 500 mg* | 1 | |
| *rufinamide oral suspension 40 mg/ml* | 1 | |
| *rufinamide oral tablet 200 mg, 400 mg* | 1 | |
| SABRIL ORAL POWDER IN PACKET 500 MG | 3 | HCLV |
| SABRIL ORAL TABLET 500 MG | 3 | HCLV |
| SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG | 3 | |
| SUBVENITE ORAL SUSPENSION 10 MG/ML | 3 | |
| *subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg* | 1 | |
| *subvenite starter (blue) kit oral tablets, dose pack 25 mg (35)* | 1 | |
| *subvenite starter (green) kit oral tablets, dose pack 25 mg (84) -100 mg (14)* | 1 | |
| *subvenite starter (orange) kit oral tablets, dose pack 25 mg (42) -100 mg (7)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG | 3 | HCLV |
| TEGRETOL ORAL SUSPENSION 100 MG/5 ML | 3 | |
| TEGRETOL ORAL TABLET 200 MG | 3 | |
| TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG | 3 | |
| *tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg* | 1 | |
| TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG | 3 | HCLV |
| TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG | 3 | HCLV |
| *topiramate oral capsule, sprinkle 15 mg, 25 mg* | 1 | |
| *topiramate oral capsule, sprinkle 50 mg* | 1 | HCLV |
| *topiramate oral capsule, extended release 24hr 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *topiramate oral capsule, sprinkle, er 24hr 100 mg, 150 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *topiramate oral solution 25 mg/ml* | 1 | |
| *topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) | 3 | HCLV |
| TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG | 3 | HCLV |
| TROKENDI XR ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG | 3 | HCLV |
| *valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)* | 1 | |
| *valproic acid oral capsule 250 mg* | 1 | |
| VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML) | 2 | |
| *vigabatrin oral powder in packet 500 mg* | 1 | |
| *vigabatrin oral tablet 500 mg* | 1 | |
| *vigadrone oral powder in packet 500 mg* | 1 | |
| *vigadrone oral tablet 500 mg* | 1 | |
| VIGAFYDE ORAL SOLUTION 100 MG/ML | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VIMPAT ORAL SOLUTION 10 MG/ML | 3 | |
| VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG | 3 | |
| XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY (150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1) | 3 | |
| XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG | 3 | |
| XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14) - 25 MG (14), 150 MG (14) - 200 MG (14), 50 MG (14) - 100 MG (14) | 3 | |
| ZARONTIN ORAL CAPSULE 250 MG | 3 | |
| ZARONTIN ORAL SOLUTION 250 MG/5 ML | 3 | |
| ZONEGRAN ORAL CAPSULE 100 MG, 25 MG | 3 | HCLV |
| ZONISADE ORAL SUSPENSION 100 MG/5 ML | 3 | |
| *zonisamide oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| ZTALMY ORAL SUSPENSION 50 MG/ML | 3 | |
| **ANTIPARKINSONISM AGENTS** | | |
| APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML | 3 | |
| *apomorphine subcutaneous cartridge 10 mg/ml* | 1 | |
| AZILECT ORAL TABLET 0.5 MG, 1 MG | 3 | HCLV |
| *benztropine oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| *bromocriptine oral capsule 5 mg* | 1 | |
| *bromocriptine oral tablet 2.5 mg* | 1 | |
| *carbidopa oral tablet 25 mg* | 1 | |
| CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | 3 | HCLV |
| *carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg* | 1 | |
| *carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg* | 1 | |
| *carbidopa-levodopa oral tablet, disintegrating 10-100 mg, 25-100 mg, 25-250 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *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* | 1 | |
| CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG, 52.5-210 MG, 70-280 MG, 87.5-350 MG | 3 | |
| DHIVY ORAL TABLET 25-100 MG | 3 | HCLV |
| DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML | 3 | |
| *entacapone oral tablet 200 mg* | 1 | |
| GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG, 68.5 MG | 3 | HCLV |
| INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG | 3 | |
| LODOSYN ORAL TABLET 25 MG | 3 | HCLV |
| NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR | 3 | HCLV |
| NOURIANZ ORAL TABLET 20 MG, 40 MG | 3 | HCLV |
| ONGENTYS ORAL CAPSULE 25 MG, 50 MG | 3 | |
| *pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg* | 1 | |
| *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* | 1 | |
| *rasagiline oral tablet 0.5 mg, 1 mg* | 1 | |
| *ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg* | 1 | |
| *ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg* | 1 | |
| RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG | 3 | HCLV |
| *selegiline hcl oral capsule 5 mg* | 1 | |
| *selegiline hcl oral tablet 5 mg* | 1 | |
| SINEMET ORAL TABLET 10-100 MG, 25-100 MG | 3 | HCLV |
| TASMAR ORAL TABLET 100 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *trihexyphenidyl oral elixir 0.4 mg/ml* | 1 | |
| *trihexyphenidyl oral tablet 2 mg, 5 mg* | 1 | |
| XADAGO ORAL TABLET 100 MG, 50 MG | 3 | HCLV |
| ZELAPAR ORAL TABLET, DISINTEGRATING 1.25 MG | 3 | HCLV |
| **MIGRAINE & CLUSTER HEADACHE THERAPY** | | |
| AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML | 2 | |
| AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML | 2 | |
| AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML | 2 | |
| *almotriptan malate oral tablet 12.5 mg, 6.25 mg* | 1 | |
| BREKIYA SUBCUTANEOUS AUTO-INJECTOR 1 MG/ML | 3 | HCLV |
| CAFERGOT ORAL TABLET 1-100 MG | 3 | HCLV |
| *dihydroergotamine injection solution 1 mg/ml* | 1 | |
| *dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)* | 1 | |
| *eletriptan oral tablet 20 mg, 40 mg* | 1 | |
| ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML) | 3 | HCLV |
| EMGALITY SUBCUTANEOUS PEN INJECTOR 120 MG/ML | 2 | |
| EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) | 2 | |
| ERGOMAR SUBLINGUAL TABLET 2 MG | 2 | HCLV |
| *ergotamine-caffeine oral tablet 1-100 mg* | 1 | |
| *frovatriptan oral tablet 2.5 mg* | 1 | |
| IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | HCLV |
| IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML | 3 | HCLV |
| IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML | 3 | HCLV |
| MAXALT ORAL TABLET 10 MG | 3 | HCLV |
| MAXALT-MLT ORAL TABLET, DISINTEGRATING 10 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *migergot rectal suppository 2-100 mg* | 1 | |
| MIGRANAL NASAL SPRAY, NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) | 3 | HCLV |
| *naratriptan oral tablet 1 mg, 2.5 mg* | 1 | |
| NURTEC ODT ORAL TABLET, DISINTEGRATING 75 MG | 3 | |
| ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG | 3 | HCLV |
| QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG | 3 | |
| RELPAX ORAL TABLET 20 MG, 40 MG | 3 | HCLV |
| RIZAFILM ORAL FILM 10 MG, 5 MG | 3 | |
| *rizatriptan oral tablet 10 mg, 5 mg* | 1 | |
| *rizatriptan oral tablet, disintegrating 10 mg, 5 mg* | 1 | |
| *sumatriptan nasal spray, non-aerosol 20 mg/actuation, 5 mg/actuation* | 1 | |
| *sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml* | 1 | |
| *sumatriptan succinate subcutaneous solution 6 mg/0.5 ml* | 1 | |
| *sumatriptan-naproxen oral tablet 85-500 mg* | 1 | HCLV |
| SYMBRAVO ORAL TABLET 10-20 MG | 3 | HCLV |
| TOSYMRA NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION | 3 | HCLV |
| TREXIMET ORAL TABLET 85-500 MG | 3 | HCLV |
| TRUDHESA NASAL SPRAY, NON-AEROSOL 0.725 MG/PUMP ACT. (4 MG/ML) | 3 | HCLV |
| UBRELVY ORAL TABLET 100 MG, 50 MG | 3 | |
| ZAVZPRET NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION | 3 | |
| ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML | 3 | HCLV |
| *zolmitriptan nasal spray, non-aerosol 5 mg* | 1 | |
| *zolmitriptan oral tablet 2.5 mg, 5 mg* | 1 | |
| *zolmitriptan oral tablet, disintegrating 2.5 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZOMIG NASAL SPRAY, NON-AEROSOL 2.5 MG, 5 MG | 3 | HCLV |
| ZOMIG ORAL TABLET 2.5 MG, 5 MG | 3 | HCLV |
| **MISCELLANEOUS NEUROLOGICAL THERAPY** | | |
| AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG | 3 | HCLV |
| ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG | 3 | HCLV |
| AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG | 2 | HCLV |
| AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 18 MG, 24 MG, 30 MG, 36 MG, 42 MG, 48 MG, 6 MG | 2 | HCLV |
| AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG | 2 | HCLV |
| *dalfampridine oral tablet extended release 12 hr 10 mg* | 1 | |
| DAYBUE ORAL SOLUTION 200 MG/ML | 3 | |
| DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG, 8,000 MG | 3 | |
| *dextromethorphan-quinidine oral capsule 20-10 mg* | 1 | HCLV |
| *dichlorphenamide oral tablet 50 mg* | 1 | |
| *donepezil oral tablet 10 mg, 23 mg, 5 mg* | 1 | |
| *donepezil oral tablet, disintegrating 10 mg, 5 mg* | 1 | |
| EVRYSDI ORAL RECON SOLN 0.75 MG/ML | 3 | |
| EVRYSDI ORAL TABLET 5 MG | 3 | |
| EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR | 3 | HCLV |
| FIRDAPSE ORAL TABLET 10 MG | 3 | |
| *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 | |
| HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE, DOSE PACK 40 MG (7)- 80 MG (21) | 3 | HCLV |
| INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG | 3 | HCLV |
| INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE 40 MG, 60 MG, 80 MG | 3 | HCLV |
| KEVEYIS ORAL TABLET 50 MG | 3 | HCLV |
| LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML, 500 MG/2.5 ML ( 250MG/1.25MLX2) | 3 | |
| *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 | |
| MEMANTINE ORAL TABLETS, DOSE PACK 5-10 MG | 3 | HCLV |
| *memantine-donepezil oral capsule, sprinkle, er 24hr 14-10 mg, 21-10 mg, 28-10 mg* | 1 | |
| MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG | 3 | |
| NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG | 3 | HCLV |
| NUEDEXTA ORAL CAPSULE 20-10 MG | 3 | |
| *ormalvi oral tablet 50 mg* | 1 | |
| RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML | 3 | |
| *rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg* | 1 | |
| *rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour* | 1 | |
| SKYCLARYS ORAL CAPSULE 50 MG | 3 | |
| *tetrabenazine oral tablet 12.5 mg, 25 mg* | 1 | |
| WAINUA SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.8 ML | 3 | |
| WAINUA SUBCUTANEOUS SYRINGE 45 MG/0.8 ML | 3 | |
| XENAZINE ORAL TABLET 12.5 MG, 25 MG | 3 | HCLV |
| ZEPOSIA ORAL CAPSULE 0.92 MG | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21) | 2 | |
| ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE, DOSE PACK 0.23 MG (4)- 0.46 MG (3) | 2 | |
| ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG | 3 | HCLV |
| **MUSCLE RELAXANTS & ANTISPASMODIC THERAPY** | | |
| AMRIX ORAL CAPSULE, EXTENDED RELEASE 24HR 15 MG, 30 MG | 3 | HCLV |
| ATMEKSI ORAL SUSPENSION 750 MG/5 ML | 3 | |
| *baclofen oral solution 10 mg/5 ml (2 mg/ml), 5 mg/5 ml* | 1 | HCLV |
| *baclofen oral suspension 25 mg/5 ml (5 mg/ml)* | 1 | |
| *baclofen oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| *baclofen oral tablet 15 mg* | 1 | HCLV |
| *carisoprodol oral tablet 250 mg, 350 mg* | 1 | |
| *chlorzoxazone oral tablet 250 mg, 375 mg, 500 mg, 750 mg* | 1 | |
| *cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg* | 1 | HCLV |
| *cyclobenzaprine oral tablet 10 mg, 5 mg, 7.5 mg* | 1 | |
| DANTRIUM ORAL CAPSULE 25 MG | 3 | |
| *dantrolene oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| FEXMID ORAL TABLET 7.5 MG | 3 | HCLV |
| FLEQSUVY ORAL SUSPENSION 25 MG/5 ML (5 MG/ML) | 3 | HCLV |
| *meprobamate oral tablet 200 mg, 400 mg* | 1 | |
| MESTINON ORAL SYRUP 60 MG/5 ML | 3 | HCLV |
| MESTINON ORAL TABLET 60 MG | 3 | HCLV |
| MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG | 3 | HCLV |
| *metaxalone oral tablet 400 mg, 800 mg* | 1 | |
| METAXALONE ORAL TABLET 640 MG | 3 | HCLV |
| *methocarbamol oral tablet 1,000 mg, 500 mg, 750 mg* | 1 | |
| NORGESIC FORTE ORAL TABLET 50-770-60 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NORGESIC ORAL TABLET 25-385-30 MG | 3 | HCLV |
| ONTRALFY ORAL SOLUTION 2 MG/5 ML | 3 | |
| *orphenadrine citrate oral tablet extended release 100 mg* | 1 | |
| *orphenadrine-asa-caffeine oral tablet 25-385-30 mg* | 1 | |
| *orphengesic forte oral tablet 50-770-60 mg* | 1 | HCLV |
| OZOBAX DS ORAL SOLUTION 10 MG/5 ML (2 MG/ML) | 3 | HCLV |
| OZOBAX ORAL SOLUTION 5 MG/5 ML | 3 | |
| *pyridostigmine bromide oral syrup 60 mg/5 ml* | 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG | 3 | HCLV |
| *pyridostigmine bromide oral tablet 60 mg* | 1 | |
| PYRIDOSTIGMINE BROMIDE ORAL TABLET EXTENDED RELEASE 105 MG | 3 | HCLV |
| *pyridostigmine bromide oral tablet extended release 180 mg* | 1 | |
| SOMA ORAL TABLET 250 MG, 350 MG | 3 | |
| *tanlor oral tablet 1,000 mg* | 1 | |
| *tizanidine oral capsule 2 mg, 4 mg, 6 mg* | 1 | |
| TIZANIDINE ORAL CAPSULE 8 MG | 3 | |
| *tizanidine oral tablet 2 mg, 4 mg* | 1 | |
| TONMYA SUBLINGUAL TABLET 2.8 MG | 3 | |
| *vanadom oral tablet 350 mg* | 1 | |
| VYVGART HYTRULO SUBCUTANEOUS SYRINGE 1,000 MG-10,000 UNIT/5 ML | 3 | |
| ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG, 8 MG | 3 | HCLV |
| ZANAFLEX ORAL TABLET 4 MG | 3 | |
| ZILBRYSQ SUBCUTANEOUS SYRINGE 16.6 MG/0.416 ML, 23 MG/0.574 ML, 32.4 MG/0.81 ML | 2 | |
| **NARCOTIC ANALGESICS** | | |
| *acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg* | 1 | |
| *acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg* | 1 | |
| *ascomp with codeine oral capsule 30-50-325-40 mg* | 1 | |
| BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG | 3 | |
| *buprenorphine hcl sublingual tablet 2 mg, 8 mg* | 1 | |
| *buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour* | 1 | |
| *butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg* | 1 | |
| *butalbital-acetaminophen oral capsule 50-300 mg* | 1 | HCLV |
| *butalbital-acetaminophen oral tablet 50-300 mg* | 1 | HCLV |
| *butalbital-acetaminophen oral tablet 50-325 mg* | 1 | |
| *butalbital-acetaminophen-caff oral capsule 50-300-40 mg* | 1 | |
| *butalbital-acetaminophen-caff oral capsule 50-325-40 mg* | 1 | HCLV |
| *butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml* | 1 | HCLV |
| *butalbital-acetaminophen-caff oral tablet 50-325-40 mg* | 1 | |
| *butalbital-aspirin-caffeine oral capsule 50-325-40 mg* | 1 | |
| *butalbital-aspirin-caffeine oral tablet 50-325-40 mg* | 1 | HCLV |
| BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HOUR, 15 MCG/HOUR, 20 MCG/HOUR, 5 MCG/HOUR, 7.5 MCG/HOUR | 3 | HCLV |
| *codeine sulfate oral tablet 15 mg, 30 mg, 60 mg* | 1 | |
| *codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg* | 1 | |
| DILAUDID ORAL LIQUID 1 MG/ML | 3 | |
| DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG | 3 | |
| *diskets oral tablet, soluble 40 mg* | 1 | |
| *endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *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* | 1 | |
| FIORICET ORAL CAPSULE 50-300-40 MG | 3 | HCLV |
| *hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg* | 1 | |
| *hydrocodone bitartrate oral tablet, oral only, ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg* | 1 | |
| *hydrocodone-acetaminophen oral solution 10-325 mg/15 ml, 10-325 mg/15 ml(15 ml), 7.5-325 mg/15 ml* | 1 | |
| *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* | 1 | |
| *hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg* | 1 | |
| *hydromorphone oral liquid 1 mg/ml* | 1 | |
| *hydromorphone oral tablet 2 mg, 4 mg, 8 mg* | 1 | |
| *hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg* | 1 | |
| *hydromorphone rectal suppository 3 mg* | 1 | |
| HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3 | |
| *levorphanol tartrate oral tablet 2 mg, 3 mg* | 1 | HCLV |
| *meperidine oral solution 50 mg/5 ml* | 1 | |
| *meperidine oral tablet 50 mg* | 1 | |
| *methadone oral concentrate 10 mg/ml* | 1 | |
| *methadone oral solution 10 mg/5 ml, 5 mg/5 ml* | 1 | |
| *methadone oral tablet 10 mg, 5 mg* | 1 | |
| *methadone oral tablet, soluble 40 mg* | 1 | |
| *methadose oral concentrate 10 mg/ml* | 1 | |
| *methadose oral tablet, soluble 40 mg* | 1 | |
| *morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)* | 1 | |
| *morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | 1 | |
| *morphine oral solution 10 mg/5 ml (2 mg/ml), 20 mg/5 ml (4 mg/ml)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *morphine oral tablet 15 mg, 30 mg* | 1 | |
| *morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg* | 1 | |
| *morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg* | 1 | |
| MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG | 3 | |
| NALOCET ORAL TABLET 2.5-300 MG | 3 | |
| *oxycodone oral capsule 5 mg* | 1 | |
| *oxycodone oral concentrate 20 mg/ml* | 1 | |
| *oxycodone oral solution 5 mg/5 ml* | 1 | |
| *oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg* | 1 | |
| OXYCODONE ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG | 3 | HCLV |
| OXYCODONE ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 20 MG, 40 MG, 80 MG | 3 | HCLV |
| *oxycodone-acetaminophen oral solution 10-300 mg/5 ml* | 1 | |
| *oxycodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-300 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg* | 1 | |
| OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG | 3 | HCLV |
| *oxymorphone oral tablet 10 mg, 5 mg* | 1 | |
| *oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg* | 1 | |
| PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG | 3 | HCLV |
| PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG | 3 | |
| PROLATE ORAL SOLUTION 10-300 MG/5 ML | 3 | |
| *prolate oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg* | 1 | |
| ROXICODONE ORAL TABLET 15 MG, 30 MG | 3 | HCLV |
| ROXYBOND ORAL TABLET, ORAL ONLY 10 MG, 15 MG, 30 MG, 5 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML | 3 | |
| *tencon oral tablet 50-325 mg* | 1 | |
| TREZIX ORAL CAPSULE 320.5-30-16 MG | 3 | |
| XTAMPZA ER ORAL CAP, SPRINKL, ER12HR (DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG | 3 | HCLV |
| *xyvona oral tablet 2 mg, 3 mg* | 1 | HCLV |
| **NON-NARCOTIC ANALGESICS** | | |
| *adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg* | 1 | ACA |
| ANAPROX DS ORAL TABLET 550 MG | 3 | |
| ARTHROTEC 50 ORAL TABLET, IR, DELAYED REL, BIPHASIC 50-200 MG-MCG | 3 | |
| ARTHROTEC 75 ORAL TABLET, IR, DELAYED REL, BIPHASIC 75-200 MG-MCG | 3 | |
| *aspirin childrens oral tablet, chewable 81 mg* | 1 | ACA |
| *aspirin oral tablet, chewable 81 mg* | 1 | ACA |
| *aspirin oral tablet, delayed release (dr/ec) 81 mg* | 1 | ACA |
| BAYER CHEWABLE ASPIRIN ORAL TABLET 81 MG | 3 | |
| *bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg* | 1 | ACA |
| *buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg* | 1 | |
| *buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg* | 1 | |
| *butorphanol nasal spray, non-aerosol 10 mg/ml* | 1 | |
| CAMBIA ORAL POWDER IN PACKET 50 MG | 3 | HCLV |
| CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG | 3 | HCLV |
| *celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg* | 1 | |
| CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG | 3 | HCLV |
| CONZIP ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG | 3 | HCLV |
| COXANTO ORAL CAPSULE 300 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 % | 3 | HCLV |
| *diclofenac potassium oral capsule 25 mg* | 1 | HCLV |
| *diclofenac potassium oral powder in packet 50 mg* | 1 | HCLV |
| *diclofenac potassium oral tablet 25 mg* | 1 | HCLV |
| *diclofenac potassium oral tablet 50 mg* | 1 | |
| *diclofenac sodium oral tablet extended release 24 hr 100 mg* | 1 | |
| *diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg, 75 mg* | 1 | |
| *diclofenac sodium topical drops 1.5 %* | 1 | |
| *diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)* | 1 | HCLV |
| DICLOFENAC SUBMICRONIZED ORAL CAPSULE 35 MG | 3 | |
| *diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic 50-200 mg-mcg, 75-200 mg-mcg* | 1 | HCLV |
| *diflunisal oral tablet 500 mg* | 1 | |
| DOLOBID ORAL TABLET 250 MG, 375 MG | 3 | HCLV |
| EC-NAPROSYN ORAL TABLET, DELAYED RELEASE (DR/EC) 375 MG, 500 MG | 3 | |
| *ecotrin low strength oral tablet, delayed release (dr/ec) 81 mg* | 1 | ACA |
| *etodolac oral capsule 200 mg, 300 mg* | 1 | |
| *etodolac oral tablet 400 mg, 500 mg* | 1 | |
| *etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg* | 1 | |
| *fenoprofen oral capsule 200 mg, 300 mg, 400 mg* | 1 | HCLV |
| *fenoprofen oral tablet 600 mg* | 1 | HCLV |
| FENOPRON ORAL CAPSULE 300 MG | 3 | HCLV |
| FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % | 3 | HCLV |
| *flurbiprofen oral tablet 100 mg* | 1 | |
| *ibu oral tablet 400 mg, 600 mg, 800 mg* | 1 | |
| *ibuprofen oral suspension 100 mg/5 ml* | 1 | |
| *ibuprofen oral tablet 300 mg* | 1 | HCLV |
| *ibuprofen oral tablet 400 mg, 600 mg, 800 mg* | 1 | |
| *ibuprofen-famotidine oral tablet 800-26.6 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| INDOCIN ORAL SUSPENSION 25 MG/5 ML | 3 | HCLV |
| INDOCIN RECTAL SUPPOSITORY 50 MG | 3 | HCLV |
| *indomethacin oral capsule 25 mg, 50 mg* | 1 | |
| *indomethacin oral capsule, extended release 75 mg* | 1 | |
| *indomethacin oral suspension 25 mg/5 ml* | 1 | HCLV |
| *indomethacin rectal suppository 50 mg* | 1 | HCLV |
| JOURNAVX ORAL TABLET 50 MG | 3 | |
| *ketoprofen oral capsule 25 mg, 50 mg, 75 mg* | 1 | |
| *ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg* | 1 | |
| *ketorolac injection solution 15 mg/ml, 30 mg/ml (1 ml)* | 1 | |
| *ketorolac injection syringe 30 mg/ml* | 1 | |
| *ketorolac intramuscular solution 60 mg/2 ml* | 1 | |
| *ketorolac oral tablet 10 mg* | 1 | |
| KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION | 3 | |
| LICART TRANSDERMAL PATCH 24 HOUR 1.3 % | 3 | HCLV |
| LODINE ORAL TABLET 400 MG | 3 | |
| *lofena oral tablet 25 mg* | 1 | HCLV |
| *lofexidine oral tablet 0.18 mg* | 1 | HCLV |
| LUCEMYRA ORAL TABLET 0.18 MG | 3 | HCLV |
| *lurbiro oral tablet 100 mg* | 1 | |
| *meclofenamate oral capsule 100 mg, 50 mg* | 1 | |
| *mefenamic acid oral capsule 250 mg* | 1 | HCLV |
| MELOXICAM ORAL SUSPENSION 7.5 MG/5 ML | 3 | HCLV |
| *meloxicam oral tablet 15 mg, 7.5 mg* | 1 | |
| *meloxicam submicronized oral capsule 10 mg, 5 mg* | 1 | |
| *nabumetone oral tablet 500 mg, 750 mg* | 1 | |
| NALFON ORAL CAPSULE 400 MG | 3 | HCLV |
| NALFON ORAL TABLET 600 MG | 3 | HCLV |
| *naloxone injection syringe 0.4 mg/ml, 1 mg/ml* | 1 | |
| *naltrexone oral tablet 50 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG | 3 | HCLV |
| NAPROSYN ORAL TABLET 500 MG | 3 | |
| *naproxen oral suspension 125 mg/5 ml* | 1 | |
| *naproxen oral tablet 250 mg, 375 mg, 500 mg* | 1 | |
| *naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg* | 1 | |
| *naproxen sodium oral tablet 275 mg, 550 mg* | 1 | |
| *naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg* | 1 | HCLV |
| *naproxen-esomeprazole oral tablet, ir, delayed rel, biphasic 375-20 mg, 500-20 mg* | 1 | HCLV |
| NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | 3 | HCLV |
| NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG | 3 | HCLV |
| OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION | 3 | |
| ORUDIS ORAL CAPSULE 75 MG | 3 | HCLV |
| OXAPROZIN ORAL CAPSULE 300 MG | 3 | HCLV |
| *oxaprozin oral tablet 600 mg* | 1 | |
| *pentazocine-naloxone oral tablet 50-0.5 mg* | 1 | |
| *piroxicam oral capsule 10 mg, 20 mg* | 1 | |
| RELAFEN DS ORAL TABLET 1, 000 MG | 3 | |
| REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION | 3 | |
| REZENOPY NASAL SPRAY, NON-AEROSOL 10 MG/ACTUATION | 3 | |
| *salsalate oral tablet 500 mg, 750 mg* | 1 | |
| SPRIX NASAL SPRAY, NON-AEROSOL 15.75 MG/SPRAY | 3 | HCLV |
| *st joseph aspirin oral tablet, chewable 81 mg* | 1 | ACA |
| SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG | 3 | |
| *sulindac oral tablet 150 mg, 200 mg* | 1 | |
| TAPENTADOL ORAL SOLUTION 20 MG/ML | 3 | |
| *tapentadol oral tablet 100 mg, 50 mg, 75 mg* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG | 3 | HCLV |
| TOLECTIN 600 ORAL TABLET 600 MG | 3 | |
| *tolectin ds oral capsule 400 mg* | 1 | |
| *tolmetin oral capsule 400 mg* | 1 | |
| *tolmetin oral tablet 200 mg* | 1 | HCLV |
| *tolmetin oral tablet 600 mg* | 1 | |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83 300 MG | 3 | HCLV |
| TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG | 3 | HCLV |
| TRAMADOL ORAL SOLUTION 5 MG/ML | 3 | |
| *tramadol oral tablet 100 mg, 50 mg* | 1 | |
| TRAMADOL ORAL TABLET 25 MG, 75 MG | 3 | |
| *tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg* | 1 | |
| *tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg* | 1 | |
| *tramadol-acetaminophen oral tablet 37.5-325 mg* | 1 | |
| VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG | 3 | |
| VIVLODEX ORAL CAPSULE 10 MG, 5 MG | 3 | HCLV |
| VYSCOXA ORAL SUSPENSION 10 MG/ML | 3 | |
| ZIMHI INJECTION SYRINGE 5 MG/0.5 ML | 3 | |
| ZIPSOR ORAL CAPSULE 25 MG | 3 | HCLV |
| ZORVOLEX ORAL CAPSULE 18 MG, 35 MG | 3 | HCLV |
| ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG | 3 | |
| ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML | 3 | |
| ZYBIC ORAL SUSPENSION 7.5 MG/5 ML | 3 | HCLV |
| **PSYCHOTHERAPEUTIC DRUGS** | | |
| ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML, 960 MG/3.2 ML | 2 | |

| 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 | |
| ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG | 3 | HCLV |
| ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG | 3 | HCLV |
| ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG | 3 | HCLV |
| ADDERALL XR ORAL CAPSULE, EXTENDED RELEASE 24HR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG | 3 | HCLV |
| ADDYI ORAL TABLET 100 MG | 3 | |
| ADZENYS XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG | 3 | HCLV |
| *alprazolam intensol oral concentrate 1 mg/ml* | 1 | HCLV |
| *alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 1 | |
| *alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg* | 1 | |
| *alprazolam oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg* | 1 | |
| AMBIEN CR ORAL TABLET, EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG | 3 | HCLV |
| AMBIEN ORAL TABLET 10 MG, 5 MG | 3 | HCLV |
| *amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg* | 1 | |
| *amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg* | 1 | |
| *amphetamine oral tablet, disinteg er biphase 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg* | 1 | |
| *amphetamine sulfate oral tablet 10 mg, 5 mg* | 1 | |
| ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG | 3 | HCLV |
| *aripiprazole oral solution 1 mg/ml* | 1 | |
| *aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg* | 1 | |
| *aripiprazole oral tablet, disintegrating 10 mg, 15 mg* | 1 | |
| 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 | |
