



**INDIVIDUAL AND FAMILY PLANS
4-TIER PRESCRIPTION DRUG
FORMULARY
(STANDARD PLAN)**

(Effective January – March 2027)

**PLEASE READ: This document contains information
about some of the drugs we cover in this plan.**

Members must use in-network pharmacies to fill their prescription drugs.
Your benefits, drug list, pharmacy network, premium and/or
copayments/coinsurance may sometimes change.

INTRODUCTION

This formulary was developed to serve as a guide for prescribers, pharmacists, health care professionals and members in the selection of cost-effective medication therapy. AvMed recognizes that medication therapy is an integral part of effective health management. Due to the vast availability of medication options, a reasonable program for medication selection and use is warranted.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. This formulary is reflective of current medical practice as of the date of review.

The information contained in this formulary and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure the accuracy of such information nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill, and judgment of the medical provider in his or her choice of prescription drugs. All the information in this formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at www.ahrq.gov/gam/index.html on the websites listed under each therapeutic class and on the sites listed in the WEBSITES section of this publication.

This formulary is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at www.avmed.org/prescriptions. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DEFINITIONS

Brand Medication - A prescription medication that is usually manufactured and sold under a name or trademark by a pharmaceutical manufacturer, or a medication that is identified as a Brand medication by AvMed's Pharmacy Benefits Manager (PBM).

Brand Additional Charge - The additional charge that must be paid if you or your prescriber choose a brand medication when a generic equivalent is available. The charge is the difference between the cost of the brand medication and the generic medication. This charge must be paid in addition to the applicable copayment.

Cost-sharing Medications - Medications, as designated by AvMed, designed to improve the quality of life by treating relatively minor, non-life-threatening conditions. Such medications are subject to coinsurance and coverage is limited

Generic Medication - A prescription medication that has the same active ingredient as a brand medication or is identified as a generic medication by AvMed's Pharmacy Benefits Manager. Generic products approved by the United States Food and Drug Administration (FDA) are just as effective and safe as the brand-name products. Generic medications contain identical active ingredients, have the same indication for use, meet the same manufacturing standards, and are identical in strength and dosage form as brand-name medications.

Maintenance Medication - A medication that has been approved by the FDA, for which the duration of therapy can reasonably be expected to exceed one year.

Participating Pharmacy - A pharmacy (retail, mail service, or specialty pharmacy) that has entered into an agreement with AvMed to provide prescription drugs to AvMed members and has been designated by AvMed as a participating pharmacy

Preferred Medication List - The listing of preferred medications based on clinical efficacy, relative safety, and cost in comparison to similar medications within a therapeutic class. This multi-tiered list establishes different levels of copay for medications within therapeutic classes. As new medications become available, they may be considered excluded until they have been reviewed by the P&T Committee.

Prescription Medication - A medication that has been approved by the FDA and that can only be dispensed pursuant to a prescription according to state and federal law.

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to AvMed's guidelines. The ordering prescriber must obtain approval from AvMed. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by AvMed. To initiate a prior authorization, please visit our website at www.avmed.org/prescriptions/ to obtain the appropriate drug authorization request form.

Self-Administered Injectable Medication - A medication that has been approved by the FDA for self-injection and is administered by subcutaneous injection. Prior authorization is required for most self-administered injectable medications, except insulin.

Specialty Medication - A self-injectable or high-cost oral medication approved by the FDA. These medications must be prescribed by a physician and dispensed by either a retail or participating specialty pharmacy, depending on the medication. The co-payment levels for Specialty Medications apply regardless of provider. This means that you may be responsible for the appropriate co-payment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity Limit - Medications included in this program allow a maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines. If your prescription exceeds the quantity limit, prior authorization will be required.

BENEFIT COVERAGE AND LIMITATIONS

This medication formulary is for reference purposes only and does not guarantee nor define benefit coverage and limitations. Many members have specific benefits, which are not reflected in this formulary. You may contact AvMed's Member Engagement Department regarding any coverage questions by calling the number listed on the back of your card. Please note that the formulary process is dynamic and generally changes throughout the year. These changes typically occur due to, but not limited to, the following reasons: approval of new medications, availability of newly approved generics, changes in clinical data, and medication safety concerns. AvMed is not held responsible for payment if either a medication was omitted or included in error, or that a medication was placed at an incorrect tier on this formulary. The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Your prescription medication coverage includes medications that require a prescription, are filled by a participating AvMed pharmacy, and are prescribed by your provider in accordance with AvMed's coverage criteria. AvMed reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 30-day supply of a

medication for the listed copay. In most cases, your prescription may be refilled after 75% of your previous fill has been used and is subject to a maximum of 13 refills per year. Many plans may provide the option to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes up to a 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

Your specialty medication coverage extends to many self-injectable and high-cost oral medications approved by the FDA. These medications must be ordered by a prescriber and dispensed by a retail or specialty pharmacy, depending on the type of medication. The copayment levels for specialty medications apply regardless of provider. This means that you may be responsible for the appropriate copayment whether you receive your Specialty Medication from the pharmacy, at the physician's office or during home health visits. Specialty Medications are limited to a 30-day supply.

Quantity limits are set in accordance with FDA approved prescribing limitations, general practice guidelines supported by medical specialty organizations, and/or evidence-based, statistically valid, clinical studies. This means that a medication-specific quantity limit may apply for medications that have an increased potential for over-utilization or an increased potential for a member to experience an adverse event at higher doses.

What if my drug is not listed in the formulary?

If you are unsure if a drug is covered by your plan, please call Member Engagement for assistance. If you learn your plan does not cover your drug, here are some steps you may take:

- Visit www.avmed.org/prescriptions to find your plans prescription drug list and review it with your doctor to determine if any of the covered drugs are viable alternatives.
- If the formulary alternatives are not appropriate to treat your condition, you may request an exception for coverage of the non-formulary drug. Please note that although an exception can be granted to cover the non-formulary drug it will be considered a non-preferred drug and may be more expensive than the covered alternatives.

How do I ask for an exception to AvMed's drug list?

You may request an exception to your prescription drug coverage for drugs that are not included on your plans prescription drug list. To make a request for an exception to your prescription drug coverage, you or your doctor must submit a completed Pharmacy Drug Authorization Request form available at www.avmed.org/prescriptions or you may call the number on the back of your card to initiate this request.

How likely is it that an exception request is approved?

AvMed may approve your request for an exception to your prescription drug coverage if the preferred formulary drugs included on your plan's prescription drug list would not be as effective in treating your condition or cause you to experience adverse medical effects.

How do I find out if my exception request is approved?

AvMed will process your request and provide a decision within 72 hours of receipt of the information necessary to make a decision. You can ask for an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to three business days for a decision. If your expedited request is granted, we will provide a decision within 24 hours of receipt of the information necessary to make a decision. You and your doctor will be notified in writing of the decision. You may also contact Member Engagement to inquire about the status of your exception request.

Prior Authorization Process

The prior authorization process requires the practitioner to provide information to support the clinical criteria that must be met for approval. The completed drug authorization request form and supporting clinical documentation must be submitted to AvMed by fax to 1-305-671-0200. The pharmacy drug authorization request forms are available at www.avmed.org/prescriptions or www.avmed.org/forms/provider.

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the AvMed Member Engagement Department at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Engagement Department. Members may also initiate the prior authorization process by logging into www.avmed.org and then clicking the link "Prescriptions".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary. Quantity limits are developed based upon FDA-approved medication labeling and nationally recognized therapeutic clinical guidelines. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization for the quantity limit exception as described above.

Non-formulary Medication Requests

A request for a non-formulary medication requires documentation from the member's medical records and/or prescription claims history verifying the following: statement of medical necessity; contraindications to ALL other formulary alternatives; or therapeutic failure of adequate trials of one to three months of each and ALL other formulary alternatives. Non-formulary requests may be requested by the prescriber through the prior authorization process as described above.

Tier Description

Each copay tier is assigned an established co-payment, which is the amount you pay when you fill a prescription. Consult your benefit documents to determine your specific co-payments, coinsurance, and/or deductibles that are part of your plan. You and your doctor decide which medication is most appropriate for you.

Tier	Definition
1	Generics - These are preferred generic medications and are in the low to mid-range for out-of-pocket expense. You should always consider Tier 1 medications if you and your doctor decide they are appropriate to treat your condition.
2	Preferred Brands - These are preferred brand or high-cost generic medications and are in the mid to higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 that may be appropriate to treat your condition. If you are currently taking a Tier 2 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
3	Non-Preferred Brands - These are non-preferred brand or non-preferred generic medications and are in the higher range for out-of-pocket expense. Sometimes there are alternatives available in Tier 1 or Tier 2 that may be appropriate to treat your condition. If you are currently taking a Tier 3 medication, ask your doctor whether there are lower copayment alternatives that may be right for your treatment.
4	Specialty Drugs - These are brand or generic-name specialty medications or high-cost medications and are typically the highest out-of-pocket expense. Distribution of specialty medications is limited to our specialty pharmacy.
9	Zero Cost Share Preventative Drugs - These are drugs covered under the Patient Protection and Affordable Care Act (PPACA) at no cost-share (\$0), to you.

*Please note that **Brand** products are listed in CAPITALS and **Generic** products are listed in *lowercase italics*.

What's Not Covered: Common Exclusions

Certain items may be excluded from your pharmacy benefit coverage. Prior authorization is generally not available for medications specifically excluded by benefit design. Commonly excluded products may include, but are not limited to:

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing.
- Experimental medication products or any medication product used in an experimental manner.
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA).
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill, unless otherwise specified in the member's specific benefit plan.
- Fertility drugs, unless otherwise specified in the member's specific benefit plan.
- Medications or devices for the diagnosis or treatment of sexual dysfunction, unless otherwise specified in the member's specific benefit plan.
- Dental-specific medications, including fluoride medications for adults.

