AVMED EMPLOYER PLANS
4-TIER PRESCRIPTION DRUG FORMULARY

(Effective 11/01/2026 – 11/30/2026)

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 AvMed 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 for the convenience of prescribers, pharmacists, health care professionals and members. 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 medical 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.

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 https://www.avmed.org/prescriptions. AvMed welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

AvMed Pharmacy and Therapeutics Committee ("P&T Committee") is utilized to approve safe and clinically effective drug therapies. Membership of the Committee reflects a multi-disciplinary approach to drug evaluation. The Committee is comprised of practicing physicians, pharmacists and or/nurse practitioners holding valid professional licenses and come from clinical specialties that adequately represent the clinical needs of the covered population. The providers shall be representative of primary care clinical specialties such

as Family Practice, Geriatrics, Internal Medicine, and Pediatrics. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturer.

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 (Ancillary Fee) - The additional charge that must be paid if you or your prescriber chooses 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.

Formulary Drug 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.

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.

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

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.

Specialty Medication – A medication classified by Avmed as a specialty drug. Specialty drugs have unique uses and are generally prescribed for people with complex or ongoing medical conditions. These medications must be prescribed by a medical provider and dispensed by a participating specialty pharmacy, depending on the medication. Specialty Medications are limited to a 30-day supply.

Step Therapy - The process of obtaining approval for certain prescription drugs that according to AvMed's guidelines require a trial of one or more first and/or second-line medications to be covered. If for medical reasons, the member cannot use the first and/or second-line medication, the prescriber should request a prior authorization as described in the *Prior Authorization Process* section below.

Quantity Limit - 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.

BENEFIT COVERAGE AND LIMITATIONS

This 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 are 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 responsible for payment if a medication was omitted, included in error, or 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

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 90-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. Select 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 a 31 to 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.

Specialty Drugs are only available from a Plan Specialty Pharmacy and are limited to a 30-day supply unless limited by manufacturer packaging and then additional copayment amount may apply for amounts over 30 days.

Prior Authorization Process

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 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 https://www.avmed.org/prescriptions/ or https://www.avmed.org/forms/provider.

Information needed to make coverage determinations of medications requiring prior authorization may include lab values, prescription history, a statement of medical necessity and any other pertinent information to satisfy the established coverage guideline for the requested medication. In most cases, coverage determinations will be made within 24 hours if authorization is deemed urgent and within 1-3 business days if authorization is identified as standard or routine.

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 Services representative. Members may also initiate the prior authorization process by logging into https://www.avmed.org/prescriptions/#list-of-covered-drugs 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. 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.

Clinically Equivalent Drugs (CED)

Clinically Equivalent Drugs (CED) are medications that are clinically comparable to a medication that is already covered on the formulary. For this reason, coverage for a CED medication requires the prescriber to submit clinical documentation to establish medical necessity of the CED medication over comparable formulary alternative(s). Medications labeled as CED on the formulary will also have a prior authorization requirement.

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 medical provider decide which medication is most appropriate for you.

Tier	Definition
1	**Preferred Generic Drugs** - includes commonly prescribed Generic Drugs. Other drugs may be included in Tier 1 if the Plan recognizes they show documented long-term decreases in illness.
2	**Preferred Brand & Other Generic Drugs** - includes brand-name drugs and some Generic Drugs with higher costs than Tier 1 Generic Drugs that are considered by the Plan to be standard therapy.
3	**Non-Preferred Brand Drugs** - includes brand-name drugs not included by the Plan on Tier 1 or Tier 2. These may include single source brand-name drugs that do not have a Generic Product Level equivalent or a therapeutic equivalent. Drugs on this tier may be higher in cost than equivalent drugs, or drugs determined to be no more effective than equivalent drugs on lower tiers.

4	**Specialty Drugs** - includes those drugs classified by the Plan as Specialty Drugs. Specialty Drugs have unique uses and are generally prescribed for people with complex or ongoing medical conditions.
9	**Zero Cost Share Preventative Drugs** - These are drugs covered under the Affordable Care Act (ACA) 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.
- Prescription and non-prescription vitamins and minerals.
- 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 (ancillary fee).

Health Care Reform – Preventive Medications

The Patient Protection and Affordable Care Act of 2010 allow 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 medications (e.g., anastrozole, tamoxifen), fluoride supplements, folic acid supplements, iron supplements, tobacco cessation products, routine immunizations, bowel preparations 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, and (2) a prescription is required. 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?