| *armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg* | 1 | |
| ARYNTA ORAL SOLUTION 10 MG/ML | 3 | |
| *asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG | 3 | HCLV |
| *atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg* | 1 | |
| AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG | 3 | |
| AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG | 3 | |
| BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | |
| BUCAPSOL ORAL CAPSULE 10 MG, 15 MG, 5 MG, 7.5 MG | 3 | HCLV |
| *bupropion hcl oral tablet 100 mg, 75 mg* | 1 | |
| *bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg* | 1 | |
| BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG | 3 | HCLV |
| *bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg* | 1 | |
| *buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| BUSPIRONE ORAL TABLET 12.5 MG, 2.5 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG | 3 | HCLV |
| CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | |
| *chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg* | 1 | |
| *chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml* | 1 | |
| *chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *citalopram oral capsule 30 mg* | 1 | HCLV |
| *citalopram oral solution 10 mg/5 ml* | 1 | |
| *citalopram oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| *clomipramine oral capsule 25 mg, 50 mg, 75 mg* | 1 | |
| *clonidine hcl oral tablet extended release 12 hr 0.1 mg* | 1 | |
| *clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg* | 1 | |
| *clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg* | 1 | |
| CLOZARIL ORAL TABLET 100 MG, 25 MG | 3 | HCLV |
| COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG | 3 | |
| COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG | 3 | |
| CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG | 3 | HCLV |
| COTEMPLA XR-ODT ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG | 3 | |
| DAYVIGO ORAL TABLET 10 MG, 5 MG | 3 | |
| *desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| DESOXYN ORAL TABLET 5 MG | 3 | HCLV |
| DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG | 3 | |
| *desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG | 3 | HCLV |
| *dexmethylphenidate oral capsule, er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg* | 1 | |
| *dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg, 5 mg* | 1 | |
| *dextroamphetamine sulfate oral solution 5 mg/5 ml* | 1 | |
| *dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| *dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg* | 1 | |
| *dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg* | 1 | |
| *dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg* | 1 | |
| *diazepam intensol oral concentrate 5 mg/ml* | 1 | |
| *diazepam oral solution 5 mg/5 ml (1 mg/ml)* | 1 | |
| *diazepam oral tablet 10 mg, 2 mg, 5 mg* | 1 | |
| DORAL ORAL TABLET 15 MG | 3 | HCLV |
| *doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *doxepin oral concentrate 10 mg/ml* | 1 | |
| *doxepin oral tablet 3 mg, 6 mg* | 1 | |
| DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG | 3 | |
| DULOXETINE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 80 MG, 90 MG | 3 | HCLV |
| *duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 40 mg, 60 mg* | 1 | |
| DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML | 3 | HCLV |
| DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG | 3 | HCLV |
| EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG | 3 | HCLV |
| EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR | 3 | |
| *ergoloid oral tablet 1 mg* | 1 | |
| ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 351 MG/2.25 ML, 39 MG/0.25 ML, 78 MG/0.5 ML | 2 | |
| *escitalopram oxalate 5 mg/5 ml oral solution* | 1 | |
| ESCITALOPRAM OXALATE ORAL CAPSULE 15 MG | 3 | |
| *escitalopram oxalate oral solution 5 mg/5 ml* | 1 | HCLV |
| *escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| *estazolam oral tablet 1 mg, 2 mg* | 1 | |
| *eszopiclone oral tablet 1 mg, 2 mg, 3 mg* | 1 | |
| EVEKEO ORAL TABLET 10 MG, 5 MG | 3 | HCLV |
| EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG | 3 | |
| EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK 18.2 MG (32 TABS) | 3 | |
| FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG | 3 | HCLV |
| FANAPT TITRATION PACK A ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) | 3 | HCLV |
| FANAPT TITRATION PACK B ORAL TABLETS, DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2) | 3 | HCLV |
| FANAPT TITRATION PACK C ORAL TABLETS, DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2) | 3 | HCLV |
| FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) | 3 | |
| FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG | 3 | |
| *fluoxetine oral capsule 10 mg, 20 mg, 40 mg* | 1 | |
| *fluoxetine oral capsule, delayed release (dr/ec) 90 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *fluoxetine oral solution 20 mg/5 ml (4 mg/ml)* | 1 | |
| *fluoxetine oral tablet 10 mg, 20 mg, 60 mg* | 1 | |
| *fluphenazine hcl oral concentrate 5 mg/ml* | 1 | |
| *fluphenazine hcl oral elixir 2.5 mg/5 ml* | 1 | |
| *fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| *flurazepam oral capsule 15 mg, 30 mg* | 1 | |
| *fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg* | 1 | |
| *fluvoxamine oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | HCLV |
| FOCALIN XR ORAL CAPSULE, ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG | 3 | HCLV |
| GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) | 3 | HCLV |
| GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG | 3 | HCLV |
| *guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg* | 1 | |
| *haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml* | 1 | |
| *haloperidol lactate injection solution 5 mg/ml* | 1 | |
| *haloperidol lactate oral concentrate 2 mg/ml* | 1 | |
| *haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg* | 1 | |
| HETLIOZ LQ ORAL SUSPENSION 4 MG/ML | 3 | |
| HETLIOZ ORAL CAPSULE 20 MG | 3 | HCLV |
| *imipramine hcl oral tablet 10 mg, 25 mg, 50 mg* | 1 | |
| *imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg* | 1 | |
| INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG | 3 | HCLV |
| INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML, 1,560 MG/5 ML | 2 | |
| INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 6 MG, 9 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML | 2 | |
| INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML, 410 MG/1.32 ML, 546 MG/1.75 ML, 819 MG/2.63 ML | 2 | |
| JORNAY PM ORAL CAPSULE, DEL REL, EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG | 3 | |
| LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG | 3 | HCLV |
| LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | |
| *lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg* | 1 | |
| *lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 1 | |
| *lithium carbonate oral capsule 150 mg, 300 mg, 600 mg* | 1 | |
| *lithium carbonate oral tablet 300 mg* | 1 | |
| *lithium carbonate oral tablet extended release 300 mg, 450 mg* | 1 | |
| *lithium citrate oral solution 8 meq/5 ml* | 1 | |
| LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG | 3 | HCLV |
| *lorazepam intensol oral concentrate 2 mg/ml* | 1 | |
| *lorazepam oral concentrate 2 mg/ml* | 1 | |
| *lorazepam oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| LOREEV XR ORAL CAPSULE, EXTENDED RELEASE 24HR 1 MG, 1.5 MG, 2 MG, 3 MG | 3 | HCLV |
| *loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg* | 1 | |
| LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET 4.5 GRAM, 6 GRAM, 7.5 GRAM, 9 GRAM | 3 | |
| LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK 4.5-6-7.5 GRAM | 3 | |
| LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG | 3 | HCLV |
| *lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG | 3 | HCLV |
| MARPLAN ORAL TABLET 10 MG | 3 | |
| METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | 3 | |
| *methamphetamine oral tablet 5 mg* | 1 | |
| METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML | 3 | |
| *methylphenidate hcl oral cap, er sprinkle, biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 1 | |
| *methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg* | 1 | |
| *methylphenidate hcl oral capsule, er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg* | 1 | |
| *methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml* | 1 | |
| *methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| *methylphenidate hcl oral tablet extended release 10 mg, 20 mg* | 1 | |
| *methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg, 72 mg* | 1 | |
| METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG | 3 | |
| *methylphenidate hcl oral tablet, chewable 10 mg, 2.5 mg, 5 mg* | 1 | |
| METHYLPHENIDATE ORAL TABLET, DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG | 3 | |
| *methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr* | 1 | |
| *midazolam oral syrup 2 mg/ml* | 1 | |
| *mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg* | 1 | |
| *mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg* | 1 | |
| *modafinil oral tablet 100 mg, 200 mg* | 1 | |
| *molindone oral tablet 10 mg, 25 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG | 3 | HCLV |
| NARDIL ORAL TABLET 15 MG | 3 | |
| *nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg* | 1 | |
| *nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *nortriptyline oral solution 10 mg/5 ml* | 1 | |
| NUPLAZID ORAL CAPSULE 34 MG | 3 | |
| NUPLAZID ORAL TABLET 10 MG | 3 | |
| NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG | 3 | HCLV |
| *olanzapine intramuscular recon soln 10 mg* | 1 | |
| *olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg* | 1 | |
| *olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg* | 1 | |
| *olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg* | 1 | |
| ONYDA XR ORAL SUSPENSION, EXTEND RELEASE 24HR 0.1 MG/ML | 3 | |
| OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG | 3 | HCLV |
| *oxazepam oral capsule 10 mg, 15 mg, 30 mg* | 1 | |
| *paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 6 mg, 9 mg* | 1 | |
| PARNATE ORAL TABLET 10 MG | 3 | |
| *paroxetine hcl oral suspension 10 mg/5 ml* | 1 | |
| *paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| *paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg* | 1 | |
| *paroxetine mesylate (menop.sym) oral capsule 7.5 mg* | 1 | |
| PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG | 3 | |
| PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG | 3 | |
| *perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg* | 1 | |
| PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 120 MG, 90 MG | 2 | |
| *phenelzine oral tablet 15 mg* | 1 | |
| *pimozide oral tablet 1 mg, 2 mg* | 1 | |
| PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG | 3 | HCLV |
| *procentra oral solution 5 mg/5 ml* | 1 | |
| *protriptyline oral tablet 10 mg, 5 mg* | 1 | |
| PROVIGIL ORAL TABLET 100 MG, 200 MG | 3 | HCLV |
| QELBREE ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG | 3 | |
| QUAZEPAM ORAL TABLET 15 MG | 3 | HCLV |
| *quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg* | 1 | |
| QUETIAPINE ORAL TABLET 150 MG | 3 | HCLV |
| *quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 300 mg, 400 mg, 50 mg* | 1 | |
| QUILLICHEW ER ORAL TABLET, CHEW, IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG | 3 | |
| QUILLIVANT XR ORAL SUSPENSION, EXT REL 24HR, RECON 5 MG/ML (25 MG/5 ML) | 3 | |
| QUVIVIQ ORAL TABLET 25 MG, 50 MG | 3 | |
| RALDESY ORAL SOLUTION 10 MG/ML | 3 | HCLV |
| *ramelteon oral tablet 8 mg* | 1 | |
| RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG, 72 MG | 3 | |
| REMERON ORAL TABLET 15 MG, 30 MG | 3 | HCLV |
| REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG | 3 | HCLV |
| RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG | 3 | |
| REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 2 | HCLV |
| RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RISPERDAL ORAL SOLUTION 1 MG/ML | 3 | HCLV |
| RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG | 3 | HCLV |
| *risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml* | 1 | |
| *risperidone oral solution 1 mg/ml* | 1 | |
| *risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 1 | |
| *risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg* | 1 | |
| RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | |
| ROZEREM ORAL TABLET 8 MG | 3 | HCLV |
| RYKINDO INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML | 2 | |
| SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | HCLV |
| SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR | 3 | HCLV |
| SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG | 3 | HCLV |
| SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG | 3 | HCLV |
| *sertraline oral capsule 150 mg, 200 mg* | 1 | HCLV |
| *sertraline oral concentrate 20 mg/ml* | 1 | |
| *sertraline oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| SILENOR ORAL TABLET 3 MG, 6 MG | 3 | |
| *sodium oxybate oral solution 500 mg/ml* | 1 | |
| SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) | 3 | |
| SUNOSI ORAL TABLET 150 MG, 75 MG | 3 | |
| *tasimelteon oral capsule 20 mg* | 1 | |
| *temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg* | 1 | |
| *thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | |
| *thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tranylcypromine oral tablet 10 mg* | 1 | |
| *trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg* | 1 | |
| TRAZODONE ORAL TABLET 25 MG, 75 MG | 3 | |
| *triazolam oral tablet 0.125 mg, 0.25 mg* | 1 | |
| *trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |
| *trimipramine oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | |
| UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 100 MG/0.28 ML, 125 MG/0.35 ML, 150 MG/0.42 ML, 200 MG/0.56 ML, 250 MG/0.7 ML, 50 MG/0.14 ML, 75 MG/0.21 ML | 2 | |
| VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG | 3 | HCLV |
| VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR 112.5 MG | 3 | |
| *venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg, 75 mg* | 1 | |
| *venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | |
| *venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg* | 1 | |
| VERSACLOZ ORAL SUSPENSION 50 MG/ML | 3 | HCLV |
| VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | HCLV |
| *vilazodone oral tablet 10 mg, 20 mg, 40 mg* | 1 | |
| VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG | 2 | HCLV |
| VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML | 3 | |
| VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG | 3 | HCLV |
| VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG | 3 | HCLV |
| WAKIX ORAL TABLET 17.8 MG, 4.45 MG | 3 | HCLV |
| WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG | 3 | |
| XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG | 3 | HCLV |
| XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR | 3 | |
| XYREM ORAL SOLUTION 500 MG/ML | 3 | HCLV |
| XYWAV ORAL SOLUTION 0.5 GRAM/ML | 3 | |
| *zaleplon oral capsule 10 mg, 5 mg* | 1 | |
| *zenzedi oral tablet 10 mg, 5 mg* | 1 | HCLV |
| ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG | 3 | HCLV |
| *ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg* | 1 | |
| *ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)* | 1 | |
| ZOLOFT ORAL CONCENTRATE 20 MG/ML | 3 | |
| ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | |
| ZOLPIDEM ORAL CAPSULE 7.5 MG | 3 | HCLV |
| *zolpidem oral tablet 10 mg, 5 mg* | 1 | |
| *zolpidem oral tablet, ext release multiphase 12.5 mg, 6.25 mg* | 1 | |
| *zolpidem sublingual tablet 1.75 mg, 3.5 mg* | 1 | |
| ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG | 3 | |
| ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG | 3 | HCLV |
| ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG | 3 | HCLV |
| ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG | 2 | |
| ZYPREXA ZYDIS ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG | 3 | HCLV |

## AUTONOMIC & CNS DRUGS, NEUROLOGY

### MULTIPLE SCLEROSIS AGENTS

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AUBAGIO ORAL TABLET 14 MG, 7 MG | 3 | HCLV |
| AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML | 2 | |
| AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML | 2 | |
| BAFIERTAM ORAL CAPSULE, DELAYED RELEASE (DR/EC) 95 MG | 3 | |
| BETASERON SUBCUTANEOUS KIT 0.3 MG | 2 | |
| *cladribine(multiple sclerosis) oral tablet 10 mg* | 1 | |
| COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML, 40 MG/ML | 3 | HCLV |
| *dimethyl fumarate oral capsule, delayed release (dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg* | 1 | |
| *fingolimod oral capsule 0.5 mg* | 1 | |
| GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG | 3 | HCLV |
| *glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml* | 1 | |
| *glatopa subcutaneous syringe 20 mg/ml, 40 mg/ml* | 1 | |
| KESIMPTA SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML | 2 | |
| MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG | 3 | HCLV |
| MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG | 3 | HCLV |
| MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG | 3 | HCLV |
| MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG | 3 | HCLV |
| MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG | 3 | HCLV |
| MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG | 3 | HCLV |
| MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG | 3 | HCLV |
| MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG | 2 | |
| MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (7 TABS) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS, DOSE PACK 0.25 MG (12 TABS) | 2 | |
| PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML | 2 | |
| PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 2 | |
| PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML | 2 | |
| PONVORY 14-DAY STARTER PACK ORAL TABLETS, DOSE PACK 2 MG (2) - 10 MG (3) | 3 | HCLV |
| PONVORY ORAL TABLET 20 MG | 3 | HCLV |
| REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML | 2 | |
| 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 | |
| REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) | 2 | |
| TASCENSO ODT ORAL TABLET, DISINTEGRATING 0.25 MG, 0.5 MG | 3 | HCLV |
| TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG | 3 | HCLV |
| *teriflunomide oral tablet 14 mg, 7 mg* | 1 | |
| VUMERITY ORAL CAPSULE, DELAYED RELEASE(DR/EC) 231 MG | 3 | |
| **CARDIOVASCULAR, HYPERTENSION & LIPIDS** | | |
| **ANTIARRHYTHMIC AGENTS** | | |
| *amiodarone oral tablet 100 mg, 200 mg, 400 mg* | 1 | |
| BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG | 3 | HCLV |
| BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG | 3 | HCLV |
| *disopyramide phosphate oral capsule 100 mg, 150 mg* | 1 | |
| *dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg* | 1 | |
| *flecainide oral tablet 100 mg, 150 mg, 50 mg* | 1 | |
| *mexiletine oral capsule 150 mg, 200 mg, 250 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MULTAQ ORAL TABLET 400 MG | 3 | |
| NORPACE ORAL CAPSULE 100 MG, 150 MG | 3 | HCLV |
| *pacerone oral tablet 200 mg* | 1 | |
| *propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg* | 1 | |
| *propafenone oral tablet 150 mg, 225 mg, 300 mg* | 1 | |
| *quinidine gluconate oral tablet extended release 324 mg* | 1 | |
| *quinidine sulfate oral tablet 200 mg, 300 mg* | 1 | |
| *sotalol af oral tablet 120 mg, 160 mg, 80 mg* | 1 | |
| *sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg* | 1 | |
| SOTYLIZE ORAL SOLUTION 5 MG/ML | 3 | |
| TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG | 3 | HCLV |
| **ANTIHYPERTENSIVE THERAPY** | | |
| *acebutolol oral capsule 200 mg, 400 mg* | 1 | |
| ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | |
| *aliskiren oral tablet 150 mg, 300 mg* | 1 | |
| *amiloride oral tablet 5 mg* | 1 | |
| *amiloride-hydrochlorothiazide oral tablet 5-50 mg* | 1 | |
| *amlodipine oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg* | 1 | |
| *amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg* | 1 | |
| *amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg* | 1 | |
| *amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg* | 1 | HCLV |
| ARBLI ORAL SUSPENSION 10 MG/ML | 3 | HCLV |
| ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG | 3 | HCLV |
| ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG | 3 | HCLV |
| *atenolol oral tablet 100 mg, 25 mg, 50 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg* | 1 | |
| AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG | 3 | HCLV |
| AVAPRO ORAL TABLET 150 MG, 300 MG | 3 | HCLV |
| *azilsartan medoxomil oral tablet 40 mg, 80 mg* | 1 | HCLV |
| AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG | 3 | HCLV |
| *benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg* | 1 | |
| BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG | 3 | HCLV |
| BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG | 3 | HCLV |
| *betaxolol oral tablet 10 mg, 20 mg* | 1 | |
| BIDIL ORAL TABLET 20-37.5 MG | 3 | HCLV |
| *bisoprolol fumarate oral tablet 10 mg, 5 mg* | 1 | |
| BISOPROLOL FUMARATE ORAL TABLET 2.5 MG | 3 | HCLV |
| *bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg* | 1 | |
| *bumetanide oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | 3 | HCLV |
| *candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 1 | |
| *candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg* | 1 | |
| *captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | 1 | |
| *captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg* | 1 | HCLV |
| CARDAMYST NASAL SPRAY, NON-AEROSOL 70 MG/2 SPRAY | 3 | |
| CARDIZEM CD ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG | 3 | HCLV |
| CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG | 3 | HCLV |
| CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG | 3 | HCLV |
| CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG | 3 | |
| CAROSPIR ORAL SUSPENSION 25 MG/5 ML | 3 | HCLV |
| *cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg* | 1 | |
| *carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg* | 1 | |
| *carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg* | 1 | |
| CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR | 3 | HCLV |
| CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR | 3 | HCLV |
| CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR | 3 | HCLV |
| *chlorthalidone oral tablet 25 mg, 50 mg* | 1 | |
| CLONIDINE HCL ORAL TABLET 0.05 MG | 3 | HCLV |
| *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg* | 1 | |
| CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG | 3 | HCLV |
| *clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr* | 1 | |
| CONJUPRI ORAL TABLET 2.5 MG, 5 MG | 3 | HCLV |
| CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG | 3 | HCLV |
| COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG | 3 | HCLV |
| COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG | 3 | HCLV |
| COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | HCLV |
| *diltiazem hcl oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | 1 | |
| *diltiazem hcl oral capsule, extended release 12 hr 120 mg, 60 mg, 90 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *diltiazem hcl oral capsule, extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | |
| *diltiazem hcl oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg* | 1 | |
| *diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| *diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | |
| *dilt-xr oral capsule, ext.rel 24h degradable 120 mg, 180 mg, 240 mg* | 1 | |
| DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG | 3 | HCLV |
| DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG | 3 | HCLV |
| *doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg* | 1 | |
| DYRENIUM ORAL CAPSULE 100 MG, 50 MG | 3 | |
| EDARBI ORAL TABLET 40 MG, 80 MG | 3 | |
| EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG | 3 | HCLV |
| EDECRIN ORAL TABLET 25 MG | 3 | |
| *enalapril maleate oral solution 1 mg/ml* | 1 | |
| *enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | |
| *enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg* | 1 | |
| ENBUMYST NASAL SPRAY, NON-AEROSOL 0.5 MG/SPRAY (0.1 ML) | 3 | HCLV |
| EPANED ORAL SOLUTION 1 MG/ML | 3 | HCLV |
| *eplerenone oral tablet 25 mg, 50 mg* | 1 | |
| *ethacrynic acid oral tablet 25 mg* | 1 | |
| EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG | 3 | HCLV |
| EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG | 3 | HCLV |
| *felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg* | 1 | |
| *fosinopril oral tablet 10 mg, 20 mg, 40 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg* | 1 | |
| FUROSCIX READYFLOW SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 3 | HCLV |
| *furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)* | 1 | |
| *furosemide oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *guanfacine oral tablet 1 mg, 2 mg* | 1 | |
| HEMANGEOL ORAL SOLUTION 4.28 MG/ML | 3 | HCLV |
| HEMICLOR ORAL TABLET 12.5 MG | 3 | HCLV |
| *hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg* | 1 | |
| *hydrochlorothiazide oral capsule 12.5 mg* | 1 | |
| *hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | |
| HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG | 3 | HCLV |
| *indapamide oral tablet 1.25 mg, 2.5 mg* | 1 | |
| INDERAL LA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG | 3 | HCLV |
| INDERAL XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG | 3 | HCLV |
| INNOPRAN XL ORAL CAPSULE, EXTENDED RELEASE 24HR 120 MG, 80 MG | 3 | HCLV |
| INZIRQO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML | 3 | HCLV |
| *irbesartan oral tablet 150 mg, 300 mg, 75 mg* | 1 | |
| *irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg* | 1 | |
| *isosorbide-hydralazine oral tablet 20-37.5 mg* | 1 | |
| *isradipine oral capsule 2.5 mg, 5 mg* | 1 | |
| JAVADIN ORAL SOLUTION 0.02 MG/ML (20 MCG/ML) | 3 | |
| KAPSPARGO SPRINKLE ORAL CAPSULE, SPRINKLE, ER 24HR 100 MG, 200 MG, 25 MG, 50 MG | 3 | HCLV |
| KATERZIA ORAL SUSPENSION 1 MG/ML | 3 | HCLV |
| KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *labetalol oral tablet 100 mg, 200 mg, 300 mg* | 1 | |
| *labetalol oral tablet 400 mg* | 1 | HCLV |
| LASIX ORAL TABLET 20 MG, 40 MG, 80 MG | 3 | |
| LEVAMLODIPINE ORAL TABLET 2.5 MG, 5 MG | 3 | HCLV |
| *lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg* | 1 | |
| *lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| LOPRESSOR ORAL SOLUTION 10 MG/ML | 3 | |
| LOPRESSOR ORAL TABLET 100 MG, 12.5 MG, 50 MG | 3 | HCLV |