- Prescription and non-prescription vitamins and minerals, except prenatal vitamins.
- Nutritional supplements and Medical Foods.
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications.
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss, unless otherwise specified in the member's specific benefit plan.
- Compounded prescriptions, except pediatric preparations.
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations, allergy serums, medical supplies (including therapeutic devices, dressings, appliances, and support garments), medications administered by the attending physician to treat an acute phase of an illness, and chemotherapy for cancer patients. Such benefits are covered in accordance with the Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

AvMed advocates the use of cost-effective generic medications where FDA-labeled brand-equivalent medications are available. A generic medication is approved by the FDA once the manufacturer has proven that it has the same active ingredient(s) as the brand-name medication. Generally, generic medications cost less than brand-name medications. If a member or a prescriber requests a brand-name product in lieu of an approved generic, the member, based upon his/her coverage, will typically be required to pay the Non-Preferred Brand Copay plus the Brand Additional Charge.

Health Care Reform – Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allows members to receive some preventative, evidence-based items, and services at no cost to the member with certain stipulations. Examples of categories of medications that may be subject to limited, or \$0 cost share include aspirin, breast cancer preventative, fluoride supplements, folic acid supplements, iron supplements, tobacco cessation products, immunizations, bowel preparation for colonoscopy, and some contraceptive medications and devices.

Some of the limitations for receiving these medications at no cost to the member require that: (1) the medication is covered as part of the prescription benefits, (2) a prescription is required, and (3) this coverage will only apply in a retail pharmacy. As new guidance continues to be released for coverage of preventive medications, the list and/or restrictions will be updated accordingly.

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Always ask your doctor to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications

within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 or 4 medication, you should consult with your physician to see if there are other medication alternatives that are on a lower tier.

MEDICATIONS PRE-PACKAGED AS A 90-DAY SUPPLY

Our pharmacy benefit covers some medications that are pre-packaged, dispensed and sold as a 90-day supply. Members who are prescribed these medications will be charged the applicable tier co-payment for a 90-day supply whether the prescription is filled at retail or through the mail-service option. Examples of medications packaged as 90-day supplies include: Estrin, Femring, and Seasonique. Please consult our website for an up-to-date list of medications or call Member Engagement at the number on the back of your card for more information on coverage.

CONTACT INFORMATION

This formulary is designed to assist prescribers, members, and other health care professionals in the selection of cost-effective medications. AvMed encourages your input and feedback on how we can assist in improving this document and the formulary management process. You may contact AvMed's Member Engagement Department by calling the number listed on the back of your card. For additional information, please visit our website at: www.avmed.org/prescriptions.

NOTICE

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When viewing this formulary via the Internet, please be advised that this formulary is updated periodically, and changes may appear prior to their effective date to allow for client notification.

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

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List of Abbreviations

1: Generic

2: Preferred Brand

3: Non-Preferred Brand

4: Specialty Drugs

9: Zero Cost Share Preventive Drugs

ACA: Affordable Care Act.

CGM: Continuous Glucose Monitor

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

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

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

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

SP: Specialty Drug

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

Drug Name	Drug Tier	Requirements / Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>clotrimazole mucous membrane</i>	1	QL (5 per 1 day)
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	QL (40 per 1 day)
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	1	QL (10 per 1 day)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	1	QL (4 per 1 day)
<i>fluconazole oral tablet 150 mg</i>	1	QL (4 per 30 days)
<i>fluconazole oral tablet 50 mg</i>	1	QL (8 per 1 day)
<i>griseofulvin microsize oral suspension</i>	1	QL (40 per 1 day)
<i>griseofulvin microsize oral tablet</i>	1	QL (2 per 1 day)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	QL (3 per 1 day)
<i>itraconazole oral capsule</i>	2	QL (4 per 1 day)
<i>ketoconazole oral</i>	1	QL (2 per 1 day)
<i>nystatin oral suspension</i>	1	QL (24 per 1 day)
<i>nystatin oral tablet</i>	1	QL (6 per 1 day)
ORAVIG	3	14 tabs per fill
<i>posaconazole oral suspension</i>	2	PA; QL (20 per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
<i>voriconazole oral tablet 200 mg</i>	2	QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	QL (4 per 1 day)
ANTIVIRALS		
<i>abacavir oral solution</i>	2	SP; QL (30 per 1 day)
<i>abacavir oral tablet</i>	2	SP; QL (2 per 1 day)
<i>abacavir-lamivudine</i>	2	SP; QL (1 per 1 day)
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	4	PA; SP; QL (1 per 1 day)
<i>amantadine hcl oral capsule</i>	1	
<i>amantadine hcl oral solution</i>	1	
<i>amantadine hcl oral tablet</i>	2	
APTIVUS	4	SP; QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	SP; QL (2 per 1 day)
<i>atazanavir oral capsule 300 mg</i>	2	SP; QL (1 per 1 day)
BARACLUDE ORAL SOLUTION	4	SP; QL (20 per 1 day)
BIKTARVY	4	SP; QL (1 per 1 day)
<i>darunavir oral tablet 600 mg</i>	4	SP; QL (2 per 1 day)
<i>darunavir oral tablet 800 mg</i>	4	SP; QL (1 per 1 day)
DESCOVY	4	SP; ACA; QL (1 per 1 day)
DOVATO	4	SP; QL (1 per 1 day)
EDURANT PED	4	SP; QL (6 per 1 day)
<i>efavirenz oral tablet</i>	2	SP; QL (1 per 1 day)
<i>efavirenz-emtricitabin-tenofov</i>	2	SP; QL (1 per 1 day)
<i>efavirenz-lamivu-tenofov disop</i>	4	SP; QL (1 per 1 day)
<i>emtricitabine</i>	4	SP; QL (1 per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	SP; QL (1 per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	SP; ACA; QL (1 per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	SP; QL (1 per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	SP; QL (1 per 1 day)
EMTRIVA ORAL SOLUTION	4	SP; QL (24 per 1 day)
<i>entecavir</i>	4	SP; QL (1 per 1 day)
EPCLUSA	4	PA; SP; QL (1 per 1 day)
<i>etravirine oral tablet 100 mg</i>	4	SP; QL (4 per 1 day)
<i>etravirine oral tablet 200 mg</i>	4	SP; QL (2 per 1 day)
EVOTAZ	4	SP; QL (1 per 1 day)
<i>famciclovir</i>	1	
<i>fosamprenavir</i>	4	SP; QL (4 per 1 day)
GENVOYA	4	SP; QL (1 per 1 day)
HARVONI	4	PA; SP
INTELENCE ORAL TABLET 25 MG	4	SP; QL (16 per 1 day)
ISENTRESS HD	4	SP; QL (2 per 1 day)
ISENTRESS ORAL TABLET	4	SP; QL (2 per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	SP; QL (6 per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	SP; QL (12 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
JULUCA	4	SP; QL (1 per 1 day)
KALETRA ORAL SOLUTION	4	SP; QL (13 per 1 day)
<i>lamivudine oral solution</i>	2	SP; QL (30 per 1 day)
<i>lamivudine oral tablet 100 mg</i>	4	SP; QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg</i>	2	SP; QL (2 per 1 day)
<i>lamivudine oral tablet 300 mg</i>	2	SP; QL (1 per 1 day)
<i>lamivudine-zidovudine</i>	2	SP; QL (2 per 1 day)
LEDIPASVIR-SOFOSBUVIR	2	PA; SP
LIVTENCITY	4	PA; SP; QL (4 per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	4	SP; QL (10 per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	4	SP; QL (4 per 1 day)
<i>maraviroc oral tablet 150 mg</i>	4	SP; QL (2 per 1 day)
<i>maraviroc oral tablet 300 mg</i>	4	SP; QL (4 per 1 day)
MAVYRET ORAL PELLETS IN PACKET	2	PA; SP; QL (6 per 1 day)
MAVYRET ORAL TABLET	2	PA; SP; QL (3 per 1 day)
<i>nevirapine oral suspension</i>	2	SP; QL (40 per 1 day)
<i>nevirapine oral tablet</i>	2	SP; QL (2 per 1 day)
<i>nevirapine oral tablet extended release 24 hr</i>	2	SP; QL (1 per 1 day)
ODEFSEY	4	SP; QL (1 per 1 day)
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	2	QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (60 per 365 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG	4	PA; SP; QL (2 per 1 day)
PREVYMIS ORAL PELLETS IN PACKET 20 MG	4	PA; SP; QL (4 per 1 day)
PREVYMIS ORAL TABLET	4	PA; SP; QL (1 per 1 day)
PREZISTA ORAL SUSPENSION	4	SP; QL (12 per 1 day)
PREZISTA ORAL TABLET 150 MG	4	SP; QL (6 per 1 day)
PREZISTA ORAL TABLET 75 MG	4	SP; QL (10 per 1 day)
<i>ribavirin inhalation</i>	4	SP
<i>ribavirin oral capsule</i>	4	SP
<i>ribavirin oral tablet 200 mg</i>	4	SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>rilpivirine hcl</i>	4	SP; QL (1 per 1 day)
<i>rimantadine</i>	1	
<i>ritonavir</i>	2	SP; QL (12 per 1 day)
SELZENTRY ORAL SOLUTION	4	SP; QL (60 per 1 day)
SOFOSBUVIR-VELPATASVIR	2	PA; SP; QL (1 per 1 day)
SOVALDI	4	PA; SP
STRIBILD	4	SP; QL (1 per 1 day)
<i>tenofovir disoproxil fumarate</i>	2	SP; QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	4	SP; QL (2 per 1 day)
TIVICAY PD	4	SP; QL (6 per 1 day)
TRIUMEQ	4	SP; QL (1 per 1 day)
TRIUMEQ PD	4	SP; QL (6 per 1 day)
<i>valacyclovir</i>	1	
<i>valganciclovir oral recon soln</i>	4	PA for Age greater than or equal to 9 year(s); SP
<i>valganciclovir oral tablet</i>	4	SP
VEMLIDY	4	PA; SP; QL (1 per 1 day)
VIRACEPT ORAL TABLET 250 MG	4	SP; QL (10 per 1 day)
VIRACEPT ORAL TABLET 625 MG	4	SP; QL (4 per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	SP; QL (1 per 1 day)
VOSEVI	4	PA; SP
XOCOVA	3	QL (7 per 30 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per 183 days)
<i>zidovudine oral capsule</i>	2	SP; QL (6 per 1 day)
<i>zidovudine oral syrup</i>	2	SP; QL (60 per 1 day)
<i>zidovudine oral tablet</i>	2	SP; QL (2 per 1 day)
CEPHALOSPORINS		
<i>cefactor oral capsule</i>	1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefactor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime oral capsule</i>	2	
<i>cefixime oral suspension for reconstitution</i>	2	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral suspension for reconstitution</i>	1	
<i>azithromycin oral tablet</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 mL per fill
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for Age greater than or equal to 9 year(s)
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
<i>fidaxomicin</i>	2	PA; 20 tablets per fill
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (180 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	4	PA; SP; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>atovaquone-proguanil</i>	2	
BENZNIDAZOLE	3	PA
CAYSTON	4	SP; LA; QL (3 per 1 day)
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	3	QL (24 per 365 days)
<i>cycloserine</i>	2	
<i>dapsone oral</i>	1	
EMVERM	3	PA; 2 tabs per fill
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
<i>isoniazid oral</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 per 90 days)
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
<i>linezolid</i>	1	
<i>mefloquine</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
<i>pentamidine inhalation</i>	2	QL (1 per 28 days)
<i>praziquantel</i>	2	
PRETOMANID	3	PA; QL (1 per 1 day)
PRIFTIN	3	QL (8 per 1 day)
<i>primaquine</i>	1	
<i>pyrazinamide</i>	2	
<i>pyrimethamine</i>	4	PA; SP; QL (3 per 1 day)
<i>quinine sulfate</i>	2	
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
<i>rifapentine</i>	2	QL (8 per 1 day)
SIVEXTRO ORAL	4	SP
<i>tinidazole</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
TOBI PODHALER	4	ST; SP; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	4	SP; QL (10 per 1 day)
<i>tobramycin inhalation</i>	4	SP; QL (224 per 28 days)
VABOMERE	4	PA
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (42 per 120 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	2	
<i>ofloxacin oral tablet 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral capsule</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate oral tablet</i>	2	QL (4 per 1 day)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>trimethoprim</i>	1	
VANCOMYCIN		
<i>vancomycin oral capsule</i>	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
VISTOGARD	4	SP; QL (20 per 30 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; SP; QL (4 per 1 day)
<i>abirtega</i>	4	PA; SP; QL (4 per 1 day)
<i>anastrozole</i>	1	ACA
AVMAPKI-FAKZYNJA	4	PA; SP; QL (66 per 28 days)
<i>azathioprine oral tablet 50 mg</i>	1	
<i>bexarotene</i>	4	PA; SP
<i>bicalutamide</i>	1	
BOSULIF ORAL CAPSULE 100 MG	4	PA; SP; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	4	PA; SP; QL (1 per 1 day)
<i>bosutinib oral tablet 100 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>bosutinib oral tablet 400 mg, 500 mg</i>	4	PA; SP; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
BRUKINSA ORAL TABLET	4	PA; SP; LA; QL (2 per 1 day)
BYNFEZIA	4	PA; SP
CALQUENCE (ACALABRUTINIB MAL)	4	PA; SP; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	4	PA; SP; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	4	PA; SP; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	4	PA; SP; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA; SP; LA; QL (1 per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; SP; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; SP; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; SP; QL (84 per 28 days)
<i>cyclophosphamide oral capsule</i>	4	SP
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	SP
<i>cyclosporine modified</i>	1	SP
<i>cyclosporine oral capsule</i>	1	SP
DANZITEN	4	PA; SP; QL (2 per 1 day)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	4	PA; SP; QL (3 per 1 day)
DROXIA	2	
ELIGARD	4	PA; SP; QL (1 per 28 days)
ELIGARD (3 MONTH)	4	PA; SP; QL (1 per 63 days)
ELIGARD (4 MONTH)	4	PA; SP; QL (1 per 84 days)
ELIGARD (6 MONTH)	4	PA; SP; QL (1 per 126 days)
ENSACOVE	4	PA; SP; LA; QL (2 per 1 day)
ERIVEDGE	4	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	4	PA; SP; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	4	PA; SP; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>etoposide oral</i>	4	PA; SP
EULEXIN	4	PA; SP
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; SP; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA; SP
<i>exemestane</i>	1	
<i>gengraf oral capsule</i>	1	SP
GILOTRIF	4	PA; SP; QL (1 per 1 day)
GOMEKLI ORAL CAPSULE 1 MG	4	PA; SP; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	4	PA; SP; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	4	PA; SP; QL (168 per 28 days)
HERNEXEOS	4	PA; SP; QL (3 per 1 day)
HYCAMTIN ORAL	4	PA; SP
<i>hydroxyurea</i>	1	
HYRNUO	4	PA; SP; QL (4 per 1 day)
IBRANCE ORAL CAPSULE 125 MG	4	PA; SP; QL (1 per 1 day)
IBRANCE ORAL TABLET	4	PA; SP; QL (1 per 1 day)
IBTROZI	4	PA; SP; QL (3 per 1 day)
ICLUSIG	4	PA; SP; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; SP; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; SP; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; SP; QL (1 per 1 day)
IMBRUVICA ORAL TABLET	4	PA; SP; QL (1 per 1 day)
IMKELDI	4	PA; SP; QL (280 per 28 days)
INLURIYO	4	PA; SP; QL (2 per 1 day)
INQOVI	4	PA; SP; QL (5 per 28 days)
JAKAFI	4	PA; SP; QL (2 per 1 day)
JAKAFI XR	4	PA; SP; QL (1 per 1 day)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; SP; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; SP; QL (63 per 28 days)
KOMZIFTI	4	PA; SP; QL (3 per 1 day)
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	PA; SP; QL (0.5 per 28 days)
<i>lapatinib</i>	4	PA; SP; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>lenalidomide</i>	4	PA; SP; QL (1 per 1 day)
<i>letrozole</i>	1	
LEUKERAN	4	PA; SP
<i>leuprolide subcutaneous kit</i>	4	PA; SP; QL (2 per 28 days)
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1)	4	PA; SP; LA; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2)	4	PA; SP; LA; QL (27 per 28 days)
<i>lomustine</i>	4	PA; SP
LONSURF ORAL TABLET 15-6.14 MG	4	PA; SP; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; SP; QL (8 per 1 day)
LYNPARZA	4	PA; SP; QL (4 per 1 day)
LYSODREN	4	PA; SP
MATULANE	4	PA; SP
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL TABLET 0.5 MG	4	PA; SP; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	4	PA; SP; QL (1 per 1 day)
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MODEYSO	4	PA; SP; QL (20 per 28 days)
<i>mycophenolate mofetil oral capsule</i>	1	SP
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	PA for Age greater than or equal to 9 year(s); SP
<i>mycophenolate mofetil oral tablet</i>	1	SP
<i>mycophenolate sodium</i>	1	SP
MYLERAN	4	PA; SP
NEMLUVIO	4	PA; SP; QL (1 per 28 days)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	4	PA; SP; QL (4 per 1 day)
<i>nilotinib hcl oral capsule 50 mg</i>	4	PA; SP; QL (2 per 1 day)
<i>nilutamide</i>	4	PA; SP; QL (1 per 1 day)
NUBEQA	4	PA; SP; LA; QL (4 per 1 day)
<i>octreotide acetate</i>	4	PA; SP