Ask your medical provider 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 medical provider to see if there are other medication alternatives that are on a lower tier.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified co-payment as outlined in their group benefits plan. Receiving a 90-day supply of medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications.

NOTICE

The information contained in this document is proprietary. The information may not be copied as a whole or in part without written permission. ©2024. All rights reserved. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

These listings do not imply or constitute an endorsement, sponsorship, or recommendation AvMed or Express Scripts. 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: Preferred Generic Drugs

2: Preferred Brand & Other Generic Drugs

3: Non-Preferred Brand Drugs

4: Specialty Drugs

9: Affordable Care Act Drug (ACA) - $0 Copay

CED: Clinically Equivalent Drugs (CED) may not be covered under the Plan if you could use a clinically equivalent formulary drug. "Clinically Equivalent Drug" means a drug that for most individuals will give you similar results for a disease or condition. For more information please contact Member Services at the number listed on the back of your member ID card.

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		
ANCOBON	3	PA
clotrimazole mucous membrane	1	QL (5 per 1 day)
CRESEMBA ORAL CAPSULE 186 MG	3	PA; QL (2 per 1 day)
CRESEMBA ORAL CAPSULE 74.5 MG	3	PA; QL (5 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (10 per 1 day)
fluconazole oral suspension for reconstitution 10 mg/ml	1	QL (40 per 1 day)
fluconazole oral suspension for reconstitution 40 mg/ml	1	QL (10 per 1 day)
fluconazole oral tablet 100 mg, 200 mg	1	QL (4 per 1 day)
fluconazole oral tablet 150 mg	1	QL (4 per 30 days)
fluconazole oral tablet 50 mg	1	QL (8 per 1 day)
flucytosine	2	PA
griseofulvin microsize oral suspension	1	QL (40 per 1 day)
griseofulvin microsize oral tablet	1	QL (2 per 1 day)
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	QL (3 per 1 day)
griseofulvin ultramicrosize oral tablet 165 mg	CED	PA; QL (4 per 1 day)
itraconazole oral capsule	2	QL (4 per 1 day)
itraconazole oral solution	CED	PA; QL (40 per 1 day)
ketoconazole oral	1	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA; QL (1 per 1 day)
nystatin oral suspension	1	QL (24 per 1 day)
nystatin oral tablet	1	QL (6 per 1 day)
ORAVIG	CED	PA; 14 tablets per fill
posaconazole oral suspension	2	PA; QL (20 per 1 day)
posaconazole oral tablet,delayed release (dr/ec)	2	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE	3	QL (4 per 1 day)
terbinafine hcl oral	1	QL (1 per 1 day)
TOLSURA	CED	PA; QL (4 per 1 day)
VFEND ORAL SUSPENSION FOR RECONSTITUTION	CED	PA; QL (10 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
VIVJOA	3	PA; QL (18 per 84 days)
voriconazole oral suspension for reconstitution	CED	PA; QL (10 per 1 day)
voriconazole oral tablet 200 mg	2	QL (2 per 1 day)
voriconazole oral tablet 50 mg	2	QL (4 per 1 day)
ANTIVIRALS		
abacavir oral solution	1	SP; QL (30 per 1 day)
abacavir oral tablet	1	SP; QL (2 per 1 day)
abacavir-lamivudine	2	SP; QL (1 per 1 day)
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
adefovir	4	PA; SP; QL (1 per 1 day)
amantadine hcl	1	
APTIVUS	4	SP; QL (4 per 1 day)
atazanavir oral capsule 150 mg, 200 mg	2	SP; QL (2 per 1 day)
atazanavir oral capsule 300 mg	2	SP; QL (1 per 1 day)
BARACLUDE ORAL SOLUTION	4	SP; QL (20 per 1 day)
BARACLUDE ORAL TABLET	4	SP; QL (1 per 1 day)
BIKTARVY	4	SP; QL (1 per 1 day)
CIMDUO	4	SP; QL (1 per 1 day)
COMPLERA	4	SP; QL (1 per 1 day)
darunavir oral tablet 600 mg	4	SP; QL (2 per 1 day)