| *losartan oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg* | 1 | |
| LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | 3 | HCLV |
| LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | HCLV |
| *matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | |
| *methyldopa oral tablet 250 mg, 500 mg* | 1 | |
| *metolazone oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg* | 1 | |
| *metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg* | 1 | |
| *metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg* | 1 | |
| METOPROLOL TARTRATE ORAL TABLET 12.5 MG | 3 | |
| *metyrosine oral capsule 250 mg* | 1 | |
| MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG | 3 | HCLV |
| MICARDIS ORAL TABLET 40 MG, 80 MG | 3 | HCLV |
| *minoxidil oral tablet 10 mg, 2.5 mg* | 1 | |
| *moexipril oral tablet 15 mg, 7.5 mg* | 1 | |
| *nadolol oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR 0.17 MG | 3 | HCLV |
| *nicardipine oral capsule 20 mg, 30 mg* | 1 | |
| *nifedipine oral capsule 10 mg, 20 mg* | 1 | |
| *nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg* | 1 | |
| *nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg* | 1 | |
| *nimodipine oral capsule 30 mg* | 1 | |
| *nimodipine oral solution 60 mg/20 ml* | 1 | |
| *nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg* | 1 | |
| NORLIQVA ORAL SOLUTION 1 MG/ML | 3 | |
| NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | HCLV |
| NYMALIZE ORAL SOLUTION 60 MG/10 ML | 3 | HCLV |
| NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML | 3 | HCLV |
| *olmesartan oral tablet 20 mg, 40 mg, 5 mg* | 1 | |
| *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* | 1 | |
| *olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg* | 1 | |
| ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (42) | 3 | HCLV |
| ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG (210) | 3 | HCLV |
| ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL, DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG | 3 | HCLV |
| ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG | 3 | HCLV |
| *perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg* | 1 | |
| *phenoxybenzamine oral capsule 10 mg* | 1 | |
| *pindolol oral tablet 10 mg, 5 mg* | 1 | |
| *prazosin oral capsule 1 mg, 2 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG | 3 | HCLV |
| PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG | 3 | HCLV |
| *propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg* | 1 | |
| *propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)* | 1 | |
| *propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg* | 1 | |
| QBRELIS ORAL SOLUTION 1 MG/ML | 3 | HCLV |
| *quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | |
| *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg* | 1 | |
| *ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg* | 1 | |
| SDAMLO ORAL POWDER IN CONTAINER 10 MG, 2.5 MG, 5 MG | 3 | |
| SOAANZ ORAL TABLET 40 MG | 3 | HCLV |
| *spironolactone oral suspension 25 mg/5 ml* | 1 | |
| *spironolactone oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| *spironolacton-hydrochlorothiaz oral tablet 25-25 mg* | 1 | |
| SULAR ORAL TABLET EXTENDED RELEASE 24 HR 34 MG, 8.5 MG | 3 | HCLV |
| TEKTURNA ORAL TABLET 150 MG, 300 MG | 3 | |
| *telmisartan oral tablet 20 mg, 40 mg, 80 mg* | 1 | |
| *telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg* | 1 | HCLV |
| *telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg* | 1 | |
| TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | HCLV |
| *terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg* | 1 | |
| TEZRULY ORAL SOLUTION 1 MG/ML | 3 | HCLV |
| THALITONE ORAL TABLET 15 MG | 3 | |
| *tiadylt er oral capsule, extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TIAZAC ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG | 3 | HCLV |
| *timolol maleate oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG | 3 | HCLV |
| *torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg* | 1 | |
| *trandolapril oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| *trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg* | 1 | HCLV |
| *triamterene oral capsule 100 mg, 50 mg* | 1 | |
| *triamterene-hydrochlorothiazid oral capsule 37.5-25 mg* | 1 | |
| *triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg* | 1 | |
| TRIBENZOR 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 | 3 | HCLV |
| UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 100 MCG, 150 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG | 3 | |
| UPTRAVI ORAL TABLETS, DOSE PACK 200 MCG (140)- 800 MCG (60) | 3 | |
| *valsartan oral solution 4 mg/ml* | 1 | |
| *valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg* | 1 | |
| *valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg* | 1 | |
| VASERETIC ORAL TABLET 10-25 MG | 3 | HCLV |
| VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG | 3 | HCLV |
| *verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg* | 1 | |
| *verapamil oral capsule, ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg* | 1 | |
| *verapamil oral tablet 120 mg, 40 mg, 80 mg* | 1 | |
| *verapamil oral tablet extended release 120 mg, 180 mg, 240 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG | 3 | HCLV |
| **CARDIAC GLYCOSIDES** | | |
| *digoxin oral solution 50 mcg/ml (0.05 mg/ml)* | 1 | |
| *digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)* | 1 | |
| LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG), 62.5 MCG (0.0625 MG) | 3 | HCLV |
| **COAGULATION THERAPY** | | |
| ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML) | 3 | |
| ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG | 3 | |
| AMICAR ORAL SOLUTION 250 MG/ML (25 %) | 3 | HCLV |
| AMICAR ORAL TABLET 1,000 MG, 500 MG | 3 | HCLV |
| *aminocaproic acid oral solution 250 mg/ml (25 %)* | 1 | |
| *aminocaproic acid oral tablet 1,000 mg, 500 mg* | 1 | |
| ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML | 3 | HCLV |
| *aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg* | 1 | |
| BRILINTA ORAL TABLET 60 MG, 90 MG | 3 | HCLV |
| CABLIVI INJECTION KIT 11 MG | 2 | |
| *cilostazol oral tablet 100 mg, 50 mg* | 1 | |
| *clopidogrel oral tablet 300 mg, 75 mg* | 1 | |
| *dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg* | 1 | |
| *dipyridamole oral tablet 25 mg, 50 mg, 75 mg* | 1 | |
| DOPTELET ORAL TABLET 20 MG | 3 | |
| DOPTELET SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG | 3 | |
| EFFIENT ORAL TABLET 10 MG, 5 MG | 3 | |
| ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 5 MG (74 TABS) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ELIQUIS ORAL TABLET 2.5 MG, 5 MG | 2 | |
| ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4) | 2 | |
| ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG | 2 | |
| *eltrombopag olamine oral powder in packet 12.5 mg, 25 mg* | 1 | |
| *eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg* | 1 | |
| *enoxaparin subcutaneous solution 300 mg/3 ml* | 1 | |
| *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* | 1 | |
| *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* | 1 | |
| FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML, 25,000 ANTI-XA UNIT/ML | 2 | |
| 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 | |
| HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML | 2 | |
| *heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml* | 1 | |
| *heparin (porcine) injection syringe 5,000 unit/ml* | 1 | |
| *heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml* | 1 | |
| *heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml* | 1 | |
| *heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml* | 1 | |
| *heparin, porcine (pf) intravenous syringe 1 unit/ml, 100 unit/ml* | 1 | |
| HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/0.5 ML | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML | 3 | HCLV |
| LOVENOX 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 | 3 | HCLV |
| MULPLETA ORAL TABLET 3 MG | 3 | HCLV |
| *pentoxifylline oral tablet extended release 400 mg* | 1 | |
| *phytonadione (vitamin k1) injection solution 10 mg/ml* | 1 | |
| *phytonadione (vitamin k1) oral tablet 5 mg* | 1 | |
| PLAVIX ORAL TABLET 75 MG | 3 | HCLV |
| PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG | 3 | HCLV |
| PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG | 3 | HCLV |
| *prasugrel hcl oral tablet 10 mg, 5 mg* | 1 | |
| PROMACTA ORAL POWDER IN PACKET 12.5 MG, 25 MG | 3 | HCLV |
| PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG | 3 | HCLV |
| QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML | 3 | |
| QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML | 3 | |
| *rivaroxaban oral suspension for reconstitution 1 mg/ml* | 1 | |
| *rivaroxaban oral tablet 2.5 mg* | 1 | |
| SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG | 3 | HCLV |
| TAVALISSE ORAL TABLET 100 MG, 150 MG | 3 | HCLV |
| *ticagrelor oral tablet 60 mg, 90 mg* | 1 | |
| *vitamin k injection solution 1 mg/0.5 ml* | 1 | |
| *vitamin k1 injection solution 10 mg/ml* | 1 | |
| *warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg* | 1 | |
| XARELTO DVT-PE TREAT 30D START ORAL TABLETS, DOSE PACK 15 MG (42)- 20 MG (9) | 2 | |
| XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG | 2 | |
| XARELTO ORAL TABLET 2.5 MG | 3 | HCLV |
| YOSPRALA ORAL TABLET, IR, DELAYED REL, BIPHASIC 325-40 MG, 81-40 MG | 3 | HCLV |
| ZONTIVITY ORAL TABLET 2.08 MG | 3 | |
| **LIPID/CHOLESTEROL LOWERING AGENTS** | | |
| *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* | 1 | HCLV |
| ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) | 3 | |
| *atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | ACA |
| CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG | 3 | HCLV |
| *cholestyramine (with sugar) oral powder 4 gram* | 1 | |
| *cholestyramine (with sugar) oral powder in packet 4 gram* | 1 | |
| *cholestyramine light oral powder 4 gram* | 1 | |
| *cholestyramine light oral powder in packet 4 gram* | 1 | |
| *colesevelam oral powder in packet 3.75 gram* | 1 | |
| *colesevelam oral tablet 625 mg* | 1 | |
| COLESTID ORAL TABLET 1 GRAM | 3 | HCLV |
| *colestipol oral granules 5 gram* | 1 | |
| *colestipol oral packet 5 gram* | 1 | |
| *colestipol oral tablet 1 gram* | 1 | |
| CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG | 3 | HCLV |
| *ezetimibe oral tablet 10 mg* | 1 | |
| *ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg* | 1 | |
| *fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg* | 1 | |
| *fenofibrate nanocrystallized oral tablet 145 mg, 48 mg* | 1 | |
| FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg* | 1 | |
| *fenofibric acid (choline) oral capsule, delayed release (dr/ec) 135 mg, 45 mg* | 1 | |
| *fenofibric acid oral tablet 105 mg, 35 mg* | 1 | |
| FIBRICOR ORAL TABLET 105 MG | 3 | |
| FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) | 3 | HCLV |
| *fluvastatin oral capsule 20 mg, 40 mg* | 1 | ACA |
| *fluvastatin oral tablet extended release 24 hr 80 mg* | 1 | ACA |
| *gemfibrozil oral tablet 600 mg* | 1 | |
| *icosapent ethyl oral capsule 0.5 gram, 1 gram* | 1 | |
| JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG | 3 | |
| LEROCHOL SUBCUTANEOUS SYRINGE 300 MG/1.2 ML | 3 | |
| LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG | 3 | HCLV |
| LIPFENDRA ORAL TABLET 20 MG | 3 | |
| LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG | 3 | HCLV |
| LIPOFEN ORAL CAPSULE 150 MG, 50 MG | 3 | HCLV |
| LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG | 3 | HCLV |
| LOPID ORAL TABLET 600 MG | 3 | |
| *lovastatin oral tablet 10 mg, 20 mg, 40 mg* | 1 | ACA |
| LOVAZA ORAL CAPSULE 1 GRAM | 3 | |
| NEXLETOL ORAL TABLET 180 MG | 3 | HCLV |
| NEXLIZET ORAL TABLET 180-10 MG | 3 | HCLV |
| *niacin oral tablet 500 mg* | 1 | |
| *niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg* | 1 | |
| NIACOR ORAL TABLET 500 MG | 3 | |
| *omega-3 acid ethyl esters oral capsule 1 gram* | 1 | |
| *pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg* | 1 | ACA |
| PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg* | 1 | ACA |
| QUESTRAN LIGHT ORAL POWDER 4 GRAM | 3 | HCLV |
| QUESTRAN ORAL POWDER 4 GRAM | 3 | HCLV |
| QUESTRAN ORAL POWDER IN PACKET 4 GRAM | 3 | |
| REDEMPLO SUBCUTANEOUS SYRINGE 25 MG/0.5 ML | 3 | |
| REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML | 2 | |
| REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML | 2 | |
| *rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg* | 1 | ACA |
| ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG | 3 | HCLV |
| *simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg* | 1 | ACA |
| TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 50 MG/0.8 ML, 80 MG/0.8 ML | 3 | |
| VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM | 3 | HCLV |
| VYTORIN ORAL TABLET 10-10 MG | 3 | HCLV |
| VYTORIN ORAL TABLET 10-20 MG | 3 | HCLV |
| VYTORIN ORAL TABLET 10-40 MG | 3 | HCLV |
| VYTORIN ORAL TABLET 10-80 MG | 3 | HCLV |
| WELCHOL ORAL POWDER IN PACKET 3.75 GRAM | 3 | HCLV |
| WELCHOL ORAL TABLET 625 MG | 3 | HCLV |
| ZETIA ORAL TABLET 10 MG | 3 | HCLV |
| ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG | 3 | HCLV |
| ZYPITAMAG ORAL TABLET 2 MG, 4 MG | 3 | HCLV |
| **MISCELLANEOUS CARDIOVASCULAR AGENTS** | | |
| ATTRUBY ORAL TABLET 356 MG | 3 | |
| CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG | 3 | |
| CORLANOR ORAL SOLUTION 5 MG/5 ML | 3 | HCLV |
| CORLANOR ORAL TABLET 5 MG, 7.5 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG | 3 | HCLV |
| ENTRESTO SPRINKLE ORAL PELLET 15-16 MG, 6-6 MG | 2 | |
| FILSPARI ORAL TABLET 200 MG, 400 MG | 3 | HCLV |
| *ivabradine oral tablet 5 mg, 7.5 mg* | 1 | |
| LODOCO ORAL TABLET 0.5 MG | 3 | HCLV |
| MYQORZO ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG | 3 | |
| *ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg* | 1 | |
| *sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg* | 1 | |
| TRYVIO ORAL TABLET 12.5 MG | 3 | |
| VANRAFIA ORAL TABLET 0.75 MG | 3 | |
| VECAMYL ORAL TABLET 2.5 MG | 3 | |
| VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | |
| VYNDAMAX ORAL CAPSULE 61 MG | 3 | |
| **NITRATES** | | |
| GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG | 3 | |
| ISORDIL ORAL TABLET 40 MG | 3 | HCLV |
| ISORDIL TITRADOSE ORAL TABLET 5 MG | 3 | HCLV |
| *isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 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 | |
| NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR | 2 | |
| *nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg* | 1 | |
| *nitroglycerin transdermal ointment 2 %* | 1 | |
| *nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *nitroglycerin translingual spray, non-aerosol 400 mcg/spray* | 1 | |
| NITROLINGUAL TRANSLINGUAL SPRAY, NON-AEROSOL 400 MCG/SPRAY | 3 | HCLV |
| NITROMIST TRANSLINGUAL AEROSOL, SPRAY 400 MCG/SPRAY | 3 | HCLV |
| NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG | 3 | HCLV |
| *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 | |
| ANALPRAM-HC TOPICAL LOTION 2.5-1 % | 3 | |
| *attero topical suspension 0.005-0.064 %* | 1 | |
| BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML | 3 | |
| BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML | 3 | |
| *calcipotriene scalp solution 0.005 %* | 1 | |
| *calcipotriene topical cream 0.005 %* | 1 | |
| CALCIPOTRIENE TOPICAL FOAM 0.005 % | 3 | HCLV |
| *calcipotriene topical ointment 0.005 %* | 1 | |
| *calcipotriene-betamethasone topical ointment 0.005-0.064 %* | 1 | HCLV |
| *calcipotriene-betamethasone topical suspension 0.005-0.064 %* | 1 | |
| *calcitriol topical ointment 3 mcg/gram* | 1 | |
| COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML | 2 | HCLV |
| COSENTYX PEN (2 PENS) SUBCUTANEOUS NJECTOR 150 MG/ML | 2 | HCLV |
| COSENTYX PEN SUBCUTANEOUS INJECTOR 150 MG/ML | 2 | HCLV |
| COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML | 2 | HCLV |
| COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML | 2 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ENSTILAR TOPICAL FOAM 0.005-0.064 % | 3 | HCLV |
| EPIFOAM TOPICAL FOAM 1-1 % | 3 | |
| *hydrocortisone-pramoxine topical cream 2.5-1 %* | 1 | |
| ICOTYDE ORAL TABLET 200 MG | 3 | |
| ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML | 3 | |
| IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | |
| OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| *pellix scalp solution 0.005 %* | 1 | |
| PLEXION NS TOPICAL SHAMPOO 9.8 % | 3 | |
| PRAMOSONE TOPICAL CREAM 1-1 % | 2 | |
| PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % | 2 | |
| PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % | 2 | |
| PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML, 90 MG/ML | 3 | |
| PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | HCLV |
| PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | HCLV |
| SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| *selenium sulfide topical lotion 2.5 %* | 1 | |
| *selenium sulfide topical shampoo 2.25 %* | 1 | |
| *selenium sulfide topical shampoo 2.3 %* | 1 | HCLV |
| SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML | 3 | HCLV |
| SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML | 2 | |
| SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML, 55 MG/0.37 ML | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SORILUX TOPICAL FOAM 0.005 % | 3 | HCLV |
| SOTYKTU ORAL TABLET 6 MG | 2 | |
| SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML | 3 | |
| STARJEMZA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | |
| STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | |
| STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | HCLV |
| STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| STEQEYMA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 2 | |
| STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 2 | |
| *sulfacetamide sodium topical cleanser 10 %* | 1 | |
| *sulfacetamide sodium topical cleanser, gel 10 %* | 1 | |
| *sulfacetamide sodium topical shampoo 10 %, 9.8 %* | 1 | |
| TACLONEX TOPICAL SUSPENSION 0.005-0.064 % | 3 | HCLV |
| TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 2 | |
| TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 2 | |
| TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML | 2 | |
| TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML | 2 | |
| TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 2 | |
| TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML | 2 | |
| TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML | 2 | |
| USTEKINUMAB SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | HCLV |
| USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | HCLV |
| USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| VTAMA TOPICAL CREAM 1 % | 3 | |
| WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 3 | HCLV |
| WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 3 | HCLV |
| WYNZORA TOPICAL CREAM 0.005-0.064 % | 3 | |
| YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML | 2 | |
| YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML | 2 | |
| ZORYVE TOPICAL CREAM 0.05 %, 0.15 %, 0.3 % | 3 | HCLV |
| ZORYVE TOPICAL FOAM 0.3 % | 3 | HCLV |
| **BURN THERAPY** | | |
| SILVADENE TOPICAL CREAM 1 % | 3 | HCLV |
| *silver sulfadiazine topical cream 1 %* | 1 | |
| *ssd topical cream 1 %* | 1 | |
| **MISCELLANEOUS DERMATOLOGICALS** | | |
| ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML | 2 | |
| ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML | 2 | |
| *ammonium lactate topical cream 12 %* | 1 | |
| *ammonium lactate topical lotion 12 %* | 1 | |
| ANZUPGO TOPICAL CREAM 2 % | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| CARAC TOPICAL CREAM 0.5 % | 2 | HCLV |
| CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG | 3 | HCLV |
| CONDYLOX TOPICAL GEL 0.5 % | 3 | HCLV |
| CORTANE-B TOPICAL LOTION 1-1-0.1 % | 3 | HCLV |
| *diclofenac sodium topical gel 3 %* | 1 | |
| *doxepin topical cream 5 %* | 1 | HCLV |
| DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % | 3 | |
| DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML | 2 | |
| DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML | 2 | |
| EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML | 2 | |
| EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML | 2 | |
| EFUDEX TOPICAL CREAM 5 % | 3 | |
| EUCRISA TOPICAL OINTMENT 2 % | 3 | |
| FILSUVEZ TOPICAL GEL 10 % | 3 | |
| FLUOROURACIL TOPICAL CREAM 0.5 % | 2 | HCLV |
| *fluorouracil topical cream 5 %* | 1 | |
| *fluorouracil topical solution 2 %, 5 %* | 1 | |
| HYFTOR TOPICAL GEL 0.2 % | 3 | |
| *imiquimod topical cream in metered-dose pump 3.75 %* | 1 | HCLV |
| *imiquimod topical cream in packet 3.75 %, 5 %* | 1 | |
| IODOFLEX TOPICAL PADS, MEDICATED 0.9 % | 3 | |
| IODOSORB TOPICAL GEL 0.9 % | 3 | |
| *methoxsalen oral capsule, liqd-filled, rapid rel 10 mg* | 1 | |
| OPZELURA TOPICAL CREAM 1.5 % | 3 | |
| PANRETIN TOPICAL GEL 0.1 % | 3 | |
| *pimecrolimus topical cream 1 %* | 1 | |
| *podofilox topical gel 0.5 %* | 1 | |
| *podofilox topical solution 0.5 %* | 1 | |
| *prudoxin topical cream 5 %* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| QBREXZA TOPICAL TOWELETTE 2.4 % | 3 | HCLV |
| SOFDRA TOPICAL GEL WITH PUMP 12.45 % (72 MG /ACTUATION) | 3 | |
| *tacrolimus topical ointment 0.03 %, 0.1 %* | 1 | |
| VALCHLOR TOPICAL GEL 0.016 % | 3 | |
| VEREGEN TOPICAL OINTMENT 15 % | 3 | HCLV |
| ZELSUVMI TOPICAL GEL 10.3 % | 3 | |
| ZONALON TOPICAL CREAM 5 % | 3 | HCLV |
| ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %, 3.75 % | 3 | HCLV |
| ZYCLARA TOPICAL CREAM IN PACKET 3.75 % | 3 | HCLV |
| **THERAPY FOR ACNE** | | |
| ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG | 3 | HCLV |
| ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG | 3 | HCLV |
| ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % | 3 | HCLV |
| *accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| ACZONE TOPICAL GEL WITH PUMP 7.5 % | 3 | HCLV |
| *adapalene topical cream 0.1 %* | 1 | HCLV |
| *adapalene topical gel 0.3 %* | 1 | |
| *adapalene topical gel with pump 0.3 %* | 1 | |
| ADAPALENE TOPICAL LOTION 0.1 % | 2 | HCLV |
| *adapalene topical solution 0.1 %* | 1 | HCLV |
| *adapalene topical swab 0.1 %* | 1 | HCLV |
| *adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %* | 1 | |
| *adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %* | 1 | HCLV |
| AKLIEF TOPICAL CREAM 0.005 % | 3 | |
| ALTRENO TOPICAL LOTION 0.05 % | 3 | HCLV |
| *amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| AMZEEQ TOPICAL FOAM 4 % | 3 | HCLV |
| ARAZLO TOPICAL LOTION 0.045 % | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ATRALIN TOPICAL GEL 0.05 % | 3 | HCLV |
| AVAR LS TOPICAL CLEANSER 10-2 % | 3 | HCLV |
| *avar topical cleanser 10-5 % (w/w)* | 1 | |
| AVAR-E TOPICAL CREAM 10-5 % (W/W) | 3 | HCLV |
| *azelaic acid topical gel 15 %* | 1 | |
| AZELEX TOPICAL CREAM 20 % | 3 | HCLV |
| BENZAMYCIN TOPICAL GEL 3-5 % | 3 | HCLV |
| BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 % | 3 | HCLV |
| *benzepro topical towelette 6 %* | 1 | HCLV |
| *benzoyl peroxide topical cleanser 7 %* | 1 | |
| *benzoyl peroxide topical foam 9.8 %* | 1 | HCLV |
| *bp topical cleanser 10-1 %* | 1 | |
| *brimonidine topical gel with pump 0.33 %* | 1 | |
| CABTREO TOPICAL GEL 0.15-3.1-1.2 % | 3 | HCLV |
| *claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| CLENIA PLUS TOPICAL SUSPENSION 9-4.25 % | 3 | HCLV |
| CLEOCIN T TOPICAL LOTION 1 % | 3 | HCLV |
| CLINDACIN ETZ TOPICAL KIT 1 % | 3 | HCLV |
| *clindacin etz topical swab 1 %* | 1 | |
| *clindacin p topical swab 1 %* | 1 | |
| CLINDACIN PAC TOPICAL KIT 1 % | 3 | HCLV |
| *clindacin topical foam 1 %* | 1 | HCLV |
| CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % | 3 | HCLV |
| *clindamycin phosphate topical foam 1 %* | 1 | HCLV |
| *clindamycin phosphate topical gel 1 %* | 1 | |
| *clindamycin phosphate topical gel, once daily 1 %* | 1 | HCLV |
| *clindamycin phosphate topical lotion 1 %* | 1 | |
| *clindamycin phosphate topical solution 1 %* | 1 | |
| *clindamycin phosphate topical swab 1 %* | 1 | |
| *clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %* | 1 | |
| *clindamycin-benzoyl peroxide topical gel with pump 1.2 %(1 % base) -3.75 %, 1.2-2.5 %* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *clindamycin-benzoyl peroxide topical gel with pump 1-5 %* | 1 | |
| *clindamycin-tretinoin topical gel 1.2-0.025 %* | 1 | HCLV |
| *dapsone topical gel 5 %* | 1 | |
| DAPSONE TOPICAL GEL 7.5 % | 3 | |
| *dapsone topical gel with pump 7.5 %* | 1 | |
| EPSOLAY TOPICAL CREAM 5 % | 3 | |
| *ery pads topical swab 2 %* | 1 | |
| *erythromycin with ethanol topical gel 2 %* | 1 | |
| *erythromycin with ethanol topical solution 2 %* | 1 | |
| *erythromycin-benzoyl peroxide topical gel 3-5 %* | 1 | |
| FABIOR TOPICAL FOAM 0.1 % | 3 | HCLV |
| FINACEA TOPICAL FOAM 15 % | 3 | |
| *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| *isotretinoin oral capsule 25 mg, 35 mg* | 1 | HCLV |
| *ivermectin topical cream 1 %* | 1 | |
| *metronidazole topical cream 0.75 %* | 1 | |
| *metronidazole topical gel 0.75 %, 1 %* | 1 | |
| *metronidazole topical gel with pump 1 %* | 1 | HCLV |
| *metronidazole topical lotion 0.75 %* | 1 | |
| NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 % | 3 | HCLV |
| *neuac topical gel 1.2 %(1 % base) -5 %* | 1 | |
| NORITATE TOPICAL CREAM 1 % | 3 | HCLV |
| ONEXTON TOPICAL GEL WITH PUMP 1.2 % (1 % BASE) -3.75 % | 3 | HCLV |
| *oxymetazoline topical cream 1 %* | 1 | HCLV |
| PACNEX TOPICAL CLEANSER 7 % | 3 | HCLV |
| PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % | 3 | HCLV |
| PLEXION TOPICAL CLEANSER 9.8-4.8 % | 3 | HCLV |
| PLEXION TOPICAL CREAM 9.8-4.8 % | 3 | HCLV |
| PLEXION TOPICAL LOTION 9.8-4.8 % | 3 | HCLV |
| PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %, 0.08 % | 3 | HCLV |
| RETIN-A TOPICAL CREAM 0.025 %, 0.05 % | 3 | HCLV |
| RETIN-A TOPICAL CREAM 0.1 % | 3 | |
| RETIN-A TOPICAL GEL 0.01 %, 0.025 % | 3 | HCLV |
| RHOFADE TOPICAL CREAM 1 % | 3 | |
| *rosadan topical cream 0.75 %* | 1 | |
| *rosadan topical gel 0.75 %* | 1 | |
| ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % | 3 | HCLV |
| ROSADAN TOPICAL KIT, CLEANSER AND CREAM 0.75 % | 3 | HCLV |
| SOOLANTRA TOPICAL CREAM 1 % | 3 | HCLV |
| *sss 10-5 topical cream 10-5 % (w/w)* | 1 | |
| *sss 10-5 topical foam 10-5 %* | 1 | HCLV |
| *sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4.5 %, 9.8-4.8 %* | 1 | |
| SULFACETAMIDE SODIUM-SULFUR TOPICAL CLEANSER 8-4 % | 3 | |
| *sulfacetamide sodium-sulfur topical cleanser 9-4 %* | 1 | HCLV |
| *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 %* | 1 | |
| *sulfacetamide sodium-sulfur topical suspension 8-4 %* | 1 | HCLV |