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

Drug Name	Drug Tier	Requirements / Limits
<i>octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg</i>	4	PA; SP; QL (1 per 28 days)
<i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg</i>	4	PA; SP; QL (2 per 28 days)
ODOMZO	4	PA; SP; LA; QL (1 per 1 day)
ONUREG	4	PA; SP; QL (14 per 28 days)
ORSERDU ORAL TABLET 345 MG	4	PA; SP; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	4	PA; SP; QL (3 per 1 day)
PALSONIFY	4	PA; SP; QL (2 per 1 day)
<i>pazopanib oral tablet 200 mg</i>	4	PA; SP; QL (4 per 1 day)
PAZOPANIB ORAL TABLET 400 MG	4	PA; SP; QL (2 per 1 day)
<i>pomalidomide</i>	4	PA; SP; QL (1 per 1 day)
REVUFORJ ORAL TABLET 110 MG	4	PA; SP; QL (4 per 1 day)
REVUFORJ ORAL TABLET 160 MG	4	PA; SP; QL (2 per 1 day)
REVUFORJ ORAL TABLET 25 MG	4	PA; SP; QL (8 per 1 day)
ROMVIMZA	4	PA; SP; LA; QL (8 per 28 days)
SIGNIFOR LAR	4	PA; SP; QL (1 per 28 days)
<i>sirolimus</i>	2	SP
SOLTAMOX	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	4	PA; SP; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	4	PA; SP; QL (0.3 per 28 days)
<i>sorafenib</i>	4	PA; SP; QL (4 per 1 day)
STIVARGA	4	PA; SP; QL (84 per 28 days)
<i>sunitinib malate</i>	4	PA; SP; QL (1 per 1 day)
TABLOID	4	PA; SP
<i>tacrolimus oral capsule</i>	1	SP
TAFINLAR ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
TALZENNA	4	PA; SP; QL (1 per 1 day)
<i>tamoxifen</i>	1	
<i>temozolomide</i>	4	PA; SP
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; QL (1 per 1 day)
<i>toremifene</i>	4	PA; SP; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>torpenz</i>	4	PA; SP; QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PA; SP; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; SP; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA; SP; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	4	PA; SP
VENCLEXTA ORAL TABLET 10 MG	4	PA; SP; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	4	PA; SP; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	4	PA; SP; QL (42 per 365 days)
VERZENIO	4	PA; SP; LA; QL (2 per 1 day)
VOYXACT	4	PA; SP; QL (2 per 28 days)
WAYRILZ	4	PA; SP; LA; QL (2 per 1 day)
XALKORI ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
XTANDI ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	4	PA; SP; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	4	PA; SP; QL (2 per 1 day)
YONSA	4	PA; SP; QL (4 per 1 day)
<i>yulithira</i>	4	PA; SP; QL (1 per 1 day)
ZEJULA	4	PA; SP; LA; QL (1 per 1 day)
ZELBORAF	4	PA; SP; QL (8 per 1 day)
ZOLINZA	4	PA; SP; QL (4 per 1 day)
ZYDELIG	4	PA; SP; QL (2 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