darunavir oral tablet 800 mg	4	SP; QL (1 per 1 day)
DELSTRIGO	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	4	SP; QL (1 per 1 day)
EDURANT PED	4	SP; QL (6 per 1 day)
efavirenz oral tablet	2	SP; QL (1 per 1 day)
efavirenz-emtricitabin-tenofov	4	SP; QL (1 per 1 day)
efavirenz-lamivu-tenofov disop	1	SP; QL (1 per 1 day)
emtricitabine	2	SP; QL (1 per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	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
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	4	SP; ACA; QL (1 per 1 day)
emtricita-rilpivirine-tenof df	4	SP; QL (1 per 1 day)
EMTRIVA ORAL CAPSULE	4	SP; QL (1 per 1 day)
EMTRIVA ORAL SOLUTION	4	SP; QL (24 per 1 day)
entecavir	4	SP; QL (1 per 1 day)
EPCLUSA	4	PA; SP; QL (1 per 1 day)
EPIVIR ORAL SOLUTION	4	SP; QL (30 per 1 day)
EPIVIR ORAL TABLET 150 MG	4	SP; QL (2 per 1 day)
EPIVIR ORAL TABLET 300 MG	4	SP; QL (1 per 1 day)
etravirine oral tablet 100 mg	4	SP; QL (4 per 1 day)
etravirine oral tablet 200 mg	4	SP; QL (2 per 1 day)
EVOTAZ	4	SP; QL (1 per 1 day)
famciclovir	1	
FLUMADINE ORAL TABLET	3	
fosamprenavir	2	SP; QL (4 per 1 day)
GENVOYA	4	SP; QL (1 per 1 day)
HARVONI	4	PA; SP
HEPCLUDEX	4	PA; SP; LA; QL (1 per 1 day)
IDVYNSO	4	PA; SP; QL (1 per 1 day)
INTELENCE ORAL TABLET 100 MG	4	SP; QL (4 per 1 day)
INTELENCE ORAL TABLET 200 MG	4	SP; QL (2 per 1 day)
INTELENCE ORAL TABLET 25 MG	4	SP; QL (16 per 1 day)
ISENTRESS HD	4	SP; QL (2 per 1 day)
ISENTRESS ORAL POWDER IN PACKET	CED	PA; 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)
JULUCA	4	SP; QL (1 per 1 day)
KALETRA ORAL SOLUTION	4	SP; QL (13 per 1 day)
KALETRA ORAL TABLET 100-25 MG	4	SP; QL (10 per 1 day)
KALETRA ORAL TABLET 200-50 MG	4	SP; QL (4 per 1 day)
lamivudine oral solution	1	SP; QL (30 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
lamivudine oral tablet 100 mg	4	SP; QL (1 per 1 day)
lamivudine oral tablet 150 mg	1	SP; QL (2 per 1 day)
lamivudine oral tablet 300 mg	1	SP; QL (1 per 1 day)
lamivudine-zidovudine	2	SP; QL (2 per 1 day)
LEDIPASVIR-SOFOSBUVIR	4	PA; SP
LIVTENCITY	4	PA; SP; QL (4 per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	4	SP; QL (10 per 1 day)
lopinavir-ritonavir oral tablet 200-50 mg	4	SP; QL (4 per 1 day)
maraviroc oral tablet 150 mg	4	SP; QL (2 per 1 day)
maraviroc oral tablet 300 mg	4	SP; QL (4 per 1 day)
MAVYRET ORAL PELLETS IN PACKET	4	PA; SP; QL (6 per 1 day)
MAVYRET ORAL TABLET	4	PA; SP; QL (3 per 1 day)
nevirapine oral suspension	2	SP; QL (40 per 1 day)
nevirapine oral tablet	2	SP; QL (2 per 1 day)
nevirapine oral tablet extended release 24 hr	2	SP; QL (1 per 1 day)
NORVIR ORAL POWDER IN PACKET	CED	PA; SP; QL (12 per 1 day)
NORVIR ORAL TABLET	4	SP; QL (12 per 1 day)
ODEFSEY	4	SP; QL (1 per 1 day)
oseltamivir	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)
PIFELTRO	4	SP; QL (1 per 1 day)
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)
PREZCOBIX	4	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 600 MG	4	SP; QL (2 per 1 day)
PREZISTA ORAL TABLET 75 MG	4	SP; QL (10 per 1 day)
PREZISTA ORAL TABLET 800 MG	4	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
RELENZA DISKHALER	3	QL (20 per 180 days)
RETROVIR ORAL CAPSULE	4	SP; QL (6 per 1 day)
RETROVIR ORAL SYRUP	4	SP; QL (60 per 1 day)
REYATAZ ORAL CAPSULE 200 MG	4	SP; QL (2 per 1 day)
REYATAZ ORAL CAPSULE 300 MG	4	SP; QL (1 per 1 day)
REYATAZ ORAL POWDER IN PACKET	CED	PA; SP; QL (5 per 1 day)
ribavirin inhalation	4	SP
ribavirin oral capsule	4	SP
ribavirin oral tablet 200 mg	4	SP
rilpivirine hcl	4	SP; QL (1 per 1 day)
rimantadine	1	
ritonavir	1	SP; QL (12 per 1 day)
RUKOBIA	4	PA; SP; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	4	SP; QL (60 per 1 day)