| SULFACETAMIDE SODIUM-SULFUR TOPICAL SUSPENSION 9-4.25 % | 3 | HCLV |
| *sulfacleanse 8-4 topical suspension 8-4 %* | 1 | HCLV |
| SUMADAN TOPICAL CLEANSER 9-4.5 % | 3 | HCLV |
| SUMADAN TOPICAL KIT 9-4.5 % | 3 | HCLV |
| SUMADAN XLT TOPICAL COMBO PACK, CLEANSER AND CREAM 9 %-4.5 % -SPF 25 | 3 | |
| SUMAXIN CP TOPICAL KIT 10-4 % | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SUMAXIN TOPICAL CLEANSER 9-4 % | 3 | HCLV |
| SUMAXIN TOPICAL PADS, MEDICATED 10-4 % | 3 | HCLV |
| SUMAXIN TS TOPICAL SUSPENSION 8-4 % | 3 | HCLV |
| *tazarotene topical cream 0.05 %, 0.1 %* | 1 | |
| TAZAROTENE TOPICAL FOAM 0.1 % | 3 | HCLV |
| *tazarotene topical gel 0.05 %, 0.1 %* | 1 | HCLV |
| TAZORAC TOPICAL CREAM 0.05 %, 0.1 % | 3 | HCLV |
| TAZORAC TOPICAL GEL 0.05 %, 0.1 % | 3 | HCLV |
| *tretinoin microspheres topical gel 0.04 %, 0.1 %* | 1 | |
| *tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %* | 1 | HCLV |
| *tretinoin topical cream 0.025 %, 0.05 %, 0.1 %* | 1 | |
| *tretinoin topical gel 0.01 %, 0.025 %, 0.05 %* | 1 | |
| *trilitas topical gel 0.1 %* | 1 | HCLV |
| TWYNEO TOPICAL CREAM 0.1-3 % | 3 | HCLV |
| VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % | 3 | |
| WINLEVI TOPICAL CREAM 1 % | 3 | |
| *zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg* | 1 | |
| ZIANA TOPICAL GEL 1.2-0.025 % | 3 | HCLV |
| ZILXI TOPICAL FOAM 1.5 % | 3 | HCLV |
| ZMA CLEAR TOPICAL SUSPENSION 9-4.5 % | 3 | |
| **TOPICAL ANESTHETICS** | | |
| *dermacinrx lidocan topical adhesive patch, medicated 5 %* | 1 | |
| *lidocaine hcl laryngotracheal solution 4 %* | 1 | |
| *lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)* | 1 | |
| *lidocaine hcl-hydrocortison ac topical cream 3-0.5 %* | 1 | |
| *lidocaine topical adhesive patch, medicated 5 %* | 1 | |
| *lidocaine topical ointment 5 %* | 1 | |
| *lidocaine-prilocaine topical cream 2.5-2.5 %* | 1 | |
| *lidocaine-prilocaine topical kit 2.5-2.5 %* | 1 | HCLV |
| *lidocan iii topical adhesive patch, medicated 5 %* | 1 | |
| *lidocan iv topical adhesive patch, medicated 5 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *lidocan v topical adhesive patch, medicated 5 %* | 1 | |
| *lidocort topical cream 3-0.5 %* | 1 | |
| LIDODERM TOPICAL ADHESIVE PATCH, MEDICATED 5 % | 3 | HCLV |
| PLIAGLIS TOPICAL CREAM 7-7 % | 3 | |
| ZTLIDO TOPICAL ADHESIVE PATCH, MEDICATED 1.8 % | 3 | HCLV |
| **TOPICAL ANTIBACTERIALS** | | |
| CENTANY AT TOPICAL OINTMENT KIT 2 % | 3 | HCLV |
| CENTANY TOPICAL OINTMENT 2 % | 2 | HCLV |
| *gentamicin topical cream 0.1 %* | 1 | |
| *gentamicin topical ointment 0.1 %* | 1 | |
| KLARON TOPICAL SUSPENSION 10 % | 3 | HCLV |
| *lugols topical solution 5-10 %* | 1 | |
| *mupirocin calcium topical cream 2 %* | 1 | |
| *mupirocin topical ointment 2 %* | 1 | |
| NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | 3 | HCLV |
| NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % | 3 | HCLV |
| *strong iodine topical solution 5-10 %* | 1 | |
| *sulfacetamide sodium (acne) topical suspension 10 %* | 1 | |
| SULFAMYLON TOPICAL CREAM 85 MG/G | 3 | |
| XEPI TOPICAL CREAM 1 % | 3 | |
| **TOPICAL ANTIFUNGALS** | | |
| CICLODAN KIT TOPICAL COMBO PACK 0.77 % | 3 | HCLV |
| CICLODAN KIT TOPICAL SOLUTION 8 % | 3 | HCLV |
| *ciclodan topical cream 0.77 %* | 1 | |
| *ciclodan topical solution 8 %* | 1 | |
| *ciclopirox topical cream 0.77 %* | 1 | |
| *ciclopirox topical gel 0.77 %* | 1 | |
| *ciclopirox topical shampoo 1 %* | 1 | |
| *ciclopirox topical solution 8 %* | 1 | |
| *ciclopirox topical suspension 0.77 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ciclopirox-ure-camph-menth-euc topical solution 8 %* | 1 | HCLV |
| *clotrimazole topical cream 1 %* | 1 | |
| *clotrimazole topical solution 1 %* | 1 | |
| *clotrimazole-betamethasone topical cream 1-0.05 %* | 1 | |
| *clotrimazole-betamethasone topical lotion 1-0.05 %* | 1 | |
| *econazole nitrate topical cream 1 %* | 1 | |
| ECONAZOLE NITRATE TOPICAL FOAM 1 % | 3 | HCLV |
| ECOZA TOPICAL FOAM 1 % | 3 | HCLV |
| ERTACZO TOPICAL CREAM 2 % | 3 | HCLV |
| EXELDERM TOPICAL CREAM 1 % | 3 | HCLV |
| EXELDERM TOPICAL SOLUTION 1 % | 3 | HCLV |
| JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 % | 3 | HCLV |
| *ketoconazole topical cream 2 %* | 1 | |
| *ketoconazole topical foam 2 %* | 1 | HCLV |
| *ketoconazole topical shampoo 2 %* | 1 | |
| *ketodan kit topical combo pack 2 %* | 1 | HCLV |
| *ketodan topical foam 2 %* | 1 | HCLV |
| *klayesta topical powder 100,000 unit/gram* | 1 | |
| LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % | 3 | HCLV |
| LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % | 3 | HCLV |
| LOPROX KIT TOPICAL COMBO PACK 0.77 % | 3 | HCLV |
| LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % | 3 | HCLV |
| LULICONAZOLE TOPICAL CREAM 1 % | 3 | HCLV |
| LUZU TOPICAL CREAM 1 % | 3 | HCLV |
| MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 % | 3 | HCLV |
| *naftifine topical cream 1 %, 2 %* | 1 | |
| *naftifine topical gel 2 %* | 1 | |
| NAFTIN TOPICAL GEL 2 % | 3 | HCLV |
| *nystatin topical cream 100,000 unit/gram* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *nystatin topical ointment 100,000 unit/gram* | 1 | |
| *nystatin topical powder 100,000 unit/gram* | 1 | |
| *nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%* | 1 | |
| *nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%* | 1 | |
| *nystop topical powder 100,000 unit/gram* | 1 | |
| *oxiconazole topical cream 1 %* | 1 | HCLV |
| OXISTAT TOPICAL LOTION 1 % | 3 | HCLV |
| SULCONAZOLE TOPICAL CREAM 1 % | 3 | HCLV |
| SULCONAZOLE TOPICAL SOLUTION 1 % | 3 | HCLV |
| *tavaborole topical solution with applicator 5 %* | 1 | |
| VUSION TOPICAL OINTMENT 0.25-15-81.35 % | 3 | HCLV |
| **TOPICAL ANTIVIRALS** | | |
| *acyclovir topical cream 5 %* | 1 | |
| *acyclovir topical ointment 5 %* | 1 | |
| DENAVIR TOPICAL CREAM 1 % | 3 | HCLV |
| *penciclovir topical cream 1 %* | 1 | HCLV |
| XERESE TOPICAL CREAM 5-1 % | 3 | HCLV |
| ZOVIRAX TOPICAL CREAM 5 % | 3 | HCLV |
| ZOVIRAX TOPICAL OINTMENT 5 % | 3 | HCLV |
| **TOPICAL CORTICOSTEROIDS** | | |
| *ala-cort topical cream 1 %* | 1 | HCLV |
| ALA-SCALP TOPICAL LOTION 2 % | 3 | HCLV |
| *alclometasone topical cream 0.05 %* | 1 | |
| *alclometasone topical ointment 0.05 %* | 1 | |
| *amcinonide topical cream 0.1 %* | 1 | |
| *amcinonide topical ointment 0.1 %* | 1 | |
| *beser topical lotion 0.05 %* | 1 | HCLV |
| *betamethasone dipropionate topical cream 0.05 %* | 1 | |
| *betamethasone dipropionate topical lotion 0.05 %* | 1 | |
| *betamethasone dipropionate topical ointment 0.05 %* | 1 | |
| *betamethasone valerate topical cream 0.1 %* | 1 | |
| *betamethasone valerate topical foam 0.12 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *betamethasone valerate topical lotion 0.1 %* | 1 | |
| *betamethasone valerate topical ointment 0.1 %* | 1 | |
| *betamethasone, augmented topical cream 0.05 %* | 1 | |
| *betamethasone, augmented topical gel 0.05 %* | 1 | |
| *betamethasone, augmented topical lotion 0.05 %* | 1 | |
| *betamethasone, augmented topical ointment 0.05 %* | 1 | |
| BRYHALI TOPICAL LOTION 0.01 % | 3 | HCLV |
| *clobetasol scalp solution 0.05 %* | 1 | |
| CLOBETASOL TOPICAL CREAM 0.025 % | 3 | HCLV |
| *clobetasol topical cream 0.05 %* | 1 | |
| *clobetasol topical foam 0.05 %* | 1 | |
| *clobetasol topical gel 0.05 %* | 1 | |
| *clobetasol topical lotion 0.05 %* | 1 | |
| *clobetasol topical ointment 0.05 %* | 1 | |
| *clobetasol topical shampoo 0.05 %* | 1 | |
| *clobetasol topical spray, non-aerosol 0.05 %* | 1 | |
| *clobetasol-emollient topical cream 0.05 %* | 1 | |
| *clobetasol-emollient topical foam 0.05 %* | 1 | HCLV |
| *clocortolone pivalate topical cream 0.1 %* | 1 | HCLV |
| CLODAN KIT TOPICAL KIT, SHAMPOO AND CLEANSER 0.05 % | 3 | HCLV |
| *clodan topical shampoo 0.05 %* | 1 | HCLV |
| CORDRAN LARGE ROLL TOPICAL TAPE 4 MCG/CM2 | 3 | HCLV |
| DERMA-SMOOTHE/FS BODY TOPICAL OIL 0.01 % | 3 | |
| DERMA-SMOOTHE/FS SCALP OIL 0.01 % | 3 | |
| *desonide topical cream 0.05 %* | 1 | |
| *desonide topical gel 0.05 %* | 1 | HCLV |
| *desonide topical lotion 0.05 %* | 1 | HCLV |
| *desonide topical ointment 0.05 %* | 1 | |
| *desoximetasone topical cream 0.05 %, 0.25 %* | 1 | |
| *desoximetasone topical gel 0.05 %* | 1 | HCLV |
| *desoximetasone topical ointment 0.05 %, 0.25 %* | 1 | |
| *desoximetasone topical spray, non-aerosol 0.25 %* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *diflorasone topical cream 0.05 %* | 1 | HCLV |
| *diflorasone topical ointment 0.05 %* | 1 | HCLV |
| DIPROLENE (AUGMENTED) TOPICAL OINTMENT 0.05 % | 3 | HCLV |
| DUOBRII TOPICAL LOTION 0.01-0.045 % | 3 | HCLV |
| *evesse topical lotion 0.1 %* | 1 | HCLV |
| *fluocinolone and shower cap scalp oil 0.01 %* | 1 | |
| *fluocinolone topical cream 0.01 %, 0.025 %* | 1 | |
| *fluocinolone topical oil 0.01 %* | 1 | |
| *fluocinolone topical ointment 0.025 %* | 1 | |
| *fluocinolone topical solution 0.01 %* | 1 | |
| *fluocinonide topical cream 0.05 %, 0.1 %* | 1 | |
| *fluocinonide topical gel 0.05 %* | 1 | |
| *fluocinonide topical ointment 0.05 %* | 1 | |
| *fluocinonide topical solution 0.05 %* | 1 | |
| *fluocinonide-e topical cream 0.05 %* | 1 | |
| *flurandrenolide topical cream 0.05 %* | 1 | HCLV |
| *flurandrenolide topical lotion 0.05 %* | 1 | HCLV |
| *flurandrenolide topical ointment 0.05 %* | 1 | HCLV |
| *fluticasone propionate topical cream 0.05 %* | 1 | |
| *fluticasone propionate topical lotion 0.05 %* | 1 | HCLV |
| *fluticasone propionate topical ointment 0.005 %* | 1 | |
| *halcinonide topical cream 0.1 %* | 1 | HCLV |
| *halcinonide topical solution 0.1 %* | 1 | HCLV |
| *halobetasol propionate topical cream 0.05 %* | 1 | |
| *halobetasol propionate topical foam 0.05 %* | 1 | HCLV |
| HALOBETASOL PROPIONATE TOPICAL LOTION 0.05 % | 3 | HCLV |
| *halobetasol propionate topical ointment 0.05 %* | 1 | |
| HALOG TOPICAL CREAM 0.1 % | 3 | HCLV |
| HALOG TOPICAL SOLUTION 0.1 % | 3 | HCLV |
| *hydrocortisone butyrate topical cream 0.1 %* | 1 | |
| *hydrocortisone butyrate topical lotion 0.1 %* | 1 | HCLV |
| *hydrocortisone butyrate topical ointment 0.1 %* | 1 | |
| *hydrocortisone butyrate topical solution 0.1 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *hydrocortisone topical cream 1 %, 2.5 %* | 1 | |
| *hydrocortisone topical lotion 2 %* | 1 | HCLV |
| *hydrocortisone topical lotion 2.5 %* | 1 | |
| *hydrocortisone topical ointment 1 %, 2.5 %* | 1 | |
| *hydrocortisone topical solution 2.5 %* | 1 | HCLV |
| *hydrocortisone valerate topical cream 0.2 %* | 1 | |
| *hydrocortisone valerate topical ointment 0.2 %* | 1 | |
| IMPOYZ TOPICAL CREAM 0.025 % | 3 | HCLV |
| KENALOG TOPICAL AEROSOL 0.147 MG/GRAM | 3 | HCLV |
| *lexette topical foam 0.05 %* | 1 | HCLV |
| *mometasone topical cream 0.1 %* | 1 | |
| *mometasone topical ointment 0.1 %* | 1 | |
| *mometasone topical solution 0.1 %* | 1 | |
| NUCORT TOPICAL LOTION 2 % | 3 | |
| *prednicarbate topical cream 0.1 %* | 1 | |
| PROCTOCORT TOPICAL CREAM 1 % | 3 | HCLV |
| *scalacort topical lotion 2 %* | 1 | HCLV |
| SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % | 3 | HCLV |
| SYNALAR CREAM KIT TOPICAL CREAM 0.025 % | 3 | HCLV |
| SYNALAR OINTMENT KIT TOPICAL COMBO PACK, OINTMENT AND CREAM 0.025 % | 3 | HCLV |
| SYNALAR TOPICAL CREAM 0.025 % | 3 | HCLV |
| SYNALAR TOPICAL OINTMENT 0.025 % | 3 | HCLV |
| SYNALAR TOPICAL SOLUTION 0.01 % | 3 | HCLV |
| SYNALAR TS TOPICAL KIT 0.01 % | 3 | HCLV |
| TEXACORT TOPICAL SOLUTION 2.5 % | 3 | HCLV |
| TOPICORT TOPICAL CREAM 0.05 %, 0.25 % | 3 | HCLV |
| TOPICORT TOPICAL GEL 0.05 % | 3 | HCLV |
| TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % | 3 | HCLV |
| TOPICORT TOPICAL SPRAY, NON-AEROSOL 0.25 % | 3 | HCLV |
| *tovet emollient topical foam 0.05 %* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *triamcinolone acetonide topical aerosol 0.147 mg/gram* | 1 | HCLV |
| *triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %* | 1 | |
| *triamcinolone acetonide topical lotion 0.025 %, 0.1 %* | 1 | |
| *triamcinolone acetonide topical ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %* | 1 | |
| *triderm topical cream 0.5 %* | 1 | HCLV |
| ULTRAVATE TOPICAL LOTION 0.05 % | 3 | HCLV |
| VANOS TOPICAL CREAM 0.1 % | 3 | HCLV |
| **TOPICAL ENZYMES** | | |
| NEXOBRID TOPICAL GEL 8.8 % | 3 | |
| SANTYL TOPICAL OINTMENT 250 UNIT/GRAM | 3 | |
| **TOPICAL SCABICIDES / PEDICULICIDES** | | |
| *crotan topical lotion 10 %* | 1 | HCLV |
| EURAX TOPICAL CREAM 10 % | 2 | |
| EURAX TOPICAL LOTION 10 % | 3 | |
| *malathion topical lotion 0.5 %* | 1 | |
| NATROBA TOPICAL SUSPENSION 0.9 % | 3 | HCLV |
| OVIDE TOPICAL LOTION 0.5 % | 3 | HCLV |
| *permethrin topical cream 5 %* | 1 | |
| *pruradik topical lotion 10 %* | 1 | HCLV |
| *spinosad topical suspension 0.9 %* | 1 | |
| ULESFIA TOPICAL LOTION 5 % | 3 | |
| **DIAGNOSTICS & MISCELLANEOUS AGENTS** | | |
| **ANOREXIANTS** | | |
| *benzphetamine oral tablet 50 mg* | 1 | OPT |
| CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG | 3 | OPT |
| *diethylpropion oral tablet 25 mg* | 1 | OPT |
| *diethylpropion oral tablet extended release 75 mg* | 1 | OPT |
| FOUNDAYO ORAL TABLET 0.8 MG, 14.5 MG, 17.2 MG, 2.5 MG, 5.5 MG, 9 MG | 3 | OPT |
| IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)* | 1 | OPT |
| LOMAIRA ORAL TABLET 8 MG | 3 | OPT |
| ORLISTAT ORAL CAPSULE 120 MG | 3 | OPT |
| *phendimetrazine tartrate oral capsule, extended release 105 mg* | 1 | OPT |
| *phendimetrazine tartrate oral tablet 35 mg* | 1 | OPT |
| *phentermine oral capsule 15 mg, 30 mg, 37.5 mg* | 1 | OPT |
| *phentermine oral tablet 37.5 mg, 8 mg* | 1 | OPT |
| *phentermine-topiramate oral capsule, er multiphase 24 hr 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg* | 1 | OPT |
| QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG | 3 | OPT |
| SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) | 3 | HCLV; OPT |
| WEGOVY HD SUBCUTANEOUS PEN INJECTOR 7.2 MG/0.75 ML | 3 | OPT |
| WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG | 3 | OPT |
| WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML, 1.7 MG/0.75 ML, 2.4 MG/0.75 ML | 3 | OPT |
| XENICAL ORAL CAPSULE 120 MG | 3 | OPT |
| ZEPBOUND KWIKPEN SUBCUTANEOUS PEN INJECTOR 10 MG/0.6 ML (40 MG/2.4 ML), 12.5 MG/0.6 ML (50 MG/2.4 ML), 15 MG/0.6 ML (60 MG/2.4 ML), 2.5 MG/0.6 ML (10 MG/2.4 ML), 5 MG/0.6 ML (20 MG/2.4 ML), 7.5 MG/0.6 ML (30 MG/2.4 ML) | 3 | OPT |
| ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 3 | OPT |
| **IRRIGATING SOLUTIONS** | | |
| *lactated ringers irrigation solution* | 1 | |
| *neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml* | 1 | |
| PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PHYSIOSOL IRRIGATION SOLUTION 140-5-3-98 MEQ/L | 3 | HCLV |
| SORBITOL IRRIGATION SOLUTION 3 % | 3 | |
| SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML | 3 | |
| **MISCELLANEOUS AGENTS** | | |
| *acamprosate oral tablet, delayed release (dr/ec) 333 mg* | 1 | |
| *acetic acid irrigation solution 0.25 %* | 1 | |
| AGRYLIN ORAL CAPSULE 0.5 MG | 3 | |
| *anagrelide oral capsule 0.5 mg, 1 mg* | 1 | |
| AQVESME ORAL TABLET 100 MG | 3 | |
| BUPHENYL ORAL POWDER 0.94 GRAM/GRAM | 3 | HCLV |
| BUPHENYL ORAL TABLET 500 MG | 3 | HCLV |
| *caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)* | 1 | |
| CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG | 3 | HCLV |
| *carglumic acid oral tablet, dispersible 200 mg* | 1 | |
| CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML | 3 | |
| CARNITOR ORAL SOLUTION 100 MG/ML | 3 | |
| CARNITOR ORAL TABLET 330 MG | 3 | |
| *cevimeline oral capsule 30 mg* | 1 | |
| CHEMET ORAL CAPSULE 100 MG | 2 | |
| CUVRIOR ORAL TABLET 300 MG | 3 | HCLV |
| *deferasirox oral granules in packet 180 mg, 360 mg, 90 mg* | 1 | |
| *deferasirox oral tablet 180 mg, 360 mg, 90 mg* | 1 | |
| *deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg* | 1 | |
| *deferiprone oral tablet 1,000 mg, 500 mg* | 1 | |
| *disulfiram oral tablet 250 mg, 500 mg* | 1 | |
| *droxidopa oral capsule 100 mg, 200 mg, 300 mg* | 1 | HCLV |
| DUVYZAT ORAL SUSPENSION 8.86 MG/ML | 3 | |
| EMPAVELI SUBCUTANEOUS SOLUTION 1,080 MG/20 ML | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ENDARI ORAL POWDER IN PACKET 5 GRAM | 3 | HCLV |
| EVOXAC ORAL CAPSULE 30 MG | 3 | |
| EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG | 3 | HCLV |
| FABHALTA ORAL CAPSULE 200 MG | 3 | |
| FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE 1,000 MG | 3 | HCLV |
| FERRIPROX ORAL SOLUTION 100 MG/ML | 3 | |
| FERRIPROX ORAL TABLET 1,000 MG | 3 | HCLV |
| FORZINITY SUBCUTANEOUS SOLUTION 80 MG/ML | 2 | |
| *glutamine (sickle cell) oral powder in packet 5 gram* | 1 | |
| *glycerol phenylbutyrate oral liquid 1.1 gram/ml* | 1 | |
| HARLIKU ORAL TABLET 2 MG | 3 | HCLV |
| INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML | 3 | |
| JADENU ORAL TABLET 180 MG, 360 MG, 90 MG | 3 | HCLV |
| JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG | 3 | HCLV |
| JOENJA ORAL TABLET 40 MG, 50 MG, 70 MG | 3 | |
| KYGEVVI ORAL POWDER IN PACKET 4 GRAM | 3 | |
| *levocarnitine (with sugar) oral solution 100 mg/ml* | 1 | |
| *levocarnitine oral solution 100 mg/ml* | 1 | |
| *levocarnitine oral tablet 330 mg* | 1 | |
| LITHOSTAT ORAL TABLET 250 MG | 3 | |
| METOPIRONE ORAL CAPSULE 250 MG | 3 | |
| *midodrine oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg* | 1 | |
| NITYR ORAL TABLET 10 MG, 2 MG, 5 MG | 2 | |
| NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG | 3 | HCLV |
| OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG | 3 | HCLV |
| ORFADIN ORAL SUSPENSION 4 MG/ML | 3 | |
| PHEBURANE ORAL GRANULES 483 MG/GRAM | 3 | HCLV |
| PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG | 3 | |
| PYRUKYND ORAL TABLETS, DOSE PACK 20 MG (7)- 5 MG (7), 50 MG (7)- 20 MG (7) | 3 | |
| RADIOGARDASE ORAL CAPSULE 0.5 GRAM | 3 | |
| RAVICTI ORAL LIQUID 1.1 GRAM/ML | 3 | HCLV |
| REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG | 3 | |
| RHAPSIDO ORAL TABLET 25 MG | 3 | |
| *riluzole oral tablet 50 mg* | 1 | |
| *risedronate oral tablet 30 mg* | 1 | |
| *sodium chlor 0.9% bacteriostat injection solution 0.9 %* | 1 | |
| *sodium chloride 0.9 % injection solution* | 1 | |
| *sodium chloride injection syringe 0.9 %* | 1 | |
| *sodium chloride irrigation solution 0.9 %* | 1 | |
| *sodium phenylbutyrate oral powder 0.94 gram/gram* | 1 | |
| *sodium phenylbutyrate oral tablet 500 mg* | 1 | |
| SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG | 3 | |
| SYPRINE ORAL CAPSULE 250 MG | 3 | HCLV |
| TAVNEOS ORAL CAPSULE 10 MG | 3 | |
| TEGLUTIK ORAL SUSPENSION 50 MG/10 ML | 3 | |
| THIOLA EC ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG | 3 | HCLV |
| THIOLA ORAL TABLET 100 MG | 3 | HCLV |
| TIGLUTIK ORAL SUSPENSION 50 MG/10 ML | 3 | |
| *tiopronin oral tablet 100 mg* | 1 | |
| *tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg* | 1 | |
| *trientine oral capsule 250 mg* | 1 | |
| TRIENTINE ORAL CAPSULE 500 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VAFSEO ORAL TABLET 150 MG, 300 MG | 3 | |
| *venxxiva oral tablet, delayed release (dr/ec) 100 mg, 300 mg* | 1 | HCLV |
| VOYDEYA ORAL TABLET 100 MG, 150 MG (50 MG X 1-100 MG X 1) | 3 | |
| VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 25 MG, 75 MG | 3 | |
| *water for irrigation, sterile irrigation solution* | 1 | |
| XURIDEN ORAL GRANULES IN PACKET 2 GRAM | 3 | |
| ZOKINVY ORAL CAPSULE 50 MG, 75 MG | 2 | |
| **SMOKING DETERRENTS** | | |
| *bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg* | 1 | ACA |
| CHANTIX ORAL TABLET 0.5 MG, 1 MG | 3 | |
| CHANTIX STARTING MONTH BOX ORAL TABLETS, DOSE PACK 0.5 MG (11)- 1 MG (42) | 3 | |
| *nicotine (polacrilex) buccal gum 2 mg, 4 mg* | 1 | ACA |
| *nicotine (polacrilex) buccal lozenge 2 mg, 4 mg* | 1 | ACA |
| *nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg* | 1 | ACA |
| *nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr* | 1 | ACA |
| *nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr* | 1 | ACA |
| NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML | 2 | ACA |
| *quit 2 buccal gum 2 mg* | 1 | ACA |
| *quit 4 buccal gum 4 mg* | 1 | ACA |
| *stop smoking aid buccal lozenge 2 mg, 4 mg* | 1 | ACA |
| *varenicline tartrate oral tablet 0.5 mg, 1 mg* | 1 | ACA |
| *varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)* | 1 | ACA |
| **EAR, NOSE & THROAT MEDICATIONS** | | |
| **MISCELLANEOUS AGENTS** | | |
| *azelastine nasal spray, non-aerosol 137 mcg (0.1 %)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *chlorhexidine gluconate mucous membrane mouthwash 0.12 %* | 1 | |
| CLINPRO 5000 DENTAL PASTE 1.1 % | 3 | |
| *denta 5000 plus dental cream 1.1 %* | 1 | |
| *denta 5000 plus sensitive dental paste 1.1-5 %* | 1 | |
| *dentagel dental gel 1.1 %* | 1 | |
| *fluoride (sodium) dental cream 1.1 %* | 1 | |
| *fluoride (sodium) dental gel 1.1 %* | 1 | |
| *fluoride (sodium) dental paste 1.1 %* | 1 | |
| *fluoride (sodium) dental solution 0.2 %* | 1 | |
| FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % | 3 | |
| FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % | 3 | |
| FLUORIMAX 5000 DENTAL PASTE 1.1 % | 3 | |
| FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % | 3 | |
| GELCLAIR MUCOUS MEMBRANE GEL IN PACKET | 3 | |
| *ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)* | 1 | |
| JUST RIGHT 5000 DENTAL PASTE 1.1 % | 3 | |
| *kourzeq dental paste 0.1 %* | 1 | |
| MUGARD MUCOUS MEMBRANE SOLUTION | 3 | HCLV |
| *olopatadine nasal spray, non-aerosol 0.6 %* | 1 | |
| ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH | 3 | |
| *paroex oral rinse mucous membrane mouthwash 0.12 %* | 1 | |
| PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % | 3 | HCLV |
| *periogard mucous membrane mouthwash 0.12 %* | 1 | |
| *pilocarpine hcl oral tablet 5 mg, 7.5 mg* | 1 | |
| PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % | 3 | |
| PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % | 3 | |
| PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % | 3 | HCLV |
| PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % | 3 | |
| PREVIDENT DENTAL GEL 1.1 % | 3 | HCLV |
| PREVIDENT DENTAL SOLUTION 0.2 % | 3 | HCLV |
| PREVIDENT KIDS DENTAL PASTE 1.1 % | 3 | |
| PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML | 3 | |
| SALAGEN (PILOCARPINE) ORAL TABLET 5 MG, 7.5 MG | 3 | |
| *sf 5000 plus dental cream 1.1 %* | 1 | |
| *sf dental gel 1.1 %* | 1 | |
| *sodium fluoride 5000 plus dental cream 1.1 %* | 1 | |
| *sodium fluoride-pot nitrate dental paste 1.1-5 %* | 1 | |
| *triamcinolone acetonide dental paste 0.1 %* | 1 | |
| **MISCELLANEOUS OTIC PREPARATIONS** | | |
| *acetic acid otic (ear) solution 2 %* | 1 | |
| CETRAXAL OTIC (EAR) DROPPERETTE 0.2 % | 3 | HCLV |
| *ciprofloxacin hcl otic (ear) dropperette 0.2 %* | 1 | |
| CLOTIC OTIC (EAR) DROPPERETTE 1 % | 3 | |
| DERMOTIC OIL OTIC (EAR) DROPS 0.01 % | 3 | HCLV |
| *flac oil otic (ear) drops 0.01 %* | 1 | |
| *fluocinolone acetonide oil otic (ear) drops 0.01 %* | 1 | |
| *hydrocortisone-acetic acid otic (ear) drops 1-2 %* | 1 | |
| *ofloxacin otic (ear) drops 0.3 %* | 1 | |
| XTORO OTIC (EAR) DROPS, SUSPENSION 0.3 % | 3 | HCLV |
| **OTIC STEROID / ANTIBIOTIC** | | |
| CIPRO HC OTIC (EAR) DROPS, SUSPENSION 0.2-1 % | 3 | HCLV |
| *ciprofloxacin-dexamethasone otic (ear) drops, suspension 0.3-0.1 %* | 1 | |
| CIPROFLOXACIN-FLUOCINOLONE OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *ciprofloxacin-hydrocortisone otic (ear) drops, suspension 0.2-1 %* | 1 | HCLV |
| CORTISPORIN-TC OTIC (EAR) DROPS, SUSPENSION 3.3-3-10-0.5 MG/ML | 3 | |
| *neomycin-polymyxin-hc otic (ear) drops, suspension 3.5-10,000-1 mg/ml-unit/ml-%* | 1 | |
| *neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%* | 1 | |
| OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) | 3 | HCLV |
| **ENDOCRINE/DIABETES** | | |
| **ADRENAL HORMONES** | | |
| ACTHAR INJECTION GEL 80 UNIT/ML | 3 | |
| ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR 40 UNIT/0.5 ML, 80 UNIT/ML | 3 | |
| AGAMREE ORAL SUSPENSION 40 MG/ML | 3 | |
| ALKINDI ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG | 3 | HCLV |
| CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | HCLV |
| *cortisone oral tablet 25 mg* | 1 | |
| CORTROPHIN GEL INJECTION 80 UNIT/ML | 3 | |
| CORTROPHIN GEL SUBCUTANEOUS SYRINGE 40 UNIT/0.5 ML, 80 UNIT/ML | 3 | |
| *deflazacort oral suspension 22.75 mg/ml* | 1 | HCLV |
| *deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg* | 1 | HCLV |
| *dexabliss oral tablets, dose pack 1.5 mg (39 tabs)* | 1 | HCLV |
| *dexamethasone intensol oral drops 1 mg/ml* | 1 | |
| *dexamethasone oral elixir 0.5 mg/5 ml* | 1 | |
| *dexamethasone oral solution 0.5 mg/5 ml* | 1 | |
| *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg* | 1 | |
| *dexamethasone oral tablets, dose pack 1.5 mg (21 tabs)* | 1 | HCLV |
| DEXLYT ORAL TABLET 0.25 MG | 3 | HCLV |
| EMFLAZA ORAL SUSPENSION 22.75 MG/ML | 3 | HCLV |
| EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG | 3 | HCLV |
| *fludrocortisone oral tablet 0.1 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| HEMADY ORAL TABLET 20 MG | 3 | HCLV |
| *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg* | 1 | |
| *jaythari oral suspension 22.75 mg/ml* | 1 | HCLV |
| *jaythari oral tablet 18 mg, 30 mg, 36 mg, 6 mg* | 1 | |
| KHINDIVI ORAL SOLUTION 1 MG/ML | 3 | HCLV |
| *kymbee oral suspension 22.75 mg/ml* | 1 | HCLV |
| *kymbee oral tablet 18 mg, 30 mg, 36 mg, 6 mg* | 1 | HCLV |
| MEDROL (PAK) ORAL TABLETS, DOSE PACK 4 MG | 3 | HCLV |
| MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG | 3 | HCLV |
| MEDROL ORAL TABLET 2 MG | 2 | HCLV |
| *methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg* | 1 | |
| *methylprednisolone oral tablets, dose pack 4 mg* | 1 | |
| *millipred dp oral tablets, dose pack 5 mg (21 tabs), 5 mg (48 tabs)* | 1 | HCLV |
| *millipred oral tablet 5 mg* | 1 | |
| ORAPRED ODT ORAL TABLET, DISINTEGRATING 10 MG, 15 MG, 30 MG | 3 | HCLV |
| *prednisolone oral solution 15 mg/5 ml* | 1 | |
| *prednisolone oral tablet 5 mg* | 1 | |
| *prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)* | 1 | HCLV |
| *prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)* | 1 | |
| *prednisolone sodium phosphate oral tablet, disintegrating 10 mg, 15 mg, 30 mg* | 1 | |
| *prednisone intensol oral concentrate 5 mg/ml* | 1 | HCLV |
| *prednisone oral solution 5 mg/5 ml* | 1 | |
| *prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg* | 1 | |
| *prednisone oral tablet, delayed release (dr/ec) 1 mg, 2 mg, 5 mg* | 1 | HCLV |
| *prednisone oral tablets, dose pack 10 mg, 5 mg* | 1 | |
| *pyquvi oral suspension 22.75 mg/ml* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TAPERDEX ORAL TABLETS, DOSE PACK 1.5 MG (21 TABS), 1.5 MG (27 TABS), 1.5 MG (49 TABS) | 3 | HCLV |
| TARPEYO ORAL CAPSULE, DELAYED RELEASE(DR/EC) 4 MG | 3 | |