<i>brivaracetam oral solution</i>	2	PA; QL (12 per 1 day)
<i>brivaracetam oral tablet</i>	2	PA; QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	2	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
<i>clobazam oral suspension</i>	2	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>clobazam oral tablet</i>	2	
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DIACOMIT ORAL CAPSULE 250 MG	4	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; SP; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; SP; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; SP; QL (6 per 1 day)
<i>diazepam rectal</i>	2	
DILANTIN	3	PA; QL (3 per 1 day)
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	
<i>divalproex oral tablet, delayed release (dr/ec)</i>	1	
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	2	PA; QL (1 per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	2	PA; QL (2 per 1 day)
<i>ethosuximide</i>	2	
<i>felbamate</i>	2	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	2	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral</i>	2	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
<i>methsuximide</i>	2	
<i>oxcarbazepine oral suspension</i>	2	
<i>oxcarbazepine oral tablet</i>	1	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	2	PA; QL (2 per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	2	PA; QL (4 per 1 day)
<i>perampanel oral suspension</i>	2	PA; QL (24 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>perampanel oral tablet</i>	2	PA; QL (1 per 1 day)
<i>phenobarbital</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>relgaabi oral capsule 300 mg, 400 mg</i>	1	
<i>rufinamide</i>	2	PA
<i>subvenite oral tablet</i>	1	
<i>tiagabine</i>	2	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
XCOPRI MAINTENANCE PACK	3	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	3	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	3	PA; 1 tab per day; 28 tabs in 365 days
<i>zonisamide</i>	1	
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; SP; QL (3 per 1 day)
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	2	
<i>carbidopa</i>	2	PA; QL (8 per 1 day)
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	2	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	2	
<i>entacapone</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
NEUPRO	3	PA; QL (1 per 1 day)
<i>pramipexole oral tablet</i>	1	
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>selegiline hcl</i>	2	
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL (1 per 30 days)
<i>almotriptan malate</i>	2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	2	PA; QL (24 per 28 days)
<i>dihydroergotamine nasal</i>	2	PA; QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)
EMGALITY PEN	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
ERGOMAR	3	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	2	
<i>frovatriptan</i>	2	QL (12 per 30 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
<i>dalfampridine</i>	4	SP; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dextromethorphan-quinidine</i>	4	PA; SP; QL (2 per 1 day)
<i>dichlorphenamide</i>	4	PA; SP; QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet,disintegrating</i>	1	
<i>galantamine</i>	2	
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	4	PA; SP; QL (7.2 per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML (250MG/1.25MLX2)	4	PA; SP; QL (10 per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
<i>rivastigmine tartrate</i>	2	
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; SP; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; SP; QL (4 per 1 day)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium</i>	4	
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	2	QL (3 per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
<i>dantrolene oral capsule 100 mg</i>	2	QL (4 per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	2	QL (3 per 1 day)
<i>meprobamate</i>	1	
<i>metaxalone oral tablet 800 mg</i>	2	ST; QL (4 per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	2	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	1	QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	4	PA; SP; LA; QL (20 per 28 days)
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral tablet</i>	1	PA
<i>ascomp with codeine</i>	1	PA
BELBUCA	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; SP; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	4	PA; SP; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	4	PA; SP; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	4	PA; SP; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	4	PA; SP; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	4	PA; SP; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	4	PA; SP; QL (0.27 per 28 days)
<i>buprenorphine</i>	2	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>codeine sulfate</i>	1	PA
<i>codeine-bitalbital-asa-caff</i>	1	PA
<i>endocet</i>	1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA
<i>hydrocodone bitartrate</i>	2	PA
<i>hydrocodone-acetaminophen oral solution</i>	2	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA
<i>hydromorphone oral liquid</i>	1	PA
<i>hydromorphone oral tablet</i>	1	PA
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA
<i>hydromorphone rectal</i>	1	PA
<i>meperidine oral solution</i>	1	PA
<i>meperidine oral tablet 50 mg</i>	1	PA
<i>methadone oral concentrate</i>	1	PA
<i>methadone oral solution</i>	1	PA
<i>methadone oral tablet</i>	1	PA
<i>methadose oral concentrate</i>	1	PA
<i>morphine concentrate oral solution</i>	1	PA
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	PA
<i>morphine rectal</i>	2	PA
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
<i>oxycodone oral tablet</i>	1	PA
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG, 40 MG, 80 MG	3	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
<i>oxymorphone oral tablet</i>	1	PA
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	4	PA; SP; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NON-NARCOTIC ANALGESICS		
<i>adult aspirin regimen</i>	1	ACA; OTC
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet,chewable</i>	1	OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	OTC
<i>bayer low dose aspirin</i>	1	OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 per 30 days)
<i>diclofenac-misoprostol</i>	2	PA; QL (4 per 1 day)
<i>diflunisal</i>	2	QL (3 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	PA; QL (4 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill
<i>lurbiro</i>	1	QL (3 per 1 day)
<i>mefenamic acid</i>	2	PA; 29 caps per fill
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
NUCYNTA ER	3	PA
OPVEE	3	2 units per fill
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	2	PA
<i>piroxicam</i>	1	QL (1 per 1 day)
REXTOVY	3	2 sprays per fill
<i>salsalate</i>	1	
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>sulindac</i>	1	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>tapentadol oral tablet</i>	2	PA
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR	2	PA
<i>tolmetin oral tablet 200 mg</i>	2	PA; QL (3 per 1 day)
<i>tolmetin oral tablet 600 mg</i>	2	PA
<i>tramadol oral tablet 50 mg</i>	1	PA
<i>tramadol oral tablet extended release 24 hr</i>	2	PA
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA
<i>tramadol-acetaminophen</i>	1	PA
VIVITROL	4	SP
ZIMHI	3	2 syringes per fill
ZURNAI	3	1mL per fill
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	PA for Age less than or equal to 17 year(s); QL (2.4 per 28 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	PA for Age less than or equal to 17 year(s); QL (3.2 per 28 days)
ABILIFY MAINTENA	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
ADDYI	3	PA; QL (1 per 1 day)
<i>alprazolam oral tablet</i>	1	
<i>alprazolam oral tablet extended release 24 hr</i>	1	
<i>alprazolam oral tablet,disintegrating</i>	2	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	2	
<i>aripiprazole oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>aripiprazole oral tablet 2 mg, 5 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (1.5 per 1 day)
ARISTADA INITIO	2	PA for Age less than or equal to 17 year(s); QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA for Age less than or equal to 17 year(s); QL (3.9 per 42 days)

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

Drug Name	Drug Tier	Requirements / Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for Age less than or equal to 17 year(s); QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for Age less than or equal to 17 year(s); QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA for Age less than or equal to 17 year(s); QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
<i>asenapine maleate</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>citalopram oral solution</i>	2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	2	
<i>clozapine oral tablet 100 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4.5 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>clozapine oral tablet 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>desipramine</i>	2	
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>ergoloid</i>	2	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for Age less than or equal to 17 year(s); QL (0.75 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for Age less than or equal to 17 year(s); QL (1.5 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	2	PA for Age less than or equal to 17 year(s); QL (2.25 per 365 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for Age less than or equal to 17 year(s); QL (0.25 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for Age less than or equal to 17 year(s); QL (0.5 per 28 days)
<i>escitalopram oxalate oral solution</i>	2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	QL (1 per 1 day)
<i>eszopiclone</i>	1	QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	QL (1 per 1 day)
<i>fluphenazine decanoate</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for Age less than or equal to 17 year(s); QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	2	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	2	QL (1.5 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>haloperidol decanoate</i>	2	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate injection</i>	1	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate oral</i>	1	PA for Age less than or equal to 17 year(s); QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (1.5 per 1 day)
<i>imipramine hcl</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	PA for Age less than or equal to 17 year(s); QL (3.5 per 135 days)

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	PA for Age less than or equal to 17 year(s); QL (5 per 135 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for Age less than or equal to 17 year(s); QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for Age less than or equal to 17 year(s); QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for Age less than or equal to 17 year(s); QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for Age less than or equal to 17 year(s); QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for Age less than or equal to 17 year(s); QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for Age less than or equal to 17 year(s); QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for Age less than or equal to 17 year(s); QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for Age less than or equal to 17 year(s); QL (2.63 per 63 days)
<i>lisdexamfetamine</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>lithium carbonate</i>	1	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	ST; PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	ST; PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
MARPLAN	3	PA
<i>methamphetamine</i>	2	PA for Age greater than or equal to 19 year(s); QL (5 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA for Age greater than or equal to 19 year(s); QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PA for Age greater than or equal to 19 year(s); QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>midazolam oral</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	QL (1 per 1 day)
<i>mirtazapine oral tablet 7.5 mg</i>	2	QL (1 per 1 day)
<i>mirtazapine oral tablet,disintegrating</i>	2	QL (1 per 1 day)
<i>modafinil</i>	2	QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	2	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	2	
<i>olanzapine oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	2	PA for Age less than or equal to 17 year(s)
<i>oxazepam</i>	2	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for Age less than or equal to 17 year(s)
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	2	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	2	QL (5 per 1 day)
<i>protriptyline</i>	2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA; QL (2 per 1 day)
QUAZEPAM	3	ST; QL (1 per 1 day)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
REXULTI ORAL TABLET	3	PA; PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>risperidone microspheres</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>risperidone oral solution</i>	1	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
RYKINDO	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>sertraline oral concentrate</i>	2	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2)	4	PA; SP; QL (8 per 28 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 84 MG (28 MG X 3)	4	PA; SP; QL (12 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>tasimelteon</i>	4	PA; SP; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (6 per 1 day)
<i>tranylcypromine</i>	2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	2	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>trimipramine</i>	2	PA
TRINTELLIX	3	PA; QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
<i>vilazodone</i>	2	PA; QL (1 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>ziprasidone hcl</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; SP; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; SP; QL (14 per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)