| ZCORT ORAL TABLETS, DOSE PACK 1.5 MG (25 TABS) | 3 | HCLV |
| **ANTITHYROID AGENTS** | | |
| *methimazole oral tablet 10 mg, 5 mg* | 1 | |
| *potassium iodide oral solution 1 gram/ml* | 1 | |
| *propylthiouracil oral tablet 50 mg* | 1 | |
| SSKI ORAL SOLUTION 1 GRAM/ML | 3 | |
| **BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES** | | |
| ACCU-CHEK AVIVA PLUS TEST STRIP | 3 | |
| ACCU-CHEK GUIDE TEST STRIP | 3 | |
| ACCU-CHEK SMARTVIEW TEST STRIP | 3 | |
| ACCUTREND GLUCOSE TEST STRIP | 3 | |
| ASSURE TITANIUM TEST STRIP | 3 | |
| CARESENS S TEST STRIP | 3 | |
| CONTOUR NEXT TEST STRIP | 2 | |
| CONTOUR PLUS TEST STRIP | 2 | |
| CONTOUR TEST STRIP | 2 | |
| DEXCOM G6 RECEIVER | 3 | |
| DEXCOM G6 SENSOR DEVICE | 3 | |
| DEXCOM G6 TRANSMITTER DEVICE | 3 | |
| DEXCOM G7 15 DAY SENSOR DEVICE | 3 | |
| DEXCOM G7 RECEIVER | 3 | |
| DEXCOM G7 SENSOR DEVICE | 3 | |
| FREESTYLE INSULINX STRIP | 3 | |
| FREESTYLE INSULINX TEST STRIP | 3 | |
| FREESTYLE LIBRE 14 DAY READER | 3 | |
| FREESTYLE LIBRE 14 DAY SENSOR KIT | 3 | |
| FREESTYLE LIBRE 2 PLUS SENSOR DEVICE | 3 | |
| FREESTYLE LIBRE 2 READER | 3 | |
| FREESTYLE LIBRE 2 SENSOR KIT | 3 | |
| FREESTYLE LIBRE 3 PLUS SENSOR DEVICE | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FREESTYLE LIBRE 3 READER | 3 | |
| FREESTYLE LIBRE 3 SENSOR DEVICE | 3 | |
| FREESTYLE LITE STRIP | 3 | |
| FREESTYLE TEST STRIP | 3 | |
| GUARDIAN 4 GLUCOSE SENSOR DEVICE | 3 | |
| GUARDIAN 4 TRANSMITTER DEVICE | 3 | |
| GUARDIAN SENSOR 3 DEVICE | 3 | |
| MINIMED APP MANAGER | 3 | |
| ONETOUCH ULTRA TEST STRIP | 2 | |
| ONETOUCH VERIO TEST STRIP | 2 | |
| OPTIUM EZ STRIP | 3 | |
| PRECISION POINT OF CARE TEST STRIP | 3 | |
| PRECISION XTRA TEST STRIP | 3 | |
| SIMPLERA SENSOR DEVICE | 3 | |
| SIMPLERA SYNC SENSOR DEVICE | 3 | |
| TRUETRACK TEST STRIP | 3 | |
| **DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT** | | |
| INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" | 2 | |
| OMNIPOD 5 (LIBRE 2/3 PLUS) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD 5 INTRO (LIBRE2/3PLUS) SUBCUTANEOUS CARTRIDGE | 3 | HCLV |
| **GLUCOSE ELEVATING AGENTS** | | |
| BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION | 2 | |
| *diazoxide oral suspension 50 mg/ml* | 1 | |
| GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN 1 MG | 3 | |
| *glucagon emergency kit (human) injection recon soln 1 mg* | 1 | |
| GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML | 3 | |
| GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML | 3 | |
| PROGLYCEM ORAL SUSPENSION 50 MG/ML | 3 | HCLV |
| **INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU** | | |
| BD MICROTAINER LANCET 30 GAUGE | 2 | |
| BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" | 2 | |
| LANCETS 33 GAUGE | 2 | |
| LANCING DEVICE | 2 | |
| OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | |
| OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE | 3 | |
| PEN NEEDLE NEEDLE 31 GAUGE X 5/16" | 2 | |
| PIVOT INSULIN PUMP STARTER KIT KIT | 3 | |
| TWIIST REFILL KT(CSST-NDL-SYR) KIT | 3 | |
| TWIIST RFL(INFUS-CSST-NDL-SYR) KIT | 3 | |
| TWIIST STARTER KIT KIT | 3 | |
| **INSULIN THERAPY** | | |
| ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 3 | HCLV |
| ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | HCLV |
| AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) | 3 | HCLV |
| APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 3 | HCLV |
| APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | HCLV |
| BASAGLAR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FIASP FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | |
| FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML) | 2 | |
| FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML) | 3 | |
| FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 2 | |
| HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | 3 | HCLV |
| HUMALOG KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) | 3 | HCLV |
| HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) | 3 | HCLV |
| HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | 3 | HCLV |
| HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) | 3 | HCLV |
| HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 3 | HCLV |
| HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | HCLV |
| HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 3 | HCLV |
| HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 3 | HCLV |
| HUMULIN N NPH KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | HCLV |
| HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 3 | HCLV |
| HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) | 2 | |
| INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML), 300 UNIT/ML (3 ML) | 3 | |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) | 3 | |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 3 | HCLV |
| INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML | 3 | |
| INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | HCLV |
| KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | HCLV |
| KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | HCLV |
| LANTUS SOLOSTAR U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | |
| LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 2 | |
| LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML | 3 | |
| LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) | 3 | |
| LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| MERILOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| MERILOG SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 2 | |
| NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | |
| NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | |
| NOVOLOG FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 2 | |
| NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) | 2 | |
| NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) | 2 | |
| NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML | 2 | |
| NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML | 2 | |
| NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) | 2 | |
| NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML | 2 | |
| NOVOLIN R INJECTION SOLUTION 100 UNIT/ML | 2 | |
| REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| SEMGLEE (INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML | 3 | |
| SEMGLEE (INSULIN GLARG-YFGN) PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) | 3 | |
| SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML | 2 | |
| TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) | 2 | |
| TOUJEO SOLOSTAR U-300 SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 | |
| XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) | 2 | |
| **MISCELLANEOUS HORMONES** | | |
| ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) | 3 | HCLV |
| AZMIRO INTRAMUSCULAR SYRINGE 200 MG/ML | 3 | HCLV |
| *cabergoline oral tablet 0.5 mg* | 1 | |
| *calcitonin (salmon) injection solution 200 unit/ml* | 1 | |
| *calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation* | 1 | |
| *calcitriol oral capsule 0.25 mcg, 0.5 mcg* | 1 | |
| *calcitriol oral solution 1 mcg/ml* | 1 | |
| CERDELGA ORAL CAPSULE 84 MG | 2 | |
| *cetrorelix subcutaneous kit 0.25 mg* | 1 | OPT |
| CETROTIDE SUBCUTANEOUS KIT 0.25 MG | 3 | OPT |
| *cinacalcet oral tablet 30 mg, 60 mg, 90 mg* | 1 | |
| *clomid oral tablet 50 mg* | 1 | OPT |
| *clomiphene citrate oral tablet 50 mg* | 1 | OPT |
| CRENESSITY ORAL CAPSULE 100 MG, 25 MG, 50 MG | 3 | |
| CRENESSITY ORAL SOLUTION 50 MG/ML | 3 | |
| *danazol oral capsule 100 mg, 200 mg, 50 mg* | 1 | |
| DDAVP ORAL TABLET 0.1 MG, 0.2 MG | 3 | HCLV |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML | 3 | HCLV |
| DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML | 3 | |
| *desmopressin injection solution 4 mcg/ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)* | 1 | |
| DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML) | 3 | |
| *desmopressin oral tablet 0.1 mg, 0.2 mg* | 1 | |
| *doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg* | 1 | |
| FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML | 3 | OPT |
| *fyremadel subcutaneous syringe 250 mcg/0.5 ml* | 1 | OPT |
| GALAFOLD ORAL CAPSULE 123 MG | 2 | |
| *ganirelix subcutaneous syringe 250 mcg/0.5 ml* | 1 | OPT |
| GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML | 2 | OPT |
| GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT | 2 | OPT |
| ISTURISA ORAL TABLET 1 MG, 5 MG | 3 | HCLV |
| JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG | 3 | HCLV |
| *javygtor oral powder in packet 100 mg, 500 mg* | 1 | |
| *javygtor oral tablet, soluble 100 mg* | 1 | |
| JYNARQUE ORAL TABLET 15 MG, 30 MG | 3 | HCLV |
| JYNARQUE ORAL TABLETS, SEQUENTIAL 15 MG (AM)/ 15 MG (PM), 30 MG (AM)/ 15 MG (PM), 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) | 3 | HCLV |
| KORLYM ORAL TABLET 300 MG | 3 | HCLV |
| KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG | 3 | HCLV |
| KUVAN ORAL TABLET, SOLUBLE 100 MG | 3 | HCLV |
| KYZATREX ORAL CAPSULE 150 MG, 200 MG | 3 | HCLV |
| MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT | 2 | OPT |
| METHITEST ORAL TABLET 10 MG | 2 | HCLV |
| *methyltestosterone oral capsule 10 mg* | 1 | |
| MIACALCIN INJECTION SOLUTION 200 UNIT/ML | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *mifepristone oral tablet 300 mg* | 1 | |
| *miglustat oral capsule 100 mg* | 1 | |
| *milophene oral tablet 50 mg* | 1 | OPT |
| MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) | 3 | |
| NATESTO NASAL GEL IN METERED-DOSE PUMP 5.5 MG/0.122 GRAM/ACTUATION | 3 | HCLV |
| NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT | 2 | OPT |
| OPFOLDA ORAL CAPSULE 65 MG | 3 | |
| ORILISSA ORAL TABLET 150 MG, 200 MG | 3 | |
| OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML | 2 | OPT |
| PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML | 3 | |
| *paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg* | 1 | |
| PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT | 3 | OPT |
| RAYALDEE ORAL CAPSULE, EXTENDED RELEASE 24 HR 30 MCG | 3 | |
| RECORLEV ORAL TABLET 150 MG | 3 | HCLV |
| SAMSCA ORAL TABLET 15 MG, 30 MG | 3 | HCLV |
| *sapropterin oral powder in packet 100 mg, 500 mg* | 1 | |
| *sapropterin oral tablet, soluble 100 mg* | 1 | |
| SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG | 3 | HCLV |
| SEPHIENCE ORAL POWDER IN PACKET 1,000 MG, 250 MG | 3 | |
| SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG | 2 | |
| STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML | 2 | |
| SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML | 2 | |
| TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %) | 3 | HCLV |
| *testosterone cypionate intramuscular oil 100 mg/ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *testosterone transdermal gel 50 mg/5 gram (1 %)* | 1 | |
| *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 %)* | 1 | |
| *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)* | 1 | |
| *testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)* | 1 | |
| TLANDO ORAL CAPSULE 112.5 MG | 3 | HCLV |
| *tolvaptan (polycys kidney dis) oral tablet 15 mg, 30 mg* | 1 | |
| *tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)* | 1 | |
| *tolvaptan oral tablet 15 mg, 30 mg* | 1 | |
| VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %) | 3 | HCLV |
| VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %) | 3 | HCLV |
| VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM) | 3 | HCLV |
| VOXZOGO SUBCUTANEOUS RECON SOLN 0.4 MG, 0.56 MG, 1.2 MG | 3 | |
| XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML | 3 | HCLV |
| YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML, 294 MCG/0.98 ML, 420 MCG/1.4 ML | 2 | |
| YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG, 5.5 MG | 3 | |
| *zelvysia oral powder in packet 100 mg, 500 mg* | 1 | |
| ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG | 3 | |
| **NON-INSULIN HYPOGLYCEMIC AGENTS** | | |
| *acarbose oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| ACTOPLUS MET ORAL TABLET 15-850 MG | 3 | HCLV |
| ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ALOGLIPTIN ORAL TABLET 12.5 MG, 25 MG, 6.25 MG | 3 | HCLV |
| ALOGLIPTIN-METFORMIN ORAL TABLET 12.5-1,000 MG, 12.5-500 MG | 3 | HCLV |
| ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG | 3 | HCLV |
| BRENZAVVY ORAL TABLET 20 MG | 3 | HCLV |
| BRYNOVIN ORAL SOLUTION 25 MG/ML | 3 | |
| CYCLOSET ORAL TABLET 0.8 MG | 3 | |
| *dapagliflozin oral tablet 10 mg, 5 mg* | 1 | |
| *dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-1,000 mg, 5-500 mg* | 1 | |
| *dapagliflozin-saxagliptin oral tablet 10-5 mg* | 1 | |
| DUETACT ORAL TABLET 30-2 MG, 30-4 MG | 3 | HCLV |
| FARXIGA ORAL TABLET 10 MG, 5 MG | 3 | HCLV |
| *glimepiride oral tablet 1 mg, 2 mg, 4 mg* | 1 | |
| GLIMEPIRIDE ORAL TABLET 3 MG | 3 | HCLV |
| *glipizide oral tablet 10 mg, 5 mg* | 1 | |
| GLIPIZIDE ORAL TABLET 15 MG, 2.5 MG | 3 | HCLV |
| *glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg* | 1 | |
| *glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg* | 1 | |
| *glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg* | 1 | |
| *glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg* | 1 | |
| GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG | 2 | |
| INPEFA ORAL TABLET 200 MG, 400 MG | 3 | HCLV |
| INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | 3 | HCLV |
| INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG | 3 | HCLV |
| INVOKANA ORAL TABLET 100 MG, 300 MG | 3 | HCLV |
| JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG | 3 | |
| JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | HCLV |
| JARDIANCE ORAL TABLET 10 MG, 25 MG | 3 | |
| JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG | 3 | |
| JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG | 3 | |
| KAZANO ORAL TABLET 12.5-1,000 MG | 3 | HCLV |
| *liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)* | 1 | |
| *metformin oral solution 500 mg/5 ml* | 1 | |
| *metformin oral tablet 1,000 mg, 500 mg, 850 mg* | 1 | |
| *metformin oral tablet 625 mg, 750 mg* | 1 | HCLV |
| *metformin oral tablet extended release 24 hr 500 mg, 750 mg* | 1 | |
| *metformin oral tablet extended release 24hr 1,000 mg, 500 mg* | 1 | HCLV |
| *metformin oral tablet, er gast.retention 24 hr 1,000 mg, 500 mg* | 1 | HCLV |
| *miglitol oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML | 2 | |
| *nateglinide oral tablet 120 mg, 60 mg* | 1 | |
| NESINA ORAL TABLET 25 MG | 3 | HCLV |
| OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG | 2 | |
| OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML) | 2 | |
| *pioglitazone oral tablet 15 mg, 30 mg, 45 mg* | 1 | |
| *pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg* | 1 | HCLV |
| *pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg* | 1 | HCLV |
| *repaglinide oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RIOMET ORAL SOLUTION 500 MG/5 ML | 3 | HCLV |
| RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG | 2 | |
| *saxagliptin oral tablet 2.5 mg, 5 mg* | 1 | |
| *saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg, 5-1,000 mg, 5-500 mg* | 1 | |
| SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG | 3 | HCLV |
| *sitagliptin phos-metformin oral tablet 50-1,000 mg, 50-500 mg* | 1 | |
| *sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg, 50-1,000 mg, 50-500 mg* | 1 | |
| *sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg* | 1 | |
| STEGLATRO ORAL TABLET 15 MG, 5 MG | 3 | HCLV |
| STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG | 3 | |
| SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG | 3 | |
| 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 | 3 | |
| TRADJENTA ORAL TABLET 5 MG | 3 | |
| 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 | |
| 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 | |
| VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | 3 | HCLV |
| VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) | 3 | HCLV |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG | 3 | HCLV |
| XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG | 3 | |
| ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG | 3 | |
| ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | |
| **THYROID HORMONES** | | |
| *adthyza oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| ADTHYZA ORAL TABLET 130 MG, 16.25 MG, 32.5 MG, 65 MG, 97.5 MG | 3 | |
| *amerithroid oral tablet 120 mg, 15 mg, 180 mg, 240 mg, 30 mg, 300 mg, 60 mg, 90 mg* | 1 | |
| ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG | 2 | |
| CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG | 3 | HCLV |
| *evexithroid oral tablet 120 mg, 15 mg, 180 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg* | 1 | |
| *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* | 1 | |
| LEVOTHYROXINE ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG | 3 | HCLV |
| *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* | 1 | |
| *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* | 1 | |
| *liomny oral tablet 25 mcg, 5 mcg, 50 mcg* | 1 | |
| *liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg* | 1 | |
| *niva thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| *np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| *renthyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| RENTHYROID ORAL TABLET 45 MG, 75 MG | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG | 2 | |
| THYQUIDITY ORAL SOLUTION 20 MCG/ML | 3 | |
| *thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg* | 1 | |
| TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG | 3 | HCLV |
| TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML | 3 | HCLV |
| *unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg* | 1 | |
| **GASTROENTEROLOGY** | | |
| **ANTIDIARRHEALS & ANTISPASMODICS** | | |
| *belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg* | 1 | |
| *chlordiazepoxide-clidinium oral capsule 5-2.5 mg* | 1 | |
| CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) | 3 | HCLV |
| *dicyclomine oral capsule 10 mg* | 1 | |
| *dicyclomine oral solution 10 mg/5 ml* | 1 | |
| *dicyclomine oral tablet 20 mg* | 1 | |
| DICYCLOMINE ORAL TABLET 40 MG | 3 | HCLV |
| *diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml* | 1 | |
| *diphenoxylate-atropine oral tablet 2.5-0.025 mg* | 1 | |
| DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML | 3 | HCLV |
| DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG | 3 | HCLV |
| *ed-spaz oral tablet, disintegrating 0.125 mg* | 1 | |
| GLYCATE ORAL TABLET 1.5 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *glycopyrrolate oral solution 1 mg/5 ml (0.2 mg/ml)* | 1 | |
| *glycopyrrolate oral tablet 1 mg, 2 mg* | 1 | |
| *glycopyrrolate oral tablet 1.5 mg* | 1 | HCLV |
| *hyoscyamine sulfate oral drops 0.125 mg/ml* | 1 | |
| *hyoscyamine sulfate oral elixir 0.125 mg/5 ml* | 1 | |
| *hyoscyamine sulfate oral tablet 0.125 mg* | 1 | |
| *hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg* | 1 | |
| *hyoscyamine sulfate oral tablet, disintegrating 0.125 mg* | 1 | |
| *hyoscyamine sulfate sublingual tablet 0.125 mg* | 1 | |
| *hyosyne oral drops 0.125 mg/ml* | 1 | |
| *hyosyne oral elixir 0.125 mg/5 ml* | 1 | |
| LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG | 3 | HCLV |
| LEVSIN ORAL TABLET 0.125 MG | 3 | HCLV |
| LEVSIN/SL SUBLINGUAL TABLET 0.125 MG | 3 | HCLV |
| LIBRAX (WITH CLIDINIUM) ORAL CAPSULE 5-2.5 MG | 3 | HCLV |
| LOMOTIL ORAL TABLET 2.5-0.025 MG | 3 | HCLV |
| *loperamide oral capsule 2 mg* | 1 | |
| *methscopolamine oral tablet 2.5 mg, 5 mg* | 1 | |
| MOTOFEN ORAL TABLET 1-0.025 MG | 3 | |
| MYTESI ORAL TABLET, DELAYED RELEASE (DR/EC) 125 MG | 3 | HCLV |
| NULEV ORAL TABLET, DISINTEGRATING 0.125 MG | 3 | HCLV |
| *opium oral tincture 10 mg/ml (morphine)* | 1 | |
| *oscimin oral tablet 0.125 mg* | 1 | |
| *oscimin sl sublingual tablet 0.125 mg* | 1 | |
| *phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml* | 1 | |
| *phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg* | 1 | |
| *phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml* | 1 | |
| *phenohytro oral tablet 16.2-0.1037 -0.0194 mg* | 1 | |
| ROBINUL FORTE ORAL TABLET 2 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ROBINUL ORAL TABLET 1 MG | 3 | HCLV |
| SYMAX DUOTAB ORAL TABLET, EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) | 3 | HCLV |
| *symax fastabs oral tablet, disintegrating 0.125 mg* | 1 | |
| *symax-sl sublingual tablet 0.125 mg* | 1 | |
| *symax-sr oral tablet extended release 12 hr 0.375 mg* | 1 | |
| **MISCELLANEOUS GASTROINTESTINAL AGENTS** | | |
| AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG | 3 | HCLV |
| *alosetron oral tablet 0.5 mg, 1 mg* | 1 | |
| *alvimopan oral capsule 12 mg* | 1 | |
| ANALPRAM-HC RECTAL CREAM 1-1 % | 2 | |
| ANALPRAM-HC RECTAL CREAM 2.5-1 % | 3 | HCLV |
| ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G) | 3 | HCLV |
| ANTIVERT ORAL TABLET 50 MG | 3 | |
| ANTIVERT ORAL TABLET, CHEWABLE 25 MG | 3 | HCLV |
| *anucort-hc rectal suppository 25 mg* | 1 | |
| ANUSOL-HC RECTAL SUPPOSITORY 25 MG | 3 | HCLV |
| ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 % | 3 | HCLV |
| *aprepitant oral capsule 125 mg, 40 mg, 80 mg* | 1 | |
| *aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)* | 1 | |
| APRISO ORAL CAPSULE, EXTENDED RELEASE 24HR 0.375 GRAM | 3 | HCLV |
| AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG | 3 | HCLV |
| AZULFIDINE ORAL TABLET 500 MG | 3 | HCLV |
| *balsalazide oral capsule 750 mg* | 1 | |
| *betaine oral powder 1 gram/scoop* | 1 | |
| BONJESTA ORAL TABLET, IR, DELAYED REL, BIPHASIC 20-20 MG | 3 | HCLV |
| *budesonide oral capsule, delayed, extend.release 3 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *budesonide oral tablet, delayed and ext.release 9 mg* | 1 | |
| *budesonide rectal foam 2 mg/actuation* | 1 | |
| BYLVAY ORAL CAPSULE 1,200 MCG, 400 MCG | 3 | |
| BYLVAY ORAL PELLET 200 MCG, 600 MCG | 3 | |
| CANASA RECTAL SUPPOSITORY 1,000 MG | 3 | HCLV |
| CHOLBAM ORAL CAPSULE 250 MG, 50 MG | 3 | |
| CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) | 3 | |
| CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2) | 3 | |
| CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML | 3 | ACA |
| COLAZAL ORAL CAPSULE 750 MG | 3 | HCLV |
| COMPAZINE ORAL TABLET 10 MG, 5 MG | 3 | HCLV |
| COMPAZINE RECTAL SUPPOSITORY 25 MG | 3 | HCLV |
| *compro rectal suppository 25 mg* | 1 | |
| *constulose oral solution 10 gram/15 ml* | 1 | |
| CORTENEMA RECTAL ENEMA 100 MG/60 ML | 3 | HCLV |
| CORTIFOAM RECTAL FOAM 10 % (80 MG) | 2 | HCLV |
| CREON ORAL CAPSULE,DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT | 2 | |
| *cromolyn oral concentrate 100 mg/5 ml* | 1 | |
| CTEXLI ORAL TABLET 250 MG | 3 | |
| CYSTADANE ORAL POWDER 1 GRAM/SCOOP | 3 | HCLV |
| DICLEGIS ORAL TABLET, DELAYED RELEASE (DR/EC) 10-10 MG | 3 | HCLV |
| DIPENTUM ORAL CAPSULE 250 MG | 3 | HCLV |
| *doxylamine-pyridoxine (vit b6) oral tablet, delayed release (dr/ec) 10-10 mg* | 1 | HCLV |
| *dronabinol oral capsule 10 mg, 2.5 mg, 5 mg* | 1 | |
| DRONABINOL ORAL SOLUTION 5 MG/ML | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| EMEND ORAL CAPSULE 80 MG | 3 | HCLV |
| EMEND ORAL CAPSULE, DOSE PACK 125 MG (1)- 80 MG (2) | 3 | HCLV |
| EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) | 2 | HCLV |
| ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML | 3 | |
| *enulose oral solution 10 gram/15 ml* | 1 | |
| EOHILIA ORAL SUSPENSION IN PACKET 2 MG/10 ML | 3 | |
| GASTROCROM ORAL CONCENTRATE 100 MG/5 ML | 3 | |
| *gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram* | 1 | ACA |
| *gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram* | 1 | ACA |
| *gavilyte-n oral recon soln 420 gram* | 1 | ACA |
| *generlac oral solution 10 gram/15 ml* | 1 | |
| *gentle laxative (mag hydrox) oral suspension 400 mg/5 ml* | 1 | ACA |
| GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY | 3 | HCLV |
| GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM | 3 | |
| *granisetron hcl oral tablet 1 mg* | 1 | |
| GRANISOL ORAL SOLUTION 1 MG/5 ML | 3 | |
| *hemmorex-hc rectal suppository 25 mg, 30 mg* | 1 | |
| *hydrocortisone acetate rectal suppository 25 mg, 30 mg* | 1 | |
| *hydrocortisone acetate topical cream with perineal applicator 2.5 %* | 1 | HCLV |
| *hydrocortisone rectal enema 100 mg/60 ml* | 1 | |
| *hydrocortisone topical cream with perineal applicator 1 %, 2.5 %* | 1 | |
| *hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)* | 1 | |
| HYDROCORTISONE-PRAMOXINE RECTAL SUPPOSITORY 25-18 MG | 3 | HCLV |
| IBSRELA ORAL TABLET 50 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| IQIRVO ORAL TABLET 80 MG | 3 | |
| KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM | 3 | HCLV |
| *lactulose oral packet 10 gram* | 1 | |
| *lactulose oral packet 20 gram* | 1 | HCLV |
| *lactulose oral solution 10 gram/15 ml* | 1 | |
| LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM | 3 | HCLV |
| *lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %* | 1 | |
| *lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)* | 1 | HCLV |
| *lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %* | 1 | |
| LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG | 2 | |
| LIVDELZI ORAL CAPSULE 10 MG | 3 | |
| LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML | 3 | |
| LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG | 3 | |
| LOTRONEX ORAL TABLET 0.5 MG, 1 MG | 3 | |
| *lubiprostone oral capsule 24 mcg, 8 mcg* | 1 | |
| MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG | 3 | HCLV |
| *meclizine oral tablet 12.5 mg, 25 mg* | 1 | |
| *meclizine oral tablet 50 mg* | 1 | HCLV |
| *meclizine oral tablet, chewable 25 mg* | 1 | |
| *mesalamine oral capsule (with del rel tablets) 400 mg* | 1 | |
| *mesalamine oral capsule, extended release 250 mg, 500 mg* | 1 | |
| *mesalamine oral capsule, extended release 24hr 0.375 gram* | 1 | |
| *mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg* | 1 | |
| *mesalamine rectal enema 4 gram/60 ml* | 1 | |
| *mesalamine rectal suppository 1,000 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml* | 1 | |
| *metoclopramide hcl oral solution 5 mg/5 ml* | 1 | |
| *metoclopramide hcl oral tablet 10 mg, 5 mg* | 1 | |
| MOTEGRITY ORAL TABLET 1 MG, 2 MG | 3 | HCLV |
| MOVANTIK ORAL TABLET 12.5 MG, 25 MG | 3 | |
| MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM | 3 | |
| NEREUS ORAL CAPSULE 85 MG | 3 | |
| *nitroglycerin rectal ointment 0.4 % (w/w)* | 1 | |
| OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML) | 2 | |
| OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML, 300MG/3ML(100MG /ML-200 MG/2ML) | 2 | |
| *ondansetron hcl (pf) injection solution 4 mg/2 ml* | 1 | |
| *ondansetron hcl oral solution 4 mg/5 ml* | 1 | |
| *ondansetron hcl oral tablet 4 mg, 8 mg* | 1 | |
| ONDANSETRON ORAL TABLET, DISINTEGRATING 16 MG | 3 | HCLV |
| *ondansetron oral tablet, disintegrating 4 mg, 8 mg* | 1 | |
| PANCREAZE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800-15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200-24,600 UNIT | 3 | HCLV |
| *peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram* | 1 | ACA |
| *peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram* | 1 | ACA |
| *peg-electrolyte oral recon soln 420 gram* | 1 | ACA |
| PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG | 3 | HCLV |
| PERTZYE ORAL CAPSULE, DELAYED RELEASE (DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM | 3 | ACA |
| *prochlorperazine maleate oral tablet 10 mg, 5 mg* | 1 | |
| *prochlorperazine rectal suppository 25 mg* | 1 | |
| PROCORT RECTAL CREAM 1.85-1.15 % | 3 | HCLV |
| PROCTOCORT RECTAL SUPPOSITORY 30 MG | 3 | HCLV |
| PROCTOFOAM HC RECTAL FOAM 1-1 % | 3 | HCLV |
| *procto-med hc topical cream with perineal applicator 2.5 %* | 1 | |
| *proctosol hc topical cream with perineal applicator 2.5 %* | 1 | |
| *proctozone-hc topical cream with perineal applicator 2.5 %* | 1 | |
| *prucalopride oral tablet 1 mg, 2 mg* | 1 | |
| RECTIV RECTAL OINTMENT 0.4 % (W/W) | 3 | |
| REGLAN ORAL TABLET 10 MG, 5 MG | 3 | |
| RELISTOR ORAL TABLET 150 MG | 3 | |
| RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML | 3 | |
| RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML | 3 | |
| RELTONE ORAL CAPSULE 200 MG, 400 MG | 3 | HCLV |
| ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML | 3 | HCLV |
| SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR | 3 | HCLV |
| *scopolamine base transdermal patch 3 day 1 mg over 3 days* | 1 | |
| SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML) | 2 | |
| *sodium, potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram* | 1 | ACA |
| SUCRAID ORAL SOLUTION 8,500 UNIT/ML | 3 | |
| SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM | 3 | ACA |
| *sulfasalazine oral tablet 500 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *sulfasalazine oral tablet, delayed release (dr/ec) 500 mg* | 1 | |
| SUPREP BOWEL PREP KIT ORAL RECON SOLN 17.5-3.13-1.6 GRAM | 3 | |
| SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM | 3 | ACA |
| SYMPROIC ORAL TABLET 0.2 MG | 3 | |
| SYNDROS ORAL SOLUTION 5 MG/ML | 3 | |
| TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS | 3 | HCLV |
| *trimethobenzamide oral capsule 300 mg* | 1 | |
| TRULANCE ORAL TABLET 3 MG | 3 | HCLV |
| UCERIS ORAL TABLET, DELAYED AND EXT.RELEASE 9 MG | 3 | HCLV |
| UCERIS RECTAL FOAM 2 MG/ACTUATION | 3 | HCLV |
| URSO FORTE ORAL TABLET 500 MG | 3 | HCLV |
| *ursodiol oral capsule 200 mg, 300 mg, 400 mg* | 1 | |
| *ursodiol oral tablet 250 mg, 500 mg* | 1 | |
| URSOLIGN ORAL CAPSULE 150 MG | 3 | HCLV |
| VARUBI ORAL TABLET 90 MG | 3 | |
| VELSIPITY ORAL TABLET 2 MG | 2 | |
| 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 | HCLV |
| VOWST ORAL CAPSULE 1 X 10EXP6 TO 3 X 10EXP7 CELL | 3 | |
| ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT | 2 | |
| ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML | 3 | |
| ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML | 3 | |
| **ULCER THERAPY** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ACIPHEX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG | 3 | HCLV |
| *amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg* | 1 | |
| *bismuth subcit k-metronidz-tcn oral capsule 140-125-125 mg* | 1 | |
| CARAFATE ORAL TABLET 1 GRAM | 3 | HCLV |
| *cimetidine hcl oral solution 300 mg/5 ml* | 1 | |
| *cimetidine oral tablet 200 mg* | 1 | HCLV |
| *cimetidine oral tablet 300 mg, 400 mg, 800 mg* | 1 | |
| CYTOTEC ORAL TABLET 100 MCG, 200 MCG | 3 | HCLV |
| DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEAS 30 MG, 60 MG | 3 | HCLV |
| *dexlansoprazole oral capsule, biphase delayed releas 30 mg, 60 mg* | 1 | HCLV |
| *esomeprazole magnesium oral capsule, delayed release (dr/ec) 40 mg* | 1 | |
| *esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 40 mg, 5 mg* | 1 | HCLV |
| *famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)* | 1 | |
| *famotidine oral tablet 20 mg, 40 mg* | 1 | |
| KONVOMEP ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML | 3 | HCLV |
| *lansoprazole oral capsule, delayed release (dr/ec) 15 mg, 30 mg* | 1 | HCLV |
| *lansoprazole oral tablet, disintegrat, delay rel 15 mg, 30 mg* | 1 | HCLV |
| *misoprostol oral tablet 100 mcg, 200 mcg* | 1 | |
| NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG, 40 MG | 3 | HCLV |
| NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG | 3 | HCLV |
| *nizatidine oral capsule 150 mg, 300 mg* | 1 | HCLV |
| OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG- 500 MG (40) | 3 | |
| *omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram, 40-1.1 mg-gram* | 1 | HCLV |
| *omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg* | 1 | HCLV |
| *pantoprazole oral granules dr for susp in packet 40 mg* | 1 | |
| *pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg* | 1 | |
| PEPCID ORAL TABLET 20 MG, 40 MG | 3 | HCLV |
| PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC) 30 MG | 3 | HCLV |
| PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG, 30 MG | 3 | HCLV |
| PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG, 2.5 MG | 3 | HCLV |
| PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG | 3 | HCLV |
| PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG, 40 MG | 3 | HCLV |
| PYLERA ORAL CAPSULE 140-125-125 MG | 3 | HCLV |
| RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG | 3 | HCLV |
| *rabeprazole oral tablet, delayed release (dr/ec) 20 mg* | 1 | |
| *ranitidine hcl oral tablet 150 mg* | 1 | HCLV |
| *sucralfate oral suspension 100 mg/ml* | 1 | |
| *sucralfate oral tablet 1 gram* | 1 | |
| TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE 10-250-12.5 MG | 3 | HCLV |
| VOQUEZNA DUAL PAK ORAL COMBO PACK 20 MG (28)- 500 MG (84) | 3 | |
| VOQUEZNA ORAL TABLET 10 MG, 20 MG | 3 | |
| VOQUEZNA TRIPLE PAK ORAL COMBO PACK 20-500-500 MG | 3 | |
| **IMMUNOLOGY, VACCINES & BIOTECHNOLOGY** | | |
| **BIOTECHNOLOGY DRUGS** | | |
| ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML | 2 | |
| ARCALYST SUBCUTANEOUS RECON SOLN 220 MG | 3 | |
| EPOGEN 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 | 2 | |
| FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | |
| FYLNETRA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 3 | HCLV |
| GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML | 2 | |
| GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | |
| ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML | 3 | |
| LEUKINE INJECTION RECON SOLN 250 MCG | 2 | |
| MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML | 3 | |
| NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 3 | HCLV |
| NEULASTA SUBCUTANEOUS SOLUTION 4 MG/0.4 ML | 3 | |
| NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 3 | HCLV |
| NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 3 | HCLV |
| NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 3 | HCLV |
| NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML | 2 | |
| NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 3 | HCLV |
| NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 3 | HCLV |
| 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 | |
| RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 3 | HCLV |
| RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML | 2 | |
| ROLVEDON SUBCUTANEOUS SYRINGE 13.2 MG/0.6 ML | 3 | |
| RYZNEUTA SUBCUTANEOUS SYRINGE 20 MG/ML | 3 | |
| STIMUFEND SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 3 | HCLV |
| UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 6 MG/0.6 ML | 2 | |
| UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML | 2 | |
| UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 2 | |
| XOLREMDI ORAL CAPSULE 100 MG | 3 | |
| ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML | 3 | HCLV |
| ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML | 3 | HCLV |
| **GROWTH HORMONES** | | |
| GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML | 2 | |
| GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) | 3 | HCLV |
| NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML) | 3 | |
| NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 3 | HCLV |
| OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 2 | |
| OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG | 2 | |
| SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG | 3 | HCLV |
| SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 11 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG | 3 | |
| SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) | 3 | |
| ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG | 3 | HCLV |
| **INTERFERONS** | | |
| ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML | 2 | |
| BESREMI PEN SUBCUTANEOUS PEN INJECTOR 500 MCG/0.5 ML | 2 | |
| BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML | 2 | |
| PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML | 2 | |
| PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML | 2 | |
| **VACCINES & MISCELLANEOUS IMMUNOLOGICALS** | | |
| ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML | 2 | ACA |
| ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 |
| AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML | 2 | ACA |
| BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG | 2 | |
| 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 SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML | 2 | ACA |
| CAPVAXIVE (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | ACA |
| COMIRNATY 2026-2027(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML | 2 | ACA |
| COMIRNATY 2026-27 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML | 2 | ACA |
| DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML | 2 | ACA |
| DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP4.5-6 CCID50/0.5 ML | 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 2026-2027 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 2 | ACA |
| FLUARIX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FLUBLOK 2026-2027 (PF) INTRAMUSCULAR SYRINGE 135 MCG (45 MCG X 3)/0.5 ML | 2 | ACA |
| FLUCELVAX 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 2 | ACA |
| FLULAVAL 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 2 | ACA |
| FLUMIST 2026-2027 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML | 2 | ACA |
| FLUMIST HOME 2026-2027 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML | 2 | ACA |
| FLUZONE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML | 2 | ACA |
| FLUZONE 2026-2027 INTRAMUSCULAR SUSPENSION 45 MCG (15 MCG X 3)/0.5 ML | 2 | ACA |
| FLUZONE HIGH-DOSE 2026-27 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML | 2 | ACA |
| GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML | 2 | ACA |
| GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | ACA |
| GRASTEK SUBLINGUAL TABLET 2,800 BAU | 3 | |
| HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML | 2 | ACA |
| HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML | 2 | ACA |
| HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML | 2 | ACA |
| IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT | 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 |
| JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5 | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML | 2 | ACA |
| MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML | 2 | ACA |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML | 2 | ACA |
| MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML | 2 | ACA |
| MFLUSIVA 2026-2027 (PF) INTRAMUSCULAR SYRINGE 37.5 MCG (12.5 MCG X 3)/0.38ML | 2 | ACA |
| M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML | 2 | ACA |
| MNEXSPIKE 2026-2027 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML | 2 | ACA |
| MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 2 | ACA |
| NUVAXOVID 2026-2027 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML | 2 | ACA |
| ODACTRA SUBLINGUAL TABLET 12 SQ-HDM | 3 | |
| ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY | 3 | |
| PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3) | 3 | HCLV |
| PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6) | 3 | HCLV |
| PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1) | 3 | HCLV |
| PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG | 3 | HCLV |
| PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2) | 3 | HCLV |
| PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4) | 3 | HCLV |
| PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1) | 3 | HCLV |
| PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X1) | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2) | 3 | HCLV |
| PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2) | 3 | HCLV |
| PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG | 3 | HCLV |
| PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG | 3 | HCLV |
| 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 |
| PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML | 2 | ACA |
| PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML | 2 | ACA |
| PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML | 2 | ACA |
| PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML | 3 | ACA |
| PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 2 | ACA |
| PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML | 2 | ACA |
| PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 | 2 | ACA |
| QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML | 2 | ACA |
| QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML | 2 | ACA |
| RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT | 2 | ACA |
| RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT | 3 | |
| RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML | 2 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML | 2 | ACA |
| ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML | 2 | ACA |
| ROTATEQ VACCINE ORAL SOLUTION 2 ML | 3 | ACA |
| SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 2 | ACA |
| SPIKEVAX 2026-2027(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML | 2 | ACA |
| SPIKEVAX 2026-27 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML | 2 | ACA |
| STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML | 2 | ACA |
| TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML | 2 | ACA |
| TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML | 2 | ACA |
| TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML, 2.4 MCG/0.5 ML | 3 | ACA |
| TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML | 2 | ACA |
| TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML | 2 | ACA |
| TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML | 2 | ACA |
| VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML | 2 | ACA |
| VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML | 2 | ACA |
| VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML | 2 | ACA |
| VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT | 2 | ACA |
| VAXELIS (PF) INTRAMUSCULAR SYRINGE 15 UNIT-5 UNIT- 10 MCG/0.5 ML | 2 | ACA |
| VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VIMKUNYA (PF) INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML | 2 | ACA |
| VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT | 2 | ACA |
| YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML | 2 | ACA |
| **MUSCULOSKELETAL & RHEUMATOLOGY** | | |
| **GOUT THERAPY** | | |
| *allopurinol oral tablet 100 mg, 300 mg* | 1 | |
| *allopurinol oral tablet 200 mg* | 1 | HCLV |
| *colchicine oral capsule 0.6 mg* | 1 | HCLV |
| *colchicine oral tablet 0.6 mg* | 1 | |
| *febuxostat oral tablet 40 mg, 80 mg* | 1 | |
| GLOPERBA ORAL SOLUTION 0.6 MG/5 ML | 3 | |
| MITIGARE ORAL CAPSULE 0.6 MG | 3 | HCLV |
| *probenecid oral tablet 500 mg* | 1 | |
| *probenecid-colchicine oral tablet 500-0.5 mg* | 1 | |
| ULORIC ORAL TABLET 40 MG, 80 MG | 3 | HCLV |
| ZYLOPRIM ORAL TABLET 100 MG | 3 | |
| **OSTEOPOROSIS THERAPY** | | |
| ACTONEL ORAL TABLET 150 MG, 35 MG | 3 | HCLV |
| *alendronate oral solution 70 mg/75 ml* | 1 | |
| *alendronate oral tablet 10 mg, 35 mg, 70 mg* | 1 | |
| ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG | 3 | HCLV |
| BILDYOS SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | |
| BINOSTO ORAL TABLET, EFFERVESCENT 70 MG | 3 | HCLV |
| BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) | 3 | HCLV |
| BOSAYA SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | |
| CONEXXENCE SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | HCLV |
| ENOBY SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| EVISTA ORAL TABLET 60 MG | 3 | HCLV |
| FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML) | 3 | HCLV |
| FOSAMAX ORAL TABLET 70 MG | 3 | HCLV |
| FOSAMAX PLUS D ORAL TABLET 70 MG- 2, 800 UNIT, 70 MG- 5, 600 UNIT | 3 | HCLV |
| *ibandronate oral tablet 150 mg* | 1 | |
| JUBBONTI SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | HCLV |
| OSPOMYV SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | HCLV |
| OSVYRTI SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | |
| PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | |
| *raloxifene oral tablet 60 mg* | 1 | OCh; ACA |
| *risedronate oral tablet 150 mg, 35 mg, 5 mg* | 1 | |
| *risedronate oral tablet, delayed release (dr/ec) 35 mg* | 1 | |
| STOBOCLO SUBCUTANEOUS SYRINGE 60 MG/ML | 3 | HCLV |
| *teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)* | 1 | |
| TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) | 2 | |
| **OTHER RHEUMATOLOGICALS** | | |
| ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | HCLV |
| ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML | 3 | HCLV |
| ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 2 | |
| ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 2 | |
| ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | HCLV |
| ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | HCLV |
| ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | HCLV |
| ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 2 | |
| ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | 2 | |
| ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 2 | |
| ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | 2 | |
| ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 2 | |
| ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 2 | |
| ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 2 | |
| ADALIMUMAB-BWWD SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML | 3 | HCLV |
| ADALIMUMAB-BWWD SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 3 | HCLV |
| ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | HCLV |
| ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML | 3 | HCLV |
| ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 3 | |
| ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML | 3 | |
| AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 3 | HCLV |
| ARAVA ORAL TABLET 10 MG, 20 MG | 3 | HCLV |
| AURANOFIN ORAL CAPSULE 3 MG | 2 | |
| AVTOZMA AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 2 | |
| AVTOZMA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 2 | |
| BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML | 2 | |
| BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML | 2 | |
| CUPRIMINE ORAL CAPSULE 250 MG | 3 | HCLV |
| CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML | 3 | HCLV |
| CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML | 3 | HCLV |
| DEPEN TITRATABS ORAL TABLET 250 MG | 3 | HCLV |
| ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) | 2 | |
| ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML | 2 | |
| ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) | 2 | |
| ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) | 2 | |
| HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML | 3 | HCLV |
| HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML | 3 | HCLV |
| HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML | 3 | HCLV |
| HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML | 3 | HCLV |
| HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML | 3 | HCLV |
| HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML | 3 | HCLV |
| HUMIRA PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML | 3 | HCLV |
| HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 3 | HCLV |
| HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML | 3 | HCLV |
| HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML | 3 | HCLV |
| HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML | 3 | HCLV |
| HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2) | 3 | HCLV |
| HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML | 3 | HCLV |
| HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML | 3 | HCLV |
| HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML | 3 | HCLV |
| KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML | 3 | |
| KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML | 3 | |
| KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML | 3 | HCLV |
| *leflunomide oral tablet 10 mg, 20 mg* | 1 | |
| LEQSELVI ORAL TABLET 8 MG | 3 | |
| *milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg* | 1 | |
| *milnacipran oral tablets, dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG | 3 | |
| ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML | 3 | |
| ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML | 3 | |
| OTEZLA ORAL TABLET 20 MG, 30 MG | 2 | |
| OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47) | 2 | |
| OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG | 2 | |
| OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG | 2 | |
| *penicillamine oral capsule 250 mg* | 1 | |
| *penicillamine oral tablet 250 mg* | 1 | HCLV |
| 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 | 3 | |
| RIDAURA ORAL CAPSULE 3 MG | 2 | |
| RINVOQ LQ ORAL SOLUTION 1 MG/ML | 2 | |
| RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG | 2 | |
| SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG | 3 | HCLV |
| SAVELLA ORAL TABLETS, DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) | 3 | HCLV |
| SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 3 | |
| SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | 3 | |
| SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML | 3 | |
| SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML | 3 | |
| *tofacitinib oral solution 1 mg/ml* | 1 | |
| *tofacitinib oral tablet 10 mg, 5 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tofacitinib oral tablet extended release 24 hr 11 mg, 22 mg* | 1 | |
| TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML | 2 | |
| TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML | 2 | |
| XELJANZ ORAL SOLUTION 1 MG/ML | 3 | HCLV |
| XELJANZ ORAL TABLET 10 MG, 5 MG | 3 | HCLV |
| XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG | 3 | HCLV |
| YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML | 3 | |
| YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML | 3 | |
| YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML | 3 | |
| YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML | 3 | HCLV |
| **OBSTETRICS & GYNECOLOGY** | | |
| **DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES** | | |
| CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM | 3 | ACA |
| DUREX AVANTI BARE REAL FEEL | 3 | ACA |
| DUREX TROPICAL CONDOM DEVICE | 3 | ACA |
| FC2 FEMALE CONDOM | 3 | ACA |
| FEMCAP VAGINAL DEVICE 22 MM | 3 | ACA |
| KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG | 3 | ACA |
| LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG | 3 | ACA |
| MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG | 3 | ACA |
| MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM | 3 | ACA |
| PARAGARD T 380A INTRAUTERINE DEVICE 380 SQUARE MM | 3 | ACA |
| SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TRUSTEX-RIA NON-LUB CONDOMS DEVICE | 3 | ACA |
| **ESTROGENS & PROGESTINS** | | |
| *abigale lo oral tablet 0.5-0.1 mg* | 1 | |
| *abigale oral tablet 1-0.5 mg* | 1 | |
| ACTIVELLA ORAL TABLET 1-0.5 MG | 3 | HCLV |
| ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG | 3 | HCLV |
| BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG | 3 | HCLV |
| *camila oral tablet 0.35 mg* | 1 | ACA |
| CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR | 3 | HCLV |
| CLIMARA 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 | 3 | HCLV |
| COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR | 2 | |
| *conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg* | 1 | |
| *covaryx h.s. oral tablet 0.625-1.25 mg* | 1 | |
| *covaryx oral tablet 1.25-2.5 mg* | 1 | |
| CRINONE VAGINAL GEL 4 % | 3 | |
| CRINONE VAGINAL GEL 8 % | 2 | OPT |
| *deblitane oral tablet 0.35 mg* | 1 | ACA |
| DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML | 3 | HCLV |
| DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML | 3 | |
| DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML | 3 | HCLV; ACA |
| DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML | 3 | HCLV; ACA |
| DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML | 3 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| 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 %), 1.25 MG/1.25 GRAM (0.1 %) | 3 | HCLV |
| *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* | 1 | |
| DUAVEE ORAL TABLET 0.45-20 MG | 2 | HCLV |
| *eemt hs oral tablet 0.625-1.25 mg* | 1 | |
| *eemt oral tablet 1.25-2.5 mg* | 1 | |
| ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION | 3 | HCLV |
| *emzahh oral tablet 0.35 mg* | 1 | ACA |
| ENDOMETRIN VAGINAL INSERT 100 MG | 3 | HCLV; OPT |
| *errin oral tablet 0.35 mg* | 1 | ACA |
| ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) | 3 | HCLV |
| *estradiol oral tablet 0.5 mg, 1 mg, 2 mg* | 1 | |
| *estradiol transdermal gel in metered-dose pump 1.25 gram/actuation* | 1 | HCLV |
| *estradiol 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 %), 1.25 mg/1.25 gram (0.1 %)* | 1 | |
| *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* | 1 | |
| *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* | 1 | |
| *estradiol vaginal cream 0.01 % (0.1 mg/gram)* | 1 | |
| *estradiol vaginal tablet 10 mcg* | 1 | |
| *estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml* | 1 | |
| *estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg* | 1 | |
| ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ESTROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 1.25 GRAM/ACTUATION | 3 | HCLV |
| *estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg* | 1 | |
| EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL 1.53 MG/SPRAY (1.7%) | 2 | |
| FEMRING VAGINAL RING 0.05 MG/24 HR, 0.1 MG/24 HR | 3 | HCLV |
| *fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 1 | |
| *gallifrey oral tablet 5 mg* | 1 | |
| *heather oral tablet 0.35 mg* | 1 | ACA |
| IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG | 3 | |
| IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG | 3 | |
| *incassia oral tablet 0.35 mg* | 1 | ACA |
| *jencycla oral tablet 0.35 mg* | 1 | ACA |
| *jinteli oral tablet 1-5 mg-mcg* | 1 | |
| *lyleq oral tablet 0.35 mg* | 1 | ACA |
| *lyllana 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* | 1 | |
| *lyza oral tablet 0.35 mg* | 1 | ACA |
| *medroxyprogesterone intramuscular suspension 150 mg/ml* | 1 | ACA |
| *medroxyprogesterone intramuscular syringe 150 mg/ml* | 1 | ACA |
| *medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg* | 1 | |
| *meleya oral tablet 0.35 mg* | 1 | ACA |
| MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR | 3 | HCLV |
| *mimvey oral tablet 1-0.5 mg* | 1 | |
| MINIVELLE 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 | 3 | HCLV |
| *nora-be oral tablet 0.35 mg* | 1 | ACA |
| *norethindrone (contraceptive) oral tablet 0.35 mg* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *norethindrone acetate oral tablet 5 mg* | 1 | |
| *norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg* | 1 | |
| OPILL ORAL TABLET 0.075 MG | 2 | ACA |
| *orquidea oral tablet 0.35 mg* | 1 | ACA |
| PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG | 3 | HCLV |
| 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 intramuscular oil 50 mg/ml* | 1 | |
| *progesterone micronized oral capsule 100 mg, 200 mg* | 1 | |
| *progesterone micronized vaginal insert 100 mg* | 1 | OPT |
| PROMETRIUM ORAL CAPSULE 100 MG, 200 MG | 3 | |
| PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG | 3 | |
| *sharobel oral tablet 0.35 mg* | 1 | ACA |
| *tulana oral tablet 0.35 mg* | 1 | ACA |
| VAGIFEM VAGINAL TABLET 10 MCG | 3 | HCLV |
| VIVELLE-DOT 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 | 3 | HCLV |
| *yuvafem vaginal tablet 10 mcg* | 1 | |
| **MISCELLANEOUS OB/GYN** | | |
| ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR | 2 | ACA |
| CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG | 3 | |
| CLEOCIN VAGINAL CREAM 2 % | 3 | HCLV |
| CLEOCIN VAGINAL SUPPOSITORY 100 MG | 3 | |
| *clindamycin phosphate vaginal cream 2 %* | 1 | |
| CLINDESSE VAGINAL CREAM, EXTENDED RELEASE 2 % | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *eluryng vaginal ring 0.12-0.015 mg/24 hr* | 1 | ACA |
| *enilloring vaginal ring 0.12-0.015 mg/24 hr* | 1 | ACA |
| *etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr* | 1 | ACA |
| *fem ph vaginal gel 0.9-0.025 %* | 1 | |
| GWYN LO TRANSDERMAL PATCH WEEKLY 220-20 MCG/24 HR | 3 | ACA |
| GYNAZOLE-1 VAGINAL CREAM 2 % | 3 | |
| INTRAROSA VAGINAL INSERT 6.5 MG | 3 | HCLV |
| LYNKUET ORAL CAPSULE 60 MG | 3 | |
| *metronidazole vaginal gel 0.75 % (37.5mg/5 gram)* | 1 | |
| *miconazole-3 vaginal suppository 200 mg* | 1 | |
| MYFEMBREE ORAL TABLET 40-1-0.5 MG | 3 | |
| NEXPLANON SUBDERMAL IMPLANT 68 MG | 3 | ACA |
| *norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr* | 1 | ACA |
| NUVARING VAGINAL RING 0.12-0.015 MG/24 HR | 3 | ACA |
| NUVESSA VAGINAL GEL 1.3 % (65 MG/5 GRAM) | 3 | |
| ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG (AM) /300 MG (PM) | 3 | |
| OSPHENA ORAL TABLET 60 MG | 3 | HCLV |
| PHEXX VAGINAL GEL 1.8-1-0.4 % | 2 | ACA |
| PREPIDIL VAGINAL GEL 0.5 MG/3 G | 3 | |
| RELAGARD VAGINAL GEL 0.9-0.025 % | 3 | HCLV |
| *terconazole vaginal cream 0.4 %, 0.8 %* | 1 | |
| *terconazole vaginal suppository 80 mg* | 1 | |
| *tranexamic acid oral tablet 650 mg* | 1 | |
| TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR | 3 | ACA |
| *vandazole vaginal gel 0.75 % (37.5mg/5 gram)* | 1 | |
| VCF CONTRACEPTIVE VAGINAL FILM 28 % | 3 | ACA |
| VCF CONTRACEPTIVE VAGINAL GEL 4 % | 3 | ACA |
| VEOZAH ORAL TABLET 45 MG | 3 | |
| XACIATO VAGINAL GEL 2 % | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *xulane transdermal patch weekly 150-35 mcg/24 hr* | 1 | ACA |
| *zafemy transdermal patch weekly 150-35 mcg/24 hr* | 1 | ACA |
| **ORAL CONTRACEPTIVES & RELATED AGENTS** | | |
| *afirmelle oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *after pill oral tablet 1.5 mg* | 1 | ACA |
| AFTERA ORAL TABLET 1.5 MG | 3 | HCLV; 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 oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| *amethyst oral tablet 90-20 mcg (28)* | 1 | ACA |
| *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 |
| AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7) | 3 | HCLV; 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 |
| BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7) | 3 | HCLV; ACA |
| *balziva (28) oral tablet 0.4-35 mg-mcg* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) | 3 | HCLV; ACA |
| *blisovi 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *blisovi fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *briellyn oral tablet 0.4-35 mg-mcg* | 1 | ACA |
| *camrese lo oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 1 | ACA |
| *camrese oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| *caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg* | 1 | ACA |
| *charlotte 24 fe oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)* | 1 | ACA |
| *chateal eq (28) oral tablet 0.15-0.03 mg* | 1 | ACA |
| *cryselle (28) oral tablet 0.3-30 mg-mcg* | 1 | ACA |
| *cyred eq oral tablet 0.15-0.03 mg* | 1 | ACA |
| *cyred oral tablet 0.15-0.03 mg* | 1 | ACA |
| *dasetta 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 1 | ACA |
| *daysee oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| *desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *dolishale oral tablet 90-20 mcg (28)* | 1 | ACA |
| *drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)* | 1 | ACA |
| *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg* | 1 | ACA |
| *econtra ez oral tablet 1.5 mg* | 1 | ACA |
| *econtra one-step oral tablet 1.5 mg* | 1 | ACA |
| *elinest oral tablet 0.3-30 mg-mcg* | 1 | ACA |
| ELLA ORAL TABLET 30 MG | 2 | ACA |
| *enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 1 | ACA |
| *enskyce oral tablet 0.15-0.03 mg* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *estarylla oral tablet 0.25-0.035 mg* | 1 | ACA |
| *falmina (28) oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *feirza oral tablet 1 mg-20 mcg (21)/75 mg (7), 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| FEMLYV ORAL TABLET, DISINTEGRATING 1 MG- 20 MCG | 3 | ACA |
| *finzala oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)* | 1 | ACA |
| *galbriela oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)* | 1 | ACA |
| *gemmily oral capsule 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *hailey 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *hailey fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *hailey fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *hailey oral tablet 1.5-30 mg-mcg* | 1 | ACA |
| *iclevia oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)* | 1 | ACA |
| *introvale oral tablets, dose pack,3 month 0.15 mg-30 mcg (91)* | 1 | ACA |
| *isibloom oral tablet 0.15-0.03 mg* | 1 | ACA |
| *jaimiess oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| *jasmiel (28) oral tablet 3-0.02 mg* | 1 | ACA |
| *jolessa oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)* | 1 | ACA |
| *joyeaux oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | 1 | ACA |
| *juleber oral tablet 0.15-0.03 mg* | 1 | ACA |
| *junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | ACA |
| *junel 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | ACA |
| *junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *junel fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *junel fe 24 oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *kaitlib fe oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *kalliga oral tablet 0.15-0.03 mg* | 1 | ACA |
| *kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *kelnor 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *kurvelo (28) oral tablet 0.15-0.03 mg* | 1 | ACA |
| *larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | ACA |
| *larin 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | ACA |
| *larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *lessina oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)* | 1 | ACA |
| *levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | 1 | ACA |
| *levonorgestrel oral tablet 1.5 mg* | 1 | ACA |
| *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)* | 1 | ACA |
| *levonorgestrel-ethinyl estrad oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)* | 1 | ACA |
| *levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30 (10)* | 1 | ACA |
| LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) | 2 | ACA |
| LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG | 3 | HCLV; ACA |
| LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG | 3 | HCLV; ACA |
| LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) | 3 | HCLV; ACA |
| LOESTRIN FE 1/20 (28-DAY) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7) | 3 | HCLV; ACA |
| *lojaimiess oral tablets, dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)* | 1 | ACA |
| *loryna (28) oral tablet 3-0.02 mg* | 1 | ACA |
| *low-ogestrel (28) oral tablet 0.3-30 mg-mcg* | 1 | ACA |
| *lo-zumandimine (28) oral tablet 3-0.02 mg* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *luizza oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg* | 1 | ACA |
| *lutera (28) oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *marlissa (28) oral tablet 0.15-0.03 mg* | 1 | ACA |
| *mibelas 24 fe oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)* | 1 | ACA |
| *microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg* | 1 | ACA |
| *microgestin 1/20 (21) oral tablet 1-20 mg-mcg* | 1 | ACA |
| *microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)* | 1 | ACA |
| *microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| *mili oral tablet 0.25-0.035 mg* | 1 | ACA |
| *minzoya oral tablet 0.1 mg-0.02 mg (21)/iron (7)* | 1 | ACA |
| *mono-linyah oral tablet 0.25-0.035 mg* | 1 | ACA |
| *my choice oral tablet 1.5 mg* | 1 | ACA |
| *my way oral tablet 1.5 mg* | 1 | ACA |
| NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG | 2 | ACA |
| *necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | 1 | ACA |
| *new day oral tablet 1.5 mg* | 1 | ACA |
| NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28) | 2 | ACA |
| *nikki (28) oral tablet 3-0.02 mg* | 1 | ACA |
| *norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg* | 1 | ACA |
| *norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg (24) /75 mg (4)* | 1 | ACA |
| *norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg* | 1 | ACA |
| *nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg* | 1 | ACA |
| *nortrel 1/35 oral tablet 1-35 mg-mcg (21)* | 1 | ACA |
| *nortrel 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 1 | ACA |
| *nylia 1/35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *nylia 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg* | 1 | ACA |
| *opcicon one-step oral tablet 1.5 mg* | 1 | ACA |
| *option-2 oral tablet 1.5 mg* | 1 | ACA |
| *philith oral tablet 0.4-35 mg-mcg* | 1 | ACA |
| *pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| PLAN B ONE-STEP ORAL TABLET 1.5 MG | 3 | HCLV; ACA |
| *portia 28 oral tablet 0.15-0.03 mg* | 1 | ACA |
| *reclipsen (28) oral tablet 0.15-0.03 mg* | 1 | ACA |
| *rivelsa oral tablets, dose pack, 3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | 1 | ACA |
| *rosyrah oral tablets, dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg* | 1 | ACA |
| SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) | 3 | HCLV; ACA |
| *setlakin oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)* | 1 | ACA |
| *simliya (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *simpesse oral tablets, dose pack, 3 month 0.15 mg-30 mcg (84)/10 mcg (7)* | 1 | ACA |
| SLYND ORAL TABLET 4 MG (28) | 3 | ACA |
| *sprintec (28) oral tablet 0.25-0.035 mg* | 1 | ACA |
| *syeda oral tablet 3-0.03 mg* | 1 | ACA |
| TAKE ACTION ORAL TABLET 1.5 MG | 3 | HCLV; ACA |
| *tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)* | 1 | ACA |
| *tarina fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)* | 1 | ACA |
| TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) | 3 | HCLV; ACA |
| *tilia fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)* | 1 | ACA |
| *tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |
| *tri-legest fe oral tablet 1-20 (5)/1-30 (7) /1mg-35mcg (9)* | 1 | ACA |
| *tri-linyah oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-lo-mili oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-mili oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |
| *tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |
| *tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-0.025 mg* | 1 | ACA |
| *tri-vylibra oral tablet 0.18/0.215/0.25 mg-0.035mg (28)* | 1 | ACA |
| *turqoz (28) oral tablet 0.3-30 mg-mcg* | 1 | ACA |
| TYBLUME ORAL TABLET, CHEWABLE 0.1 MG- 20 MCG | 2 | ACA |
| *tydemy oral tablet 3-0.03-0.451 mg (21) (7)* | 1 | ACA |
| *valtya oral tablet 1-35 mg-mcg, 1-50 mg-mcg* | 1 | ACA |
| *velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg* | 1 | ACA |
| *vestura (28) oral tablet 3-0.02 mg* | 1 | ACA |
| *vienva oral tablet 0.1-20 mg-mcg* | 1 | ACA |
| *viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *volnea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5* | 1 | ACA |
| *vyfemla (28) oral tablet 0.4-35 mg-mcg* | 1 | ACA |
| *vylibra oral tablet 0.25-0.035 mg* | 1 | ACA |
| *wera (28) oral tablet 0.5-35 mg-mcg* | 1 | ACA |
| *wymzya fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)* | 1 | ACA |
| *xarah fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)* | 1 | ACA |
| *xelria fe oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)* | 1 | ACA |
| YASMIN (28) ORAL TABLET 3-0.03 MG | 3 | HCLV; ACA |
| YAZ (28) ORAL TABLET 3-0.02 MG | 3 | HCLV; ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *zarah oral tablet 3-0.03 mg* | 1 | ACA |
| *zovia 1-35 (28) oral tablet 1-35 mg-mcg* | 1 | ACA |
| *zumandimine (28) oral tablet 3-0.03 mg* | 1 | ACA |
| **OXYTOCICS** | | |
| *methylergonovine oral tablet 0.2 mg* | 1 | |
| **OPHTHALMOLOGY** | | |
| **ANTIBIOTICS** | | |
| AZASITE OPHTHALMIC (EYE) DROPS 1 % | 3 | |
| *bacitracin ophthalmic (eye) ointment 500 unit/gram* | 1 | |
| *bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram* | 1 | |
| BESIFLOXACIN OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 % | 3 | |
| BESIVANCE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.6 % | 3 | |
| BETADINE PREP OPHTHALMIC (EYE) SOLUTION 5 % | 3 | |
| CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % | 3 | HCLV |
| *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 | |
| *gentamicin ophthalmic (eye) drops 0.3 %* | 1 | |
| *levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %* | 1 | |
| *moxifloxacin ophthalmic (eye) drops 0.5 %* | 1 | |
| *moxifloxacin ophthalmic (eye) drops, viscous 0.5 %* | 1 | |
| NATACYN OPHTHALMIC (EYE) DROPS, SUSPENSION 5 % | 3 | |
| *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 | |
| OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % | 3 | HCLV |
| *ofloxacin ophthalmic (eye) drops 0.3 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml* | 1 | |
| *povidone-iodine ophthalmic (eye) solution 5 %* | 1 | |
| *tobramycin ophthalmic (eye) drops 0.3 %* | 1 | |
| TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % | 2 | |
| VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % | 3 | HCLV |
| **ANTIVIRALS** | | |
| *trifluridine ophthalmic (eye) drops 1 %* | 1 | |
| ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % | 3 | |
| **BETA-BLOCKERS** | | |
| *betaxolol ophthalmic (eye) drops 0.5 %* | 1 | |
| BETIMOL OPHTHALMIC (EYE) DROPS 0.5 % | 3 | HCLV |
| *carteolol ophthalmic (eye) drops 1 %* | 1 | |
| *levobunolol ophthalmic (eye) drops 0.5 %* | 1 | |
| *timolol maleate (pf) ophthalmic (eye) dropperette 0.25 %, 0.5 %* | 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 | |
| *timolol ophthalmic (eye) drops 0.5 %* | 1 | |
| TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 % | 3 | HCLV |
| **CHOLINESTERASE INHIBITOR MIOTICS** | | |
| PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % | 2 | |
| **CYCLOPLEGIC MYDRIATICS** | | |
| *atropine ophthalmic (eye) drops 1 %* | 1 | |
| CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 % | 3 | HCLV |
| CYCLOGYL OPHTHALMIC (EYE) DROPS 2 % | 3 | |
| *cyclopentolate ophthalmic (eye) drops 1 %* | 1 | |
| *homatropaire ophthalmic (eye) drops 5 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| MYDRIACYL OPHTHALMIC (EYE) DROPS 1 % | 3 | HCLV |
| *tropicamide ophthalmic (eye) drops 0.5 %, 1 %* | 1 | |
| **DIRECT ACTING MIOTICS** | | |
| *pilocarpine hcl ophthalmic (eye) drops 1 %, 1.25 %, 2 %, 4 %* | 1 | |
| QLOSI OPHTHALMIC (EYE) DROPPERETTE 0.4 % | 3 | |
| VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 % | 3 | |
| **MISCELLANEOUS OPHTHALMOLOGICS** | | |
| AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % | 3 | |
| ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % | 3 | HCLV |
| *altacaine ophthalmic (eye) drops 0.5 %* | 1 | |
| ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % | 3 | HCLV |
| *azelastine ophthalmic (eye) drops 0.05 %* | 1 | |
| *bepotastine besilate ophthalmic (eye) drops 1.5 %* | 1 | |
| CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % | 3 | HCLV |
| *cromolyn ophthalmic (eye) drops 4 %* | 1 | |
| *cyclosporine ophthalmic (eye) dropperette 0.05 %* | 1 | |
| CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 % | 3 | HCLV |
| CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % | 3 | |
| *epinastine ophthalmic (eye) drops 0.05 %* | 1 | |
| FLUORESCEIN-BENOXINATE OPHTHALMIC (EYE) DROPS 0.3-0.4 % | 3 | |
| *fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %* | 1 | |
| MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 % | 3 | HCLV |
| OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % | 3 | |
| *proparacaine ophthalmic (eye) drops 0.5 %* | 1 | |
| RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % | 3 | HCLV |
| TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 % | 2 | HCLV |
| *tetracaine hcl ophthalmic (eye) drops 0.5 %* | 1 | |
| TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 % | 3 | |
| TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY | 3 | |
| VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 % | 3 | HCLV |
| VEVYE OPHTHALMIC (EYE) DROPS 0.1 % | 3 | HCLV |
| XDEMVY OPHTHALMIC (EYE) DROPS 0.25 % | 3 | |
| XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % | 3 | |
| ZERVIATE OPHTHALMIC (EYE) DROPPERETTE 0.24 % | 3 | HCLV |
| **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS** | | |
| ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % | 3 | HCLV |
| ACULAR OPHTHALMIC (EYE) DROPS 0.5 % | 3 | HCLV |
| ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % | 3 | HCLV |
| *bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %, 0.09 %* | 1 | |
| BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % | 3 | HCLV |
| *diclofenac sodium ophthalmic (eye) drops 0.1 %* | 1 | |
| *flurbiprofen sodium ophthalmic (eye) drops 0.03 %* | 1 | |
| ILEVRO OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3 % | 3 | |
| *ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %* | 1 | |
| NEVANAC OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 % | 3 | HCLV |
| PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % | 3 | HCLV |
| **ORAL DRUGS FOR GLAUCOMA** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *acetazolamide oral capsule, extended release 500 mg* | 1 | |
| *acetazolamide oral tablet 125 mg, 250 mg* | 1 | |
| *methazolamide oral tablet 25 mg, 50 mg* | 1 | |
| **OTHER GLAUCOMA DRUGS** | | |
| AZOPT OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % | 3 | HCLV |
| *bimatoprost ophthalmic (eye) drops 0.01 %, 0.03 %* | 1 | |
| *brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %* | 1 | |
| *brinzolamide ophthalmic (eye) drops, suspension 1 %* | 1 | |
| COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % | 3 | |
| COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % | 3 | |
| COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML | 3 | HCLV |
| DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 % | 3 | |
| *dorzolamide ophthalmic (eye) drops 2 %* | 1 | |
| *dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %* | 1 | |
| *dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml* | 1 | |
| IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 % | 3 | |
| *latanoprost ophthalmic (eye) drops 0.005 %* | 1 | |
| LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % | 3 | HCLV |
| OMLONTI OPHTHALMIC (EYE) DROPS 0.002 % | 3 | |
| RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % | 3 | |
| ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % | 3 | |
| SIMBRINZA OPHTHALMIC (EYE) DROPS, SUSPENSION 1-0.2 % | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %* | 1 | HCLV |
| TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % | 3 | HCLV |
| *travoprost ophthalmic (eye) drops 0.004 %* | 1 | |
| VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % | 3 | HCLV |
| XALATAN OPHTHALMIC (EYE) DROPS 0.005 % | 3 | HCLV |
| YUVEZZI OPHTHALMIC (EYE) DROPPERETTE 2.75-0.1 % | 3 | |
| ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 % | 3 | HCLV |
| ZOLYMBUS OPHTHALMIC (EYE) DROPPERETTE, GEL 0.01 % | 3 | |
| **STEROID-ANTIBIOTIC COMBINATIONS** | | |
| MAXITROL OPHTHALMIC (EYE) DROPS, SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % | 3 | HCLV |
| *neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%* | 1 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) drops, suspension 3.5mg/ml-10,000 unit/ml-0.1 %* | 1 | |
| *neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %* | 1 | |
| *neomycin-polymyxin-hc ophthalmic (eye) drops, suspension 3.5-10,000-10 mg-unit-mg/ml* | 1 | |
| TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % | 3 | |
| TOBRADEX ST OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.05 % | 2 | HCLV |
| *tobramycin-dexamethasone ophthalmic (eye) drops, suspension 0.3-0.1 %* | 1 | |
| *tobramycin-lotepred ophthalmic (eye) drops, suspension 0.3-0.5 %* | 1 | HCLV |
| ZYLET OPHTHALMIC (EYE) DROPS, SUSPENSION 0.3-0.5 % | 3 | HCLV |
| **STEROIDS** | | |
| BYQLOVI OPHTHALMIC (EYE) DROPS, SUSPENSION 0.05 % | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| CLOBETASOL OPHTHALMIC (EYE) DROPS, SUSPENSION 0.05 % | 3 | HCLV |
| *dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %* | 1 | |
| DEXTENZA INTRACANALICULAR INSERT 0.4 MG | 3 | HCLV |
| *difluprednate ophthalmic (eye) drops 0.05 %* | 1 | |
| DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % | 3 | HCLV |
| EYSUVIS OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 % | 3 | HCLV |
| FLAREX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 % | 3 | HCLV |
| *fluorometholone ophthalmic (eye) drops, suspension 0.1 %* | 1 | |
| FML FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 0.25 % | 2 | HCLV |
| FML LIQUIFILM OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 % | 3 | HCLV |
| INVELTYS OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % | 3 | HCLV |
| LOTEMAX OPHTHALMIC (EYE) DROPS, GEL 0.5 % | 3 | HCLV |
| LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % | 3 | HCLV |
| LOTEMAX SM OPHTHALMIC (EYE) DROPS, GEL 0.38 % | 3 | HCLV |
| *loteprednol etabonate ophthalmic (eye) drops, gel 0.5 %* | 1 | |
| *loteprednol etabonate ophthalmic (eye) drops, suspension 0.2 %* | 1 | HCLV |
| *loteprednol etabonate ophthalmic (eye) drops, suspension 0.5 %* | 1 | |
| MAXIDEX OPHTHALMIC (EYE) DROPS, SUSPENSION 0.1 % | 3 | HCLV |
| PRED FORTE OPHTHALMIC (EYE) DROPS, SUSPENSION 1 % | 3 | HCLV |
| PRED MILD OPHTHALMIC (EYE) DROPS, SUSPENSION 0.12 % | 2 | HCLV |
| *prednisolone acetate ophthalmic (eye) drops, suspension 1 %* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *prednisolone sodium phosphate ophthalmic (eye) drops 1 %* | 1 | |
| **STEROID-SULFONAMIDE COMBINATIONS** | | |
| *sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)* | 1 | |
| **SULFONAMIDES** | | |
| *sulfacetamide sodium ophthalmic (eye) drops 10 %* | 1 | |
| **SYMPATHOMIMETICS** | | |
| ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 % | 3 | |
| *apraclonidine ophthalmic (eye) drops 0.5 %* | 1 | |
| *brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %, 0.2 %* | 1 | |
| IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % | 2 | HCLV |
| **VASOCONSTRICTOR DECONGESTANTS** | | |
| CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % | 3 | |
| *phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %* | 1 | |
| UPNEEQ (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1 % | 3 | HCLV |
| **RESPIRATORY, ALLERGY, COUGH & COLD** | | |
| **ANTIHISTAMINE & ANTIALLERGENIC AGENTS** | | |
| AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML | 3 | HCLV |
| *carbinoxamine maleate oral liquid 4 mg/5 ml* | 1 | |
| CARBINOXAMINE MALEATE ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML | 3 | |
| *carbinoxamine maleate oral tablet 4 mg* | 1 | |
| *carbinoxamine maleate oral tablet 6 mg* | 1 | HCLV |
| *carbzah oral liquid 4 mg/5 ml* | 1 | |
| *cetirizine oral solution 1 mg/ml* | 1 | HCLV |
| CLARINEX ORAL TABLET 5 MG | 3 | HCLV |
| *clemastine oral syrup 0.5 mg/5 ml* | 1 | HCLV |
| *clemastine oral tablet 2.68 mg* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *clemsza oral tablet 2.68 mg* | 1 | HCLV |
| *corphena oral solution 2 mg/5 ml* | 1 | HCLV |
| *cyproheptadine oral syrup 2 mg/5 ml* | 1 | |
| *cyproheptadine oral tablet 4 mg* | 1 | |
| DESLORATADINE ORAL SOLUTION 0.5 MG/ML | 3 | HCLV |
| *desloratadine oral tablet 5 mg* | 1 | |
| *desloratadine oral tablet, disintegrating 2.5 mg, 5 mg* | 1 | |
| *dexchlorpheniramine maleate oral solution 2 mg/5 ml* | 1 | HCLV |
| DIPHEN ORAL ELIXIR 12.5 MG/5 ML | 3 | HCLV |
| *diphenhydramine hcl oral elixir 12.5 mg/5 ml* | 1 | HCLV |
| EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML | 2 | |
| *epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml* | 1 | |
| EPINEPHRINE INJECTION SYRINGE 0.3 MG/0.3 ML | 2 | |
| EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML | 3 | HCLV |
| EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML | 3 | HCLV |
| *hydroxyzine hcl oral solution 10 mg/5 ml* | 1 | |
| *hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg* | 1 | |
| *hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg* | 1 | |
| KARBINAL ER ORAL SUSPENSION, EXTENDED REL 12 HR 4 MG/5 ML | 3 | HCLV |
| *levocetirizine oral solution 2.5 mg/5 ml* | 1 | HCLV |
| *levocetirizine oral tablet 5 mg* | 1 | HCLV |
| NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML) | 3 | |
| *promethazine oral syrup 6.25 mg/5 ml* | 1 | |
| *promethazine oral tablet 12.5 mg, 25 mg, 50 mg* | 1 | |
| *promethazine rectal suppository 12.5 mg, 25 mg* | 1 | |
| *promethegan rectal suppository 12.5 mg, 25 mg* | 1 | |
| *promethegan rectal suppository 50 mg* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| RYCLORA ORAL SOLUTION 2 MG/5 ML | 3 | HCLV |
| RYVENT ORAL TABLET 6 MG | 3 | |
| **COUGH & COLD THERAPY** | | |
| *benzonatate oral capsule 100 mg, 200 mg* | 1 | |
| *benzonatate oral capsule 150 mg* | 1 | HCLV |
| BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML | 3 | |
| *brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml* | 1 | |
| CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG | 3 | HCLV |
| *codeine-guaifenesin oral liquid 10-100 mg/5 ml* | 1 | |
| CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML | 3 | |
| CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML | 3 | |
| *g tussin ac oral liquid 10-100 mg/5 ml* | 1 | |
| HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML | 3 | |
| HYCODAN (WITH HOMATROPINE) ORAL SOLUTION 5-1.5 MG/5 ML | 3 | |
| HYCODAN (WITH HOMATROPINE) ORAL TABLET 5-1.5 MG | 3 | |
| *hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml* | 1 | |
| *hydrocodone-homatropine oral solution 5-1.5 mg/5 ml* | 1 | |
| *hydrocodone-homatropine oral tablet 5-1.5 mg* | 1 | |
| MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML | 3 | |
| *maxi-tuss ac oral liquid 10-100 mg/5 ml* | 1 | |
| MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML | 3 | |
| NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML | 3 | |
| *promethazine-codeine oral syrup 6.25-10 mg/5 ml* | 1 | |
| *promethazine-dm oral solution 6.25-15 mg/5 ml* | 1 | |
| *promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml* | 1 | |
| RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG | 3 | |
| **PULMONARY AGENTS** | | |
| *acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)* | 1 | |
| ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG | 3 | |
| ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE | 3 | |
| ADVAIR HFA INHALATION AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 2 | |
| AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION | 3 | |
| *albuterol hfa 90 mcg inhaler 90 mcg/actuation (generic)* | 1 | QL |
| ALBUTEROL HFA 90 MCG INHALER 90 MCG/ACTUATION (BRAND) | 3 | PA; QL |
| *albuterol sulfate inhalation 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* | 1 | |
| *albuterol sulfate inhalation oral syrup 2 mg/5 ml* | 1 | |
| *albuterol sulfate inhalation oral tablet 2 mg, 4 mg* | 1 | |
| ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION | 3 | HCLV |
| ALYFTREK ORAL TABLET 10-50-125 MG, 4-20-50 MG | 2 | |
| *alyq oral tablet 20 mg* | 1 | |
| *ambrisentan oral tablet 10 mg, 5 mg* | 1 | |
| ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML | 3 | |
| ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 2 | |
| *arformoterol inhalation solution for nebulization 15 mcg/2 ml* | 1 | |
| ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| ASMANEX HFA INHALATION AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 3 | |
| 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) | 3 | |
| ATROVENT HFA INHALATION AEROSOL INHALER 17 MCG/ACTUATION | 3 | HCLV |
| *azelastine-fluticasone nasal spray, non-aerosol 137-50 mcg/spray* | 1 | |
| *beclomethasone dipropionate inhalation aerosol 40 mcg/actuation, 80 mcg/actuation* | 1 | |
| BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG | 3 | |
| *bosentan oral tablet 125 mg, 62.5 mg* | 1 | |
| *bosentan oral tablet for suspension 32 mg* | 1 | |
| BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE | 2 | |
| *breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | 1 | |
| BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-18-4.8 MCG/ACTUATION, 160-9-4.8 MCG/ACTUATION | 3 | |
| BRINSUPRI ORAL TABLET 10 MG, 25 MG | 2 | |
| BRONCHITOL INHALATION CAPSULE, W/INHALATION DEVICE 40 MG | 3 | |
| BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML | 3 | HCLV |
| *budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml* | 1 | |
| *budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation* | 1 | |
| COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION | 2 | |
| *cromolyn inhalation solution for nebulization 20 mg/2 ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| DALIRESP ORAL TABLET 250 MCG, 500 MCG | 3 | HCLV |
| DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML | 3 | |
| DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION | 3 | |
| DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION | 2 | |
| DYMISTA NASAL SPRAY, NON-AEROSOL 137-50 MCG/SPRAY | 3 | HCLV |
| EKTERLY ORAL TABLET 300 MG | 2 | |
| ESBRIET ORAL TABLET 267 MG, 801 MG | 3 | HCLV |
| FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML | 2 | |
| FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 30 MG/ML | 2 | |
| FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML | 3 | HCLV |
| *flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)* | 1 | |
| FLUTICASONE FUROATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION | 2 | |
| FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE | 3 | HCLV |
| FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION | 3 | |
| FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION | 2 | |
| *fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation* | 1 | |
| *fluticasone propionate nasal spray, suspension 50 mcg/actuation* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION | 3 | |
| *fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 1 | |
| FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION | 3 | |
| *formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml* | 1 | |
| HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT | 3 | |
| HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 % | 3 | |
| *icatibant subcutaneous syringe 30 mg/3 ml* | 1 | |
| INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | 2 | HCLV |
| *ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation* | 1 | |
| *ipratropium bromide inhalation solution 0.02 %* | 1 | |
| *ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml* | 1 | |
| JASCAYD ORAL TABLET 18 MG, 9 MG | 3 | |
| KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG | 2 | |
| KALYDECO ORAL TABLET 150 MG | 2 | |
| LETAIRIS ORAL TABLET 10 MG, 5 MG | 3 | HCLV |
| *levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml* | 1 | |
| *levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml* | 1 | HCLV |
| LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION | 3 | HCLV |
| *macitentan oral tablet 10 mg* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *mometasone nasal spray, non-aerosol 50 mcg/actuation* | 1 | HCLV |
| *montelukast oral granules in packet 4 mg* | 1 | |
| *montelukast oral tablet 10 mg* | 1 | |
| *montelukast oral tablet, chewable 4 mg, 5 mg* | 1 | |
| *nebusal inhalation solution for nebulization 3 %* | 1 | |
| NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % | 3 | |
| *nintedanib oral capsule 100 mg, 150 mg* | 1 | |
| NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML | 2 | |
| NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML | 2 | |
| OFEV ORAL CAPSULE 100 MG, 150 MG | 3 | HCLV |
| OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML | 3 | |
| OMNARIS NASAL SPRAY, NON-AEROSOL 50 MCG | 3 | HCLV |
| OPSUMIT ORAL TABLET 10 MG | 3 | HCLV |
| OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG | 2 | |
| ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG | 3 | |
| ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG | 3 | |
| ORLADEYO ORAL CAPSULE 110 MG, 150 MG | 3 | |
| ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG | 3 | |
| PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML | 3 | HCLV |
| *pirfenidone oral capsule 267 mg* | 1 | |
| *pirfenidone oral tablet 267 mg, 801 mg* | 1 | |
| PIRFENIDONE ORAL TABLET 534 MG | 3 | HCLV |
| PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION | 3 | HCLV |
| PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML, 1 MG/2 ML | 3 | HCLV |
| *pulmosal inhalation solution for nebulization 7 %* | 1 | |
| PULMOZYME INHALATION SOLUTION 1 MG/ML | 2 | |
| QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION, 80 MCG/ACTUATION | 3 | HCLV |
| QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION | 2 | |
| REVATIO ORAL TABLET 20 MG | 3 | HCLV |
| *roflumilast oral tablet 250 mcg, 500 mcg* | 1 | |
| RYALTRIS NASAL SPRAY, NON-AEROSOL 665-25 MCG/SPRAY | 3 | |
| *sajazir subcutaneous syringe 30 mg/3 ml* | 1 | HCLV |
| SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE | 2 | |
| *sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml* | 1 | |
| *sildenafil (pulm.hypertension) oral tablet 20 mg* | 1 | |
| SINGULAIR ORAL TABLET 10 MG | 3 | HCLV |
| SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG | 3 | HCLV |
| *sodium chloride inhalation solution for nebulization 0.9 %, 10 %, 3 %, 7 %* | 1 | |
| SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION | 2 | |
| SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG | 2 | |
| STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION | 2 | |
| STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION | 3 | HCLV |
| SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION | 3 | |
| SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) | 2 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *tadalafil (pulm. hypertension) oral tablet 20 mg* | 1 | |
| TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML) | 3 | |
| TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML) | 3 | |
| *terbutaline oral tablet 2.5 mg, 5 mg* | 1 | |
| TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML) | 2 | |
| TEZSPIRE SUBCUTANEOUS SYRINGE 210 MG/1.91 ML (110 MG/ML) | 2 | |
| THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG | 3 | |
| *theophylline oral elixir 80 mg/15 ml* | 1 | |
| *theophylline oral solution 80 mg/15 ml* | 1 | |
| *theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg* | 1 | |
| *theophylline oral tablet extended release 24 hr 400 mg, 600 mg* | 1 | |
| *tiotropium bromide inhalation capsule, w/inhalation device 18 mcg* | 1 | |
| TRACLEER ORAL TABLET 125 MG, 62.5 MG | 3 | HCLV |
| TRACLEER ORAL TABLET FOR SUSPENSION 32 MG | 3 | HCLV |
| TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG | 2 | |
| TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N) | 2 | |
| TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) | 2 | |
| TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION | 3 | |
| TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 48-80 MCG, 64 MCG, 80 MCG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 3 | |
| TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) | 3 | |
| TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML | 3 | |
| UMECLIDINIUM INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION | 2 | HCLV |
| UMECLIDINIUM-VILANTEROL INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION | 2 | |
| VENTOLIN HFA INHALATION AEROSOL INHALER 90 MCG/ACTUATION | 3 | HCLV |
| WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2) | 3 | |
| *wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose* | 1 | |
| XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION | 3 | HCLV |
| XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 3 | |
| XOLAIR SUBCUTANEOUS RECON SOLN 150 MG | 3 | |
| XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML | 3 | |
| XOPENEX HFA INHALATION AEROSOL INHALER 45 MCG/ACTUATION | 3 | HCLV |
| YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML | 3 | |
| YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG | 3 | |
| *zafirlukast oral tablet 10 mg, 20 mg* | 1 | |
| *zileuton oral tablet, er multiphase 12 hr 600 mg* | 1 | |
| **PULMONARY DEVICES** | | |
| ACE AEROSOL CLOUD ENHANCER SPACER | 3 | |
| AEROCHAMBER MECHANICAL VENT SPACER | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| AEROCHAMBER MINI SPACER | 3 | |
| AEROCHAMBER PLUS FLOW-VU SPACER | 3 | |
| AEROCHAMBER PLUS Z STAT SPACER | 3 | |
| AEROCHAMBER2GO SPACER | 3 | |
| AEROTRACH PLUS SPACER | 3 | |
| AEROVENT PLUS SPACER | 3 | |
| BREATHERITE MDI SPACER | 3 | |
| COMPACT SPACE CHAMBER SPACER | 3 | |
| EASIVENT HOLDING CHAMBER SPACER | 3 | |
| FLEXICHAMBER SPACER | 3 | |
| LITEAIRE MDI CHAMBER SPACER | 3 | |
| MICROCHAMBER SPACER | 3 | |
| MICROSPACER SPACER | 3 | |
| OPTICHAMBER DIAMOND VHC SPACER | 3 | |
| POCKET CHAMBER SPACER | 3 | |
| PRIMEAIRE SPACER | 3 | |
| PROCHAMBER SPACER | 2 | |
| RITEFLO AEROCHAMBER SPACER | 3 | |
| SPACE CHAMBER SPACER | 3 | |
| VORTEX HOLDING CHAMBER SPACER | 3 | |
| **UROLOGICALS** | | |
| **ANTICHOLINERGICS & ANTISPASMODICS** | | |
| *darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg* | 1 | |
| *fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg* | 1 | |
| *flavoxate oral tablet 100 mg* | 1 | |
| GEMTESA ORAL TABLET 75 MG | 3 | |
| *mirabegron oral suspension, extended rel recon 8 mg/ml* | 1 | HCLV |
| *mirabegron oral tablet extended release 24 hr 25 mg, 50 mg* | 1 | HCLV |
| MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML | 3 | HCLV |
| MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG | 3 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *oxybutynin chloride oral syrup 5 mg/5 ml* | 1 | |
| *oxybutynin chloride oral tablet 2.5 mg, 5 mg* | 1 | |
| *oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg* | 1 | |
| OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR | 2 | HCLV |
| *solifenacin oral tablet 10 mg, 5 mg* | 1 | |
| *tolterodine oral capsule, extended release 24hr 2 mg, 4 mg* | 1 | |
| *tolterodine oral tablet 1 mg, 2 mg* | 1 | |
| TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG | 3 | HCLV |
| *trospium oral capsule, extended release 24hr 60 mg* | 1 | |
| *trospium oral tablet 20 mg* | 1 | |
| VESICARE ORAL TABLET 10 MG, 5 MG | 3 | HCLV |
| **BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY** | | |
| *alfuzosin oral tablet extended release 24 hr 10 mg* | 1 | |
| AVODART ORAL CAPSULE 0.5 MG | 3 | HCLV |
| CIALIS ORAL TABLET 10 MG, 20 MG, 5 MG | 3 | OPT |
| *dutasteride oral capsule 0.5 mg* | 1 | |
| *dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg* | 1 | |
| ENTADFI ORAL CAPSULE 5-5 MG | 3 | HCLV |
| *finasteride oral tablet 5 mg* | 1 | |
| JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG | 3 | HCLV |
| PROSCAR ORAL TABLET 5 MG | 3 | HCLV |
| *silodosin oral capsule 4 mg, 8 mg* | 1 | |
| *tadalafil oral tablet 10 mg, 20 mg* | 1 | OPT |
| *tamsulosin oral capsule 0.4 mg* | 1 | |
| UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG | 3 | HCLV |
| **CHOLINERGIC STIMULANTS** | | |
| *bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg* | 1 | |
| **MISCELLANEOUS UROLOGICALS** | | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *avanafil oral tablet 100 mg, 200 mg, 50 mg* | 1 | OPT |
| CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG | 3 | OPT |
| CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG | 3 | OPT |
| CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG | 3 | OPT |
| CYSTAGON ORAL CAPSULE 150 MG, 50 MG | 2 | |
| EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG | 3 | OPT |
| ELMIRON ORAL CAPSULE 100 MG | 2 | |
| K-PHOS NO 2 ORAL TABLET 305-700 MG | 3 | |
| K-PHOS ORIGINAL ORAL TABLET, SOLUBLE 500 MG | 3 | |
| *mb caps oral capsule 120-10.8-40.8 mg* | 1 | HCLV |
| *methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg* | 1 | HCLV |
| ORACIT ORAL SOLUTION 490-640 MG/5 ML | 3 | |
| *potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)* | 1 | |
| PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG | 3 | HCLV |
| PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG | 3 | HCLV |
| RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML | 2 | |
| RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5 ML (160 MG/ML) | 3 | |
| RIVFLOZA SUBCUTANEOUS SYRINGE 128 MG/0.8 ML, 160 MG/ML | 3 | |
| *sildenafil oral tablet 100 mg, 25 mg, 50 mg* | 1 | OPT |
| STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG | 3 | OPT |
| URELLE ORAL TABLET 81-10.8-40.8 MG | 3 | HCLV |
| *uretron d-s oral tablet 81.6-10.8-40.8 mg* | 1 | HCLV |
| URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG | 3 | HCLV |
| URIMAR-T ORAL CAPSULE 120-10.8-40.8 MG | 3 | HCLV |
| *urimar-t oral tablet 120-10.8-0.12 mg* | 1 | HCLV |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| URNEVA ORAL CAPSULE 120-10.8-40.8 MG | 3 | HCLV |
| UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) | 3 | |
| UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ | 3 | |
| *urogesic-blue oral tablet 81.6-40.8-0.12 mg* | 1 | HCLV |
| *uro-mp oral capsule 118-10-40.8-36 mg* | 1 | HCLV |
| UROQID-ACID NO.2 ORAL TABLET 500-500 MG | 3 | |
| *uro-sp oral capsule 118-10-40.8-36 mg* | 1 | HCLV |
| *uryl oral tablet 81.6-40.8-0.12 mg* | 1 | HCLV |
| *vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg* | 1 | OPT |
| *vardenafil oral tablet, disintegrating 10 mg* | 1 | OPT |
| VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG | 3 | OPT |
| VYBRIQUE ORAL FILM 100 MG, 25 MG, 50 MG, 75 MG | 3 | OPT |
| **URINARY ANESTHETICS** | | |
| *phenazopyridine oral tablet 100 mg, 200 mg* | 1 | |
| PYRIDIUM ORAL TABLET 100 MG, 200 MG | 3 | HCLV |
| **VITAMINS, HEMATINICS & ELECTROLYTES** | | |
| **ELECTROLYTES** | | |
| AURYXIA ORAL TABLET 210 MG IRON | 3 | |
| *calcium acetate(phosphat bind) oral capsule 667 mg* | 1 | |
| *calcium acetate(phosphat bind) oral tablet 667 mg* | 1 | HCLV |
| EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ | 2 | |
| *effer-k oral tablet, effervescent 25 meq* | 1 | |
| *ferric citrate oral tablet 210 mg iron* | 1 | |
| FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG | 3 | HCLV |
| FOSRENOL ORAL TABLET, CHEWABLE 1,000 MG, 500 MG, 750 MG | 3 | HCLV |
| GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) | 3 | |
| *kionex oral suspension 15 gram/60 ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *klor-con 10 oral tablet extended release 10 meq* | 1 | |
| *klor-con 8 oral tablet extended release 8 meq* | 1 | |
| *klor-con m10 oral tablet, er particles/crystals 10 meq* | 1 | |
| *klor-con m15 oral tablet, er particles/crystals 15 meq* | 1 | |
| *klor-con m20 oral tablet, er particles/crystals 20 meq* | 1 | |
| *klor-con oral packet 20 meq* | 1 | |
| *lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg* | 1 | |
| LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM | 3 | |
| *lugols oral solution 5 %* | 1 | |
| POKONZA ORAL LIQUID 10 MEQ/15 ML | 3 | HCLV |
| POKONZA ORAL PACKET 10 MEQ | 3 | |
| POKONZA ORAL PACKET 15 MEQ | 3 | HCLV |
| *potassium chloride oral capsule, extended release 10 meq, 8 meq* | 1 | |
| *potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml* | 1 | |
| *potassium chloride oral packet 20 meq* | 1 | |
| *potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq* | 1 | |
| POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ | 2 | |
| *potassium chloride oral tablet, er particles/crystals 10 meq, 15 meq, 20 meq* | 1 | |
| RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM | 3 | HCLV |
| RENVELA ORAL TABLET 800 MG | 3 | HCLV |
| *sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram* | 1 | HCLV |
| *sevelamer carbonate oral tablet 800 mg* | 1 | |
| *sevelamer hcl oral tablet 400 mg, 800 mg* | 1 | HCLV |
| *sodium polystyrene sulfonate oral powder 15 gram* | 1 | |
| *sodium polystyrene sulfonate oral suspension 15 gram/60 ml* | 1 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *sps (with sorbitol) oral suspension 15-20 gram/60 ml* | 1 | |
| *sps (with sorbitol) rectal enema 30-40 gram/120 ml* | 1 | |
| *strong iodine oral solution 5 %* | 1 | |
| VELPHORO ORAL TABLET, CHEWABLE 500 MG | 3 | |
| VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM | 3 | |
| XPHOZAH ORAL TABLET 20 MG, 30 MG | 3 | HCLV |
| **MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES** | | |
| AQNEURSA ORAL GRANULES IN PACKET 1 GRAM | 3 | |
| DOJOLVI ORAL LIQUID 8.3 KCAL/ML | 3 | HCLV |
| **VITAMINS & HEMATINICS** | | |
| ACCRUFER ORAL CAPSULE 30 MG | 3 | HCLV |
| BAL-CARE DHA ESSENTIAL ORAL COMBO PACK, TABLET AND CAP, DR 27 MG IRON-1 MG -374 MG | 3 | |
| *bal-care dha oral combo pack, tablet and cap, dr 27-1-430 mg* | 1 | |
| *complete natal dha oral combo pack 29 mg iron- 1 mg-200 mg* | 1 | |
| CONCEPT DHA ORAL CAPSULE 35-1-200 MG | 3 | |
| CONCEPT OB ORAL CAPSULE 85-1 MG | 3 | |
| *cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml* | 1 | |
| *cyanocobalamin (vitamin b-12) nasal spray, non-aerosol 500 mcg/spray* | 1 | |
| *elite-ob oral tablet 50 mg iron- 1.25 mg* | 1 | |
| ENBRACE HR ORAL CAPSULE, IR - DELAY REL, BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG | 3 | |
| *ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)* | 1 | |
| FA-8 ORAL CAPSULE 0.8 MG | 3 | |
| FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML | 3 | |
| *flotrex oral tablet, chewable 1 mg* | 1 | ACA |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| *fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml* | 1 | ACA |
| *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)* | 1 | ACA |
| *folic acid injection solution 5 mg/ml* | 1 | |
| FOLIC ACID ORAL SOLUTION 0.2 MG/ML | 3 | |
| *folic acid oral tablet 1 mg* | 1 | |
| *folic acid oral tablet 400 mcg, 800 mcg* | 1 | ACA |
| *folivane-ob oral capsule 85-1 mg* | 1 | |
| *hydroxocobalamin intramuscular solution 1,000 mcg/ml* | 1 | |
| KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG | 3 | |
| *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)* | 1 | ACA |
| MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG | 3 | |
| *m-natal plus oral tablet 27 mg iron- 1 mg* | 1 | |
| *multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml* | 1 | ACA |
| *multi-vitamin with fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg* | 1 | ACA |
| *mvc-fluoride oral tablet, chewable 0.25 mg, 0.5 mg, 1 mg* | 1 | ACA |
| *mynatal oral capsule 65 mg iron- 1 mg* | 1 | |
| *mynatal plus oral tablet 65 mg iron- 1 mg* | 1 | |
| *mynatal-z oral tablet 65 mg iron- 1 mg* | 1 | |
| NASCOBAL NASAL SPRAY, NON-AEROSOL 500 MCG/SPRAY | 3 | HCLV |
| NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG | 3 | |
| *neo-vital rx oral tablet 27 mg iron- 1 mg* | 1 | |
| NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG | 3 | |
| NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG | 3 | |
| NESTABS ONE ORAL CAPSULE 38-1-225 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| NESTABS ORAL TABLET 32-1,000 MG-MCG | 3 | |
| *newgen oral tablet 32-1,000 mg-mcg* | 1 | |
| OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG | 3 | HCLV |
| OB COMPLETE ORAL TABLET 50 MG IRON-1.25 MG | 2 | HCLV |
| OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG | 3 | HCLV |
| OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG | 3 | HCLV |
| OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG | 3 | HCLV |
| *one natal rx oral tablet 27 mg iron- 1 mg* | 1 | |
| *pnv-dha oral capsule 27 mg iron-1 mg -300 mg* | 1 | |
| *pnv-omega oral capsule 28-1-300 mg* | 1 | |
| *pnv-select oral tablet 27-1 mg* | 1 | |
| *pr natal 400 ec oral combo pack, tablet and cap, dr 29-1-400 mg* | 1 | |
| *pr natal 400 oral combo pack 29-1-400 mg* | 1 | |
| *pr natal 430 ec oral combo pack, tablet and cap, dr 29-1-430 mg* | 1 | |
| *pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg* | 1 | |
| PRENATA ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG | 3 | |
| *prenatabs fa oral tablet 29-1 mg* | 1 | |
| *prenatabs rx oral tablet 29 mg iron- 1 mg* | 1 | |
| *prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg* | 1 | |
| PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG | 3 | |
| *prenatal plus oral tablet 29 mg iron- 1 mg* | 1 | |
| *prenatal-u oral capsule 106.5-1 mg* | 1 | |
| PRENATE AM ORAL TABLET 1-500 MG | 3 | |
| PRENATE CHEWABLE ORAL TABLET, CHEWABLE 1 MG | 3 | |
| PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG | 3 | |
| PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG | 3 | |
| PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG | 3 | |
| PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG | 3 | |
| PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG | 3 | |
| PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG | 3 | |
| PRENATE STAR ORAL TABLET 20 MG IRON-1 MG | 3 | |
| PROVIDA OB ORAL CAPSULE 40 MG IRON-1.25 MG | 3 | |
| R-NATAL OB ORAL CAPSULE 20 MG IRON-1 MG-320 MG | 3 | |
| SELECT-OB (FOLIC ACID) ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG | 3 | |
| SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG | 3 | |
| SELECT-OB ORAL TABLET, CHEWABLE 29 MG IRON- 1 MG | 3 | |
| *soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml* | 1 | ACA |
| *taron-c dha oral capsule 35-1-200 mg* | 1 | |
| THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG | 3 | |
| TRICARE ORAL TABLET 27 MG IRON- 1 MG | 3 | |
| *trinatal rx 1 oral tablet 60 mg iron-1 mg* | 1 | |
| *trinate oral tablet 28 mg iron- 1 mg* | 1 | |
| TRINAZ ORAL TABLET 12-1 MG | 3 | HCLV |
| TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG | 3 | |
| *tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml* | 1 | ACA |
| VITAFOL FE PLUS ORAL CAPSULE 90 MG IRON- 1 MG-200 MG | 3 | |

| Drug Name | Drug Tier | Requirements / Limits |
|---|---|---|
| VITAFOL GUMMIES ORAL TABLET, CHEWABLE 3.33 MG IRON- 0.33 MG | 3 | |
| VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG | 3 | |
| VITAFOL-OB ORAL TABLET 65-1 MG | 2 | |
| VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG | 3 | |
| VITAFOL-ONE ORAL CAPSULE 29 MG IRON-1 MG-200 MG | 3 | |
| VITAMEDMD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG | 3 | |
| *wescap-pn dha oral capsule 27 mg iron-1 mg -300 mg* | 1 | |
| *wesnate dha oral capsule 28 mg iron-1 mg -200 mg* | 1 | |
| *westab plus oral tablet 27 mg iron- 1 mg* | 1 | |
| *westgel dha oral capsule 31 mg iron- 1 mg-200 mg* | 1 | |
| *zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg* | 1 | |
| *zatean-pn plus oral capsule 28-1-300 mg* | 1 | |
| *zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg* | 1 | |

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