AUTONOMIC & CNS DRUGS, NEUROLOGY

MULTIPLE SCLEROSIS AGENTS

AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; SP; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; SP; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT	4	PA; SP; QL (14 per 28 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	2	SP; QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	2	SP; QL (2 per 1 day)
<i>fingolimod</i>	4	SP; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	SP; QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	SP; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	SP; QL (1 per 1 day)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	SP; QL (12 per 28 days)
KESIMPTA PEN	4	PA; SP; QL (0.4 per 28 days)
PLEGRIDY INTRAMUSCULAR	4	PA; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; SP; QL (1 per 365 days)
<i>teriflunomide</i>	4	SP; QL (1 per 1 day)
VUMERITY	4	PA; SP; QL (4 per 1 day)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	1	
<i>disopyramide phosphate oral capsule</i>	2	
<i>dofetilide</i>	2	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>flecainide</i>	1	
<i>mexiletine</i>	2	
MULTAQ	2	
<i>pacerone oral tablet 100 mg</i>	2	
<i>pacerone oral tablet 200 mg</i>	1	
<i>propafenone oral tablet</i>	1	
<i>quinidine sulfate oral tablet 200 mg</i>	2	PA; QL (8 per 1 day)
<i>sotalol oral</i>	1	
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-valsartan</i>	2	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan</i>	2	ST; QL (1 per 1 day)
<i>captopril</i>	2	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	QL (4 per 28 days)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>diltiazem hcl oral capsule,extended release 24hr 360 mg</i>	2	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>dilt-xr</i>	1	
<i>doxazosin</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	2	
<i>ethacrynic acid</i>	2	PA
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	2	
<i>furosemide oral</i>	1	
<i>guanfacine oral tablet</i>	1	
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isosorbide-hydralazine</i>	2	PA; QL (6 per 1 day)
<i>isradipine</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine</i>	2	PA; QL (16 per 1 day)
<i>minoxidil oral</i>	1	
<i>moexipril</i>	2	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
<i>nifedipine oral capsule</i>	2	
<i>nifedipine oral tablet extended release</i>	1	
<i>nifedipine oral tablet extended release 24hr</i>	1	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	2	PA; QL (24 per 1 day)
<i>pindolol</i>	2	
<i>prazosin</i>	1	
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>telmisartan</i>	1	
<i>telmisartan-hydrochlorothiazid</i>	2	
<i>terazosin</i>	1	
<i>tiadylt er</i>	1	
<i>timolol maleate oral</i>	2	
<i>torse mide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene-hydrochlorothiazid</i>	1	
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
CARDIAC GLYCOSIDES		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
COAGULATION THERAPY		
ALHEMO PEN	4	PA; SP
ALVAIZ ORAL TABLET 18 MG, 9 MG	4	PA; SP; QL (1 per 1 day)
ALVAIZ ORAL TABLET 36 MG, 54 MG	4	PA; SP; QL (2 per 1 day)
<i>aspirin-dipyridamole</i>	2	
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS ORAL TABLET	2	
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>eltrombopag olamine oral powder in packet 25 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	4	PA; SP; QL (1 per 1 day)
<i>eltrombopag olamine oral tablet 50 mg</i>	4	PA; SP; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 75 mg</i>	4	PA; SP; QL (2 per 1 day)
<i>enoxaparin</i>	4	SP
<i>fondaparinux</i>	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION	4	SP
FRAGMIN SUBCUTANEOUS SYRINGE	4	SP
<i>heparin (porcine) injection solution</i>	2	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection</i>	2	
HYMPAVZI PEN	4	PA; SP; QL (4 per 28 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	2	
<i>prasugrel hcl</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
QFITLIA	4	PA; SP; QL (0.2 per 28 days)
QFITLIA PEN	4	PA; SP; QL (0.5 per 28 days)
<i>rivaroxaban oral suspension for reconstitution</i>	2	QL (20 per 1 day)
<i>rivaroxaban oral tablet</i>	2	
<i>ticagrelor</i>	2	
<i>vitamin k1 injection</i>	2	
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	QL (1 per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar) oral powder</i>	1	
<i>cholestyramine (with sugar) oral powder in packet</i>	2	
<i>cholestyramine light</i>	2	
<i>colesevelam</i>	2	
<i>colestipol</i>	2	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	2	PA; QL (1 per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
<i>lovastatin</i>	1	ACA
<i>niacin oral tablet extended release 24 hr</i>	2	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
REDEMPLO	4	PA; SP; LA; QL (0.5 per 68 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	4	PA; SP; LA; QL (0.8 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY	4	PA; SP; QL (4 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)
<i>ranolazine</i>	2	
<i>sacubitril-valsartan</i>	2	QL (2 per 1 day)
VANRAFIA	4	PA; SP; QL (1 per 1 day)
VERQUVO	3	PA; QL (1 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal ointment</i>	2	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
<i>calcipotriene scalp</i>	2	
<i>calcipotriene topical cream</i>	2	
<i>calcipotriene topical ointment</i>	2	
COSENTYX (2 SYRINGES)	4	PA; SP; QL (2 per 28 days)
COSENTYX PEN	4	PA; SP; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; SP; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
COSENTYX UNOREADY PEN	4	PA; SP; QL (2 per 28 days)
<i>pellix</i>	2	
SELARSDI SUBCUTANEOUS SOLUTION	4	PA; SP; QL (0.5 per 63 days)
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; QL (0.5 per 63 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; QL (1 per 42 days)
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	2	
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	4	PA; SP; QL (0.37 per 63 days)
TREMFYA ONE-PRESS	4	PA; SP; QL (1 per 42 days)
TREMFYA PEN INDUCTION PK(2PEN)	4	PA; SP; QL (12 per 365 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (1 per 42 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; SP; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; SP; QL (2 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION	4	PA; SP; QL (0.5 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; SP; QL (0.5 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; SP; QL (1 per 42 days)
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	2	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	1	

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Drug Name	Drug Tier	Requirements / Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; SP; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; SP; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; QL (4 per 28 days)
EBGLYSS PEN	4	PA; QL (2 per 28 days)
EBGLYSS SYRINGE	4	PA; SP; QL (2 per 28 days)
EUCRISA	3	ST; QL (1 per 30 days)
FILSUEVZ	4	PA; SP
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
<i>methoxsalen</i>	4	SP
<i>pimecrolimus</i>	2	ST
<i>podofilox topical solution</i>	1	
<i>tacrolimus topical</i>	1	
ZELSUVMI	4	PA; SP; QL (31 per 28 days)
THERAPY FOR ACNE		
<i>adapalene topical cream</i>	2	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	2	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	2	
<i>amnestem</i>	2	
<i>azelaic acid</i>	2	
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
<i>claravis</i>	2	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical lotion</i>	2	
<i>clindamycin phosphate topical solution</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>dapsone topical gel 5 %</i>	2	ST
<i>ery pads</i>	2	
<i>erythromycin with ethanol topical gel</i>	2	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	ST
<i>ivermectin topical cream</i>	2	PA
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>neuac</i>	1	
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	QL (45 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>tazarotene topical cream 0.1 %</i>	2	
<i>tretinoin topical cream 0.025 %, 0.05 %</i>	1	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)
<i>tretinoin topical cream 0.1 %</i>	2	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)
<i>zenatane</i>	2	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan</i>	2	QL (3 per 1 day)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	PA for Age less than or equal to 2 year(s)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocan iii</i>	2	QL (3 per 1 day)
<i>lidocan iv</i>	2	QL (3 per 1 day)
<i>lidocan v</i>	2	QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	
<i>mupirocin</i>	1	
<i>sulfacetamide sodium (acne)</i>	2	
SULFAMYLON TOPICAL CREAM	3	PA
XEPI	3	PA; QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
<i>ciclodan</i>	1	
<i>ciclopirox topical cream</i>	1	
<i>ciclopirox topical gel</i>	2	
<i>ciclopirox topical shampoo</i>	2	
<i>ciclopirox topical solution</i>	1	
<i>ciclopirox topical suspension</i>	2	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>econazole nitrate topical cream</i>	2	
EXELDERM TOPICAL SOLUTION	3	PA
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical shampoo</i>	1	
<i>klayesta</i>	1	
LULICONAZOLE	3	PA
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	2	PA
<i>tavaborole</i>	2	PA
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	1	
<i>penciclovir</i>	2	PA; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	2	
<i>amcinonide topical ointment</i>	2	ST
<i>betamethasone dipropionate</i>	2	
<i>betamethasone valerate topical cream</i>	2	
<i>betamethasone valerate topical lotion</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>betamethasone valerate topical ointment</i>	2	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical ointment</i>	2	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical gel</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	2	
<i>clobetasol topical spray,non-aerosol</i>	2	
<i>clobetasol-emollient topical cream</i>	2	
<i>clocortolone pivalate</i>	2	
<i>desonide topical cream</i>	2	
<i>desonide topical lotion</i>	2	
<i>desonide topical ointment</i>	2	
<i>desoximetasone topical cream 0.25 %</i>	2	
<i>desoximetasone topical ointment 0.25 %</i>	2	
<i>diflorasone topical cream</i>	2	ST
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream 0.01 %</i>	2	
<i>fluocinolone topical cream 0.025 %</i>	1	
<i>fluocinolone topical oil</i>	2	
<i>fluocinolone topical ointment</i>	2	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	2	
<i>fluocinonide topical ointment</i>	2	
<i>fluocinonide topical solution</i>	2	
<i>flurandrenolide topical cream</i>	2	ST
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	2	
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 2.5 %</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	2	
<i>mometasone topical</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	
TOPICAL ENZYMES		
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
<i>anagrelide</i>	1	
<i>caffeine citrate oral</i>	1	
<i>carglumic acid</i>	4	PA; SP
<i>cevimeline</i>	2	
CHEMET	3	PA for Age greater than or equal to 18 year(s)
<i>deferiprone</i>	4	PA; SP
<i>disulfiram</i>	2	
FORZINITY	4	PA; SP; LA; QL (4 per 28 days)
HARLIKU	4	PA; SP; LA; QL (1 per 1 day)
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; SP; LA
RHAPSIDO	4	PA; SP; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	QL (1 per 1 day)
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	4	PA; SP
<i>tiopronin</i>	4	PA; SP
<i>trientine oral capsule 250 mg</i>	4	PA; SP; QL (8 per 1 day)
<i>venxxiva</i>	4	PA; SP
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PA; SP; QL (3 per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	PA; SP; QL (4 per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; SP; QL (7 per 1 day)
XURIDEN	4	SP
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex)</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL NS	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<i>quit 2</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 4</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>stop smoking aid</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline tartrate</i>	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	3	QL (225 per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	1	QL (1 per 28 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (3 per 30 days)
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	2	QL (1 per 30 days)
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	2	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetanide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	2	
<i>flac otic oil</i>	2	
<i>fluocinolone acetanide oil</i>	2	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	2	
<i>ciprofloxacin-hydrocortisone</i>	2	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		

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Drug Name	Drug Tier	Requirements / Limits
ADRENAL HORMONES		
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone sod succinate</i>	2	QL (2 per 28 days)
<i>jaythari</i>	4	PA; SP
<i>kymbee</i>	4	PA; SP
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets,dose pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets,dose pack</i>	1	
<i>pyquvi</i>	4	PA; SP
SOLU-CORTEF	3	QL (2 per 28 days)
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML	3	QL (2 per 28 days)
TARPEYO	4	PA; SP; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
DEXCOM G6 RECEIVER	3	PA; CGM; QL (1 per 365 days)
DEXCOM G6 SENSOR	3	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	3	PA; CGM; QL (1 per 68 days)
DEXCOM G7 15 DAY SENSOR	3	PA; CGM; QL (2 per 30 days)
DEXCOM G7 RECEIVER	3	PA; CGM; QL (1 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
DEXCOM G7 SENSOR	3	PA; CGM; QL (3 per 30 days)
FREESTYLE CONTROL	1	OTC
FREESTYLE FREEDOM	9	OTC; QL (1 per 365 days)
FREESTYLE FREEDOM LITE	9	OTC; QL (1 per 365 days)
FREESTYLE INSULINX	9	OTC; QL (1 per 365 days)
FREESTYLE INSULINX TEST STRIPS	2	100 units per 30 days; OTC
FREESTYLE LIBRE 14 DAY READER	2	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	2	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	2	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE TEST	2	100 units per 30 days; OTC
PRECISION XTRA MONITOR	9	OTC; QL (1 per 365 days)
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"	1	
OMNIPOD 5 (LIBRE 2/3 PLUS)	2	QL (10 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	2	QL (1 per 720 days)
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
GENTEEL VACUUM LANCING DEVICE	1	OTC; QL (2 per 365 days)
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
LANCING DEVICE	1	OTC; QL (2 per 365 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
V-GO 20	2	QL (30 per 30 days)
V-GO 30	2	QL (30 per 30 days)
V-GO 40	2	QL (30 per 30 days)
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100	2	100 units per 30 days
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	100 units per 30 days
HUMALOG MIX 50-50 KWIKPEN	2	100 units per 30 days
HUMALOG MIX 75-25 KWIKPEN	2	100 units per 30 days
HUMALOG MIX 75-25(U-100)INSULN	2	100 units per 30 days
HUMALOG U-100 INSULIN	2	100 units per 30 days
HUMULIN 70/30 U-100 INSULIN	2	100 units per 30 days
HUMULIN 70/30 U-100 KWIKPEN	2	100 units per 30 days
HUMULIN N NPH INSULIN KWIKPEN	2	100 units per 30 days
HUMULIN N NPH U-100 INSULIN	2	100 units per 30 days
HUMULIN R REGULAR U-100 INSULN	2	100 units per 30 days
HUMULIN R U-500 (CONC) KWIKPEN	2	100 units per 30 days
INSULIN GLARGINE-YFGN	2	100 units per 30 days
INSULIN LISPRO	2	100 units per 30 days
INSULIN LISPRO PROTAMIN-LISPRO	2	100 units per 30 days
LANTUS SOLOSTAR U-100 INSULIN	2	100 units per 30 days
LANTUS U-100 INSULIN	2	100 units per 30 days
NOVOLOG MIX 70-30 U-100 INSULN	3	PA; 100 units per 30 days
SOLIQUA 100/33	3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	2	100 units per 30 days
TOUJEO SOLOSTAR U-300 INSULIN	2	100 units per 30 days
XULTOPHY 100/3.6	3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CHORIONIC GONADOTROPIN, HUMAN	4	PA; SP
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>clomiphene citrate</i>	2	QL (10 per 30 days)
CRENESSITY ORAL CAPSULE	4	PA; SP; LA; QL (2 per 1 day)
CRENESSITY ORAL SOLUTION	4	PA; SP; LA; QL (4 per 1 day)
<i>danazol</i>	2	
<i>desmopressin nasal spray with pump</i>	2	
<i>desmopressin oral</i>	2	
<i>doxercalciferol oral</i>	2	
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>miglustat</i>	4	PA; SP; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	2	
<i>sapropterin</i>	4	PA; SP
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG	4	PA; SP; QL (6 per 1 day)
SEPHIENCE ORAL POWDER IN PACKET 250 MG	4	PA; SP; QL (3 per 1 day)
SYNAREL	4	PA; SP; QL (8 per 28 days)
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal gel</i>	2	PA; QL (2 per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; QL (60 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	2	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	2	PA; QL (10 per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; QL (2 per 1 day)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; QL (180 per 30 days)
<i>tolvaptan oral tablet 15 mg</i>	4	PA; SP; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; SP; LA; QL (60 per 365 days)
<i>vasopressin</i>	3	
<i>zelvysia</i>	4	PA; SP
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
CYCLOSET	3	
<i>dapagliflozin</i>	2	QL (1 per 1 day)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg</i>	2	QL (1 per 1 day)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	2	QL (2 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide-metformin</i>	1	
GLYXAMBI	2	PA; QL (1 per 1 day)
JANUMET	2	QL (2 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (1 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (2 per 1 day)
JANUVIA	2	QL (1 per 1 day)
JARDIANCE	2	PA; QL (1 per 1 day)
JENTADUETO	2	QL (2 per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (2 per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (1 per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	2	
MOUNJARO	2	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	
OZEMPIC ORAL TABLET 1.5 MG	2	PA; QL (30 per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	2	PA; QL (1 per 1 day)
OZEMPIC SUBCUTANEOUS	2	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	QL (2 per 1 day)
<i>repaglinide</i>	2	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (30 per 365 days)
<i>sitagliptin phos-metformin oral tablet</i>	2	QL (2 per 1 day)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg</i>	2	QL (1 per 1 day)
<i>sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg</i>	2	QL (2 per 1 day)
<i>sitagliptin phosphate</i>	2	QL (1 per 1 day)
SYNJARDY	2	PA; QL (2 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	PA; QL (1 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	PA; QL (2 per 1 day)
TRADJENTA	2	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	PA; QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	PA; QL (2 per 1 day)
TRULICITY	2	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	PA; QL (2 per 1 day)
THYROID HORMONES		
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liomny</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
<i>unithroid</i>	1	

GASTROENTEROLOGY

ANTIDIARRHEALS & ANTISPASMODICS

<i>chlordiazepoxide-clidinium</i>	2	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral elixir</i>	1	
<i>methscopolamine</i>	1	
MOTOFEN	3	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	

MISCELLANEOUS GASTROINTESTINAL AGENTS

AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</i>	2	
<i>anucort-hc</i>	1	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>aprepitant oral capsule 40 mg</i>	2	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 per 28 days)
<i>aprepitant oral capsule,dose pack</i>	2	QL (15 per 28 days)
<i>balsalazide</i>	1	
<i>betaine</i>	4	SP
<i>bisacodyl oral</i>	9	ACA; OTC
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	2	PA
<i>budesonide rectal</i>	2	
CIMZIA	4	PA; SP; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; SP; QL (2 per 28 days)
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
CTEXLI	4	PA; SP; QL (3 per 1 day)
DIPENTUM	3	ST
<i>doxylamine-pyridoxine (vit b6)</i>	2	ST; QL (4 per 1 day)
<i>dronabinol oral capsule</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
ENTYVIO PEN	4	PA; SP; QL (1.36 per 28 days)
<i>enulose</i>	1	
EOHILIA	4	PA; SP; QL (600 per 30 days)
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentle laxative (mag hydrox)</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	
<i>hydrocortisone-pramoxine rectal cream</i>	2	
IBSRELA	3	PA; QL (2 per 1 day)
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC
LINZESS	2	QL (1 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	
<i>mesalamine oral capsule, extended release 24hr</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	2	ST
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	QL (1 per 1 day)
<i>metoclopramide hcl injection solution</i>	2	
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOVANTIK	2	QL (1 per 1 day)
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>oral saline laxative</i>	9	ACA; OTC
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	ST
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PERTZYE	3	ST
<i>phosphate laxative</i>	9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCTOFOAM HC	2	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>prucalopride</i>	2	ST; QL (1 per 1 day)
<i>purelax oral powder</i>	9	ACA; OTC
RELISTOR ORAL	3	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PA; QL (0.4 per 1 day)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; SP; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; SP; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
<i>sodium, potassium, magnesium sulfates</i>	2	ACA
<i>sulfasalazine</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
SYMPROIC	2	QL (1 per 1 day)
<i>trimethobenzamide oral</i>	1	
TRULANCE	3	PA; QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	
VARUBI	3	QL (4 per 28 days)
VIOKACE	3	ST
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	2	
ZYMFENTRA	4	PA; SP; QL (2 per 28 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	PA for Age greater than or equal to 9 year(s); QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	2	PA for Age greater than or equal to 9 year(s); QL (1 per 1 day)
<i>misoprostol</i>	1	
<i>nizatidine oral capsule</i>	2	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	2	PA; QL (1 per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	QL (2 per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	2	QL (2 per 1 day)
<i>ranitidine hcl oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1	
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	4	PA; SP
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA; SP
NEULASTA ONPRO	4	PA; SP
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; SP
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PA; SP; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; SP; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
PROCRT	4	PA; SP
RYZNEUTA	4	PA; SP
XOLREMDI	4	PA; SP; QL (4 per 1 day)
GROWTH HORMONES		
NORDITROPIN FLEXPOR 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)	4	PA; SP
OMNITROPE	4	PA; SP
INTERFERONS		
ACTIMMUNE	4	PA; SP
ALFERON N	4	SP
PEGASYS	4	SP; QL (4 per 28 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for Age less than or equal to 49 year(s); ACA; QL (1 per 720 days)
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
AREXVY (PF)	9	PA for Age less than or equal to 49 year(s); ACA; QL (1 per 720 days)
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA
CAPVAXIVE (PF)	9	ACA
COMIRNATY 2025-2026(5-11Y)(PF)	9	ACA
COMIRNATY 2025-26 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DENGIVAXIA (PF)	9	ACA
ENGRIX-B (PF)	9	ACA
ENGRIX-B PEDIATRIC (PF)	9	ACA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 5 %	4	PA; SP
FLUAD 2026-2027 (65 YR UP)(PF)	9	ACA
FLUARIX 2026-2027 (PF)	9	ACA
FLUBLOK 2026-2027 (PF)	9	ACA
FLUCELVAX 2026-2027 (PF)	9	ACA
FLULAVAL 2026-2027 (PF)	9	ACA
FLUMIST 2026-2027	9	ACA
FLUMIST HOME 2026-2027	9	ACA
FLUZONE 2026-2027	9	ACA
FLUZONE 2026-2027 (PF)	9	ACA
FLUZONE HIGH-DOSE 2026-27 (PF)	9	ACA
GARDASIL 9 (PF)	9	
GRASTEK	3	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA
HIBERIX (PF)	9	ACA
INFANRIX (DTAP) (PF)	9	ACA
IPOL	9	ACA
JYNNEOS (PF)	9	ACA
KINRIX (PF)	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
MFLUSIVA 2026-2027 (PF)	9	ACA
M-M-R II (PF)	9	
MRESVIA (PF)	9	PA for Age less than or equal to 49 year(s); ACA; QL (1 per 720 days)
ODACTRA	3	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 1)	4	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	4	PA; SP; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	4	PA; SP; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	4	PA; SP; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	4	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	4	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	4	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	4	PA; SP; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	4	PA; SP; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	4	PA; SP; QL (60 per 365 days)
PALFORZIA INITIAL (4-17 YRS)	4	PA; SP; QL (13 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; SP; QL (30 per 30 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	
PENBRAYA (PF)	9	
PENMENVY MEN A-B-C-W-Y (PF)	9	ACA
PENTACEL (PF)	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	
QUADRACEL (PF)	9	ACA
RECOMBIVAX HB (PF)	9	
ROTARIX	9	ACA
ROTATEQ VACCINE	9	
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	9	ACA
TENIVAC (PF)	9	ACA
TRUMENBA	9	
TWINRIX (PF)	9	ACA

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

Drug Name	Drug Tier	Requirements / Limits
VAQTA (PF)	9	
VARIVAX (PF)	9	
VAXELIS (PF) INTRAMUSCULAR SYRINGE	9	ACA
VAXNEUVANCE (PF)	9	ACA

MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	2	
<i>febuxostat</i>	2	ST
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg</i>	1	QL (1 per 1 day)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
FOSAMAX PLUS D	3	QL (4 per 28 days)
<i>ibandronate oral</i>	1	QL (1 per 28 days)
<i>raloxifene</i>	1	
<i>risedronate oral tablet 150 mg</i>	2	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	QL (1 per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	4	PA; SP; QL (1 per 28 days)

OTHER RHEUMATOLOGICALS

ADALIMUMAB-ADBM	4	PA; SP; QL (2 per 28 days)
BENLYSTA SUBCUTANEOUS	4	PA; SP; QL (4 per 28 days)
ENBREL MINI	4	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; SP; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; SP; QL (4 per 28 days)
ENBREL SURECLICK	4	PA; SP; QL (4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR	4	PA; SP; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; SP; QL (2.28 per 28 days)
KINERET	4	PA; SP; QL (18.76 per 28 days)
<i>leflunomide</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
LEQSELVI	4	PA; SP; QL (2 per 1 day)
<i>milnacipran oral tablet</i>	2	ST; QL (2 per 1 day)
OLUMIANT	4	PA; SP; QL (1 per 1 day)
ORENCIA CLICKJECT	4	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; SP; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; SP; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; SP; QL (2.8 per 28 days)
<i>penicillamine oral tablet</i>	4	PA; SP; QL (16 per 1 day)
RASUVO (PF)	3	ST
RINVOQ LQ	4	PA; SP; QL (12 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; SP; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; SP; QL (56 per 365 days)
SIMLANDI(CF) AUTOINJECTOR	4	PA; SP; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; SP; QL (2 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; SP; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; SP; QL (0.5 per 28 days)
<i>tofacitinib oral solution</i>	4	PA; SP; QL (10 per 1 day)
<i>tofacitinib oral tablet</i>	4	PA; SP; QL (2 per 1 day)
<i>tofacitinib oral tablet extended release 24 hr</i>	4	PA; SP; QL (1 per 1 day)
TYENNE AUTOINJECTOR	4	PA; SP; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS	4	PA; SP; QL (3.6 per 28 days)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	9	ACA
DUREX AVANTI BARE REAL FEEL	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
DUREX TROPICAL CONDOM	9	ACA; OTC
FC2 FEMALE CONDOM	9	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
ESTROGENS & PROGESTINS		
<i>abigale</i>	2	
<i>abigale lo</i>	2	
BIJUVA	3	QL (1 per 1 day)
<i>camila</i>	1	ACA
COMBIPATCH	3	
<i>conjugated estrogens</i>	2	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	3	PA
<i>deblitane</i>	1	ACA
<i>dotti</i>	2	QL (8 per 28 days)
DUAVEE	3	PA
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>emzahh</i>	1	ACA
<i>errin</i>	1	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	2	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	QL (4 per 28 days)
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet</i>	2	
<i>estrogens-methyltestosterone</i>	2	
<i>fyavolv</i>	2	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>lyllana</i>	2	QL (8 per 28 days)
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
<i>meleya</i>	1	ACA
<i>mimvey</i>	2	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL	9	OTC
<i>orquidea</i>	1	ACA
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	1	
<i>progesterone micronized oral</i>	1	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
GYNAZOLE-1	3	
INTRAROSA	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
<i>mifepristone oral tablet 200 mg</i>	2	PA
MYFEMBREE	3	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVESSA	3	
ORIAHNN	3	PA; QL (2 per 1 day)
OSPHENA	3	PA
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
<i>vandazole</i>	1	
XACIATO	3	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
<i>balziva (28)</i>	1	ACA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>charlotte 24 fe</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	3	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>feirza</i>	1	ACA
<i>finzala</i>	1	ACA
<i>galbriela</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>iclevia</i>	1	ACA
<i>introvale</i>	1	ACA
<i>isibloom</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>luizza</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>shewise</i>	9	ACA; OTC
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>syeda</i>	1	ACA
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>tilia fe</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-lynyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>valtya</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
<i>xarah fe</i>	1	ACA
<i>xelria fe</i>	1	ACA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methylergonovine oral</i>	2	QL (8 per 1 day)
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye)</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>cyclopentolate</i>	1	
<i>homatropaire</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>allergy eye (ketotifen)</i>	1	OTC
<i>azelastine ophthalmic (eye)</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>bepotastine besilate</i>	2	ST
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
<i>epinastine</i>	2	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
<i>proparacaine</i>	1	
<i>tetracaine hcl</i>	1	
XIIDRA	2	QL (2 per 1 day)
ZERVIAE	3	PA
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	1	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	
<i>latanoprost</i>	1	
<i>tafluprost (pf)</i>	2	ST
<i>travoprost</i>	2	ST
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>tobramycin-dexamethasone</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTI-HISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	3	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet</i>	2	QL (3 per 1 day)
<i>clemsza</i>	2	QL (3 per 1 day)
<i>cypheptadine oral syrup</i>	1	
<i>cypheptadine oral tablet</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>promethazine oral</i>	1	
<i>promethazine rectal</i>	1	
<i>promethegan</i>	1	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>benzonatate oral capsule 150 mg</i>	2	
<i>codeine-guaifenesin</i>	1	
<i>g tussin ac</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
PULMONARY AGENTS		
<i>24 hour nasal allergy</i>	1	OTC
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; SP; LA; QL (3 per 1 day)
ADVAIR HFA	2	QL (1 per 30 days)
<i>albuterol sulfate inhalation</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
<i>alyq</i>	4	PA; SP; QL (2 per 1 day)
<i>ambrisentan</i>	4	PA; SP; LA; QL (1 per 1 day)
ANDEMBRY AUTOINJECTOR	4	PA; SP; QL (1.2 per 30 days)
ANORO ELLIPTA	2	QL (1 per 30 days)
ARNUITY ELLIPTA	2	QL (1 per 30 days)
ASMANEX HFA	2	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
BERINERT INTRAVENOUS KIT	4	PA; SP
<i>bosentan oral tablet</i>	4	PA; SP; LA; QL (2 per 1 day)
<i>bosentan oral tablet for suspension</i>	4	PA; SP; LA; QL (4 per 1 day)
BREO ELLIPTA	2	QL (1 per 30 days)
<i>brey-na</i>	2	QL (2 per 30 days)
<i>budesonide inhalation</i>	1	QL (120 per 30 days)
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	QL (2 per 30 days)
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	
DAWNZERA	4	PA; SP; LA; QL (0.8 per 28 days)
DULERA	2	QL (13 per 30 days)
EKTERLY	4	PA; SP; QL (4 per 1 day)
<i>flunisolide</i>	2	ST
<i>fluticasone propionate nasal</i>	1	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (1 per 30 days)
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant</i>	4	PA; SP; QL (9 per 28 days)
INCRUSE ELLIPTA	2	QL (1 per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler</i>	2	QL (2 per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol</i>	1	QL (540 per 30 days)
JASCAYD	4	PA; SP; QL (2 per 1 day)
<i>levalbuterol hcl</i>	2	
<i>macitentan</i>	4	PA; SP; QL (1 per 1 day)
<i>mometasone nasal</i>	2	ST; QL (17 per 30 days)
<i>montelukast</i>	1	
<i>nasal allergy</i>	1	OTC
<i>nintedanib</i>	4	PA; SP; QL (2 per 1 day)
OHTUVAYRE	4	PA; SP; QL (5 per 1 day)
<i>pirfenidone oral capsule</i>	4	PA; SP; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; SP; QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
PIRFENIDONE ORAL TABLET 534 MG	4	PA; SP; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; SP; QL (3 per 1 day)
PULMOZYME	4	PA; SP; QL (5 per 1 day)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
<i>roflumilast</i>	2	PA; QL (1 per 1 day)
RUCONEST	4	PA; SP; QL (2 per 28 days)
<i>sajazir</i>	4	PA; SP; QL (9 per 28 days)
SEREVENT DISKUS	2	QL (1 per 30 days)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; SP; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; SP; QL (3 per 1 day)
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	QL (4 per 30 days)
STIOLTO RESPIMAT	2	QL (4 per 30 days)
STRIVERDI RESPIMAT	2	QL (4 per 30 days)
<i>tadalafil (pulm. hypertension)</i>	4	PA; SP; QL (2 per 1 day)
<i>terbutaline oral</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
TRELEGY ELLIPTA	2	QL (1 per 30 days)
<i>triamcinolone acetonide nasal</i>	1	OTC
<i>wixela inhub</i>	1	QL (1 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; SP; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; SP; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 28 days)
<i>zafirlukast</i>	2	
<i>zileuton</i>	2	PA; QL (4 per 1 day)
PULMONARY DEVICES		
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2GO	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
<i>darifenacin</i>	2	
<i>fesoterodine</i>	2	ST; QL (1 per 1 day)
<i>flavoxate</i>	1	
<i>mirabegron oral tablet extended release 24 hr</i>	2	ST; QL (1 per 1 day)
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
<i>trospium oral capsule, extended release 24hr</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>trospium oral tablet</i>	1	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 5 mg</i>	1	PA; QL (1 per 1 day)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	2	
MISCELLANEOUS UROLOGICALS		
ELMIRON	3	PA
OXLUMO	4	PA; SP
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	4	PA; SP
RENACIDIN	4	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>calcium gluc in nacl, iso-osm intravenous solution 2 gram/100 ml</i>	4	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
<i>ferric citrate</i>	2	ST; QL (12 per 1 day)
<i>kionex oral suspension</i>	2	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lanthanum</i>	2	ST; QL (3 per 1 day)
LOKELMA	3	PA; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sodium polystyrene sulfonate oral suspension</i>	2	
<i>sps (with sorbitol)</i>	2	
VELTASSA ORAL POWDER IN PACKET 1 GRAM	3	PA; QL (4 per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	3	PA; QL (1 per 1 day)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA	4	PA; SP; LA; QL (4 per 1 day)
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>flotrex</i>	9	ACA; OTC
<i>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab</i>	9	ACA; OTC
<i>folivane-ob</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>foltabs 800</i>	9	ACA; OTC
<i>full spectrum b-vitamin c</i>	9	ACA; OTC
<i>kobee</i>	9	ACA; OTC
<i>ludent fluoride</i>	9	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	9	ACA; OTC
<i>multivit-fluoride (metafolin) oral tablet, chewable 0.5 mg fluoride</i>	9	ACA; OTC
<i>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>nephro vitamins</i>	9	ACA; OTC
<i>newgen</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	9	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	9	ACA; OTC
<i>prenatal multivitamins</i>	9	ACA; OTC
<i>prenatal one daily</i>	9	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit no.179-iron-folic</i>	9	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	9	ACA; OTC
<i>prenatal vitamin with minerals</i>	9	ACA; OTC
<i>prenatal-u</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>purevita folic acid oral tablet</i>	9	ACA; OTC
<i>renal vitamin</i>	9	ACA; OTC
<i>renal-vite</i>	9	ACA; OTC
<i>rena-vite</i>	9	ACA; OTC
<i>soluvita a,c,d with fluoride</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b-50 complex</i>	9	ACA; OTC
<i>super quintis</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>tricon</i>	9	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>westab plus</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	

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<i>bexarotene</i>	10	<i>calcitonin (salmon)</i>	50	<i>chlorthalidone</i>	33
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<i>terconazole</i>	65	TRELSTAR	15	TWINRIX (PF)	60
<i>teriflunomide</i>	32	TREMFYA	39	<i>tydemy</i>	69
<i>teriparatide</i>	61	TREMFYA ONE-PRESS	39	TYENNE	62
<i>testosterone</i>	50, 51	TREMFYA PEN	39	TYENNE AUTOINJECTOR	
<i>testosterone cypionate</i>	50	TREMFYA PEN			62
<i>testosterone enanthate</i>	50	INDUCTION PK(2PEN)	39	U	
<i>tetrabenazine</i>	19	<i>tretinoin</i>	41	<i>unithroid</i>	53
<i>tetracaine hcl</i>	71	<i>tretinoin (antineoplastic)</i>	15	<i>ursodiol</i>	57
<i>tetracycline</i>	10	<i>triamcinolone acetonide</i> 44, 46,		V	
THALOMID	14	75		VABOMERE	9
<i>theophylline</i>	75	<i>triamterene-hydrochlorothiazid</i>		<i>valacyclovir</i>	6
<i>thioridazine</i>	31		35	<i>valganciclovir</i>	6
<i>thiothixene</i>	31	<i>triazolam</i>	31	<i>valproic acid</i>	17
<i>tiadylt er</i>	35	<i>tricon</i>	80	<i>valproic acid (as sodium salt)</i>	
<i>tiagabine</i>	17	<i>triderm</i>	44		17
<i>ticagrelor</i>	37	<i>trientine</i>	45	<i>valsartan</i>	35
<i>tilia fe</i>	69	<i>tri-estarylla</i>	69	<i>valsartan-hydrochlorothiazide</i>	
<i>timolol maleate</i>	35, 70	<i>trifluoperazine</i>	31		35
<i>tinidazole</i>	8	<i>trifluridine</i>	70	<i>valtya</i>	69
<i>tiopronin</i>	45	<i>trihexyphenidyl</i>	18	<i>vanadom</i>	19
TIVICAY	6	TRIJARDY XR	52	<i>vancomycin</i>	10
TIVICAY PD	6	<i>tri-legend fe</i>	69	<i>vandazole</i>	65
<i>tizanidine</i>	19	<i>tri-linyah</i>	69	VANRAFIA	38
TOBI PODHALER	9	<i>tri-lo-estarylla</i>	69	VAQTA (PF)	61
<i>tobramycin</i>	9, 70	<i>tri-lo-marzia</i>	69	<i>varenicline tartrate</i>	45
<i>tobramycin in 0.225 % nacl</i> ...	9	<i>tri-lo-mili</i>	69	VARIVAX (PF)	61
<i>tobramycin-dexamethasone</i> ..	71	<i>tri-lo-sprintec</i>	69	VARUBI	57
<i>tofacitinib</i>	62	<i>trimethobenzamide</i>	57	<i>vasopressin</i>	51
<i>tolcapone</i>	18	<i>trimethoprim</i>	10	VAXELIS (PF)	61
<i>tolmetin</i>	24	<i>tri-mili</i>	69	VAXNEUVANCE (PF)	61
<i>tolterodine</i>	76	<i>trimipramine</i>	31	<i>velivet triphasic regimen (28)</i>	
<i>tolvaptan</i>	51	<i>trinatal rx 1</i>	80		69
<i>topiramate</i>	17	<i>trinate</i>	80	VELTASSA	78
<i>toremifene</i>	14	TRINTELLIX	31	VEMLIDY	6
<i>torpenz</i>	15	<i>tri-sprintec (28)</i>	69	VENCLEXTA	15

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

VENCLEXTA STARTING PACK	15	<i>wera (28)</i>	69	<i>yulithira</i>	15
<i>venlafaxine</i>	31	<i>westab plus</i>	80	<i>yuvafem</i>	64
<i>venxxiva</i>	45	<i>wixela inhub</i>	75	Z	
<i>verapamil</i>	35, 36	<i>women's gentle laxative(bisac)</i>	57	<i>zafemy</i>	65
VERQUVO	38	<i>wymzya fe</i>	69	<i>zafirlukast</i>	76
VERZENIO	15	X		<i>zaleplon</i>	31
<i>vestura (28)</i>	69	XACIATO	65	<i>zarah</i>	69
V-GO 20	49	XALKORI	15	<i>zatean-pn dha</i>	80
V-GO 30	49	<i>xarah fe</i>	69	<i>zatean-pn plus</i>	80
V-GO 40	49	XARELTO	37	ZEJULA	15
<i>vienva</i>	69	XARELTO DVT-PE TREAT 30D START	37	ZELBORAF	15
<i>vilazodone</i>	31	XCOPRI	17	ZELSUVMI	40
VIOKACE	57	XCOPRI MAINTENANCE PACK	17	<i>zelvysia</i>	51
<i>vioarele (28)</i>	69	XCOPRI TITRATION PACK	17	<i>zenatane</i>	41
VIRACEPT	6	<i>xelria fe</i>	69	ZENPEP	57
VIREAD	6	XEPI	42	<i>zenzedi</i>	31
VISTOGARD	10	XIFAXAN	9	ZERViate	71
<i>vitamin k1</i>	37	XIGDUO XR	52	<i>zidovudine</i>	6
VIVITROL	24	XIIDRA	71	<i>zileuton</i>	76
<i>volnea (28)</i>	69	XOCOVA	6	ZIMHI	24
<i>voriconazole</i>	3	XOFLUZA	6	<i>ziprasidone hcl</i>	31
VORTEX HOLDING CHAMBER	76	XOLAIR	75, 76	ZIRGAN	70
VOSEVI	6	XOLREMDI	58	ZOLINZA	15
VOYXACT	15	XTANDI	15	<i>zolmitriptan</i>	18
VUMERITY	32	<i>xulane</i>	65	<i>zolpidem</i>	31
<i>vyfemla (28)</i>	69	XULTOPHY 100/3.6	49	<i>zonisamide</i>	17
VYKAT XR	45	XURIDEN	45	ZONTIVITY	37
<i>vylibra</i>	69	Y		<i>zovia 1-35 (28)</i>	69
VYVGART HYTRULO	20	YESINTEK	39	<i>zumandimine (28)</i>	69
W		YONSA	15	ZURNAL	24
<i>warfarin</i>	37			ZURZUVAE	31
WAYRILZ	15			ZYDELIG	15
				ZYMFENTRA	57
				ZYPREXA RELPREVV 31, 32	

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

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-882-8633. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-882-8633. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-882-8633。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-882-8633。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-882-8633. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-882-8633. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-882-8633 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-800-882-8633. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-882-8633 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-882-8633. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-882-8633. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-882-8633 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-882-8633. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-882-8633. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-882-8633. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-882-8633. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-882-8633 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。