SELZENTRY ORAL TABLET 150 MG	4	SP; QL (2 per 1 day)
SELZENTRY ORAL TABLET 300 MG	4	SP; QL (4 per 1 day)
SOFOSBUVIR-VELPATASVIR	4	PA; SP; QL (1 per 1 day)
SOVALDI	4	PA; SP
STRIBILD	4	SP; QL (1 per 1 day)
SUNLENCA ORAL	4	PA; SP; QL (1 per 365 days)
SYMFI	4	SP; QL (1 per 1 day)
SYMTUZA	4	SP; QL (1 per 1 day)
TAMIFLU ORAL CAPSULE 75 MG	3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	
TEMBEXA ORAL SUSPENSION	3	65mL per fill
TEMBEXA ORAL TABLET	3	4 tablets per fill
tenofovir disoproxil fumarate	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)
TRUVADA	4	SP; QL (1 per 1 day)
valacyclovir	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
VALCYTE ORAL RECON SOLN	4	PA for age 9 and older; SP
valganciclovir oral recon soln	4	PA for age 9 and older; SP
valganciclovir oral tablet	4	SP
VALTREX	3	
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 POWDER	CED	PA; SP; QL (8 per 1 day)
VIREAD ORAL TABLET	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)
YEZTUGO ORAL	4	SP; ACA; QL (4 per 365 days)
ZIAGEN ORAL SOLUTION	4	SP; QL (30 per 1 day)
zidovudine oral capsule	1	SP; QL (6 per 1 day)
zidovudine oral syrup	1	SP; QL (60 per 1 day)
zidovudine oral tablet	1	SP; QL (2 per 1 day)
CEPHALOSPORINS		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	2	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir	1	
cefixime oral capsule	2	
cefixime oral suspension for reconstitution	2	
cefixime oral tablet	CED	PA
cefpodoxime	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule 250 mg, 500 mg	1	
cephalexin oral capsule 750 mg	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
cephalexin oral suspension for reconstitution	1	
cephalexin oral tablet	CED	PA
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral suspension for reconstitution	1	
azithromycin oral tablet	1	
clarithromycin	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 ml per fill
DIFICID ORAL TABLET	3	PA; 20 tablets per fill
e.e.s. 400 oral tablet	1	
E.E.S. GRANULES	3	PA for age 18 and older
ERYPED 200	3	PA for age 18 and older
ERYPED 400	3	PA for age 18 and older
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	2	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	2	
erythromycin ethylsuccinate oral suspension for reconstitution	2	PA for age 18 and older
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral capsule,delayed release(dr/ec)	1	
erythromycin oral tablet	2	
erythromycin oral tablet,delayed release (dr/ec)	2	
fidaxomicin	2	PA; 20 tablets per fill
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
albendazole	2	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (180 per 1 day)
ALINIA ORAL TABLET	3	PA; 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
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	
ARAKODA	3	
ARIKAYCE	4	PA; SP; LA; QL (8.4 per 1 day)
atovaquone	2	
atovaquone-proguanil	2	
BENZNIDAZOLE	3	PA
BETHKIS	4	SP; QL (224 per 28 days)
CAYSTON	4	SP; LA; QL (3 per 1 day)
chloroquine phosphate	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
clindamycin hcl	1	
clindamycin pediatric	1	
COARTEM	3	QL (24 per 365 days)
cycloserine	2	
dapsone oral	1	
DARAPRIM	4	PA; SP; QL (3 per 1 day)
EMVERM	3	PA; 2 tablets per fill
ethambutol	1	
HUMATIN	3	
hydroxychloroquine	1	
IMPAVIDO	4	SP; QL (3 per 1 day)
isoniazid oral	1	
ivermectin oral tablet 3 mg	1	PA; QL (20 per 90 days)
ivermectin oral tablet 6 mg	CED	PA; QL (10 per 90 days)
KITABIS PAK	4	SP; QL (10 per 1 day)
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
LIKMEZ	CED	PA
linezolid	1	
MALARONE	3	
MALARONE PEDIATRIC	3	
mefloquine	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
MEPRON	3	
metronidazole oral capsule	CED	PA
METRONIDAZOLE ORAL TABLET 125 MG	CED	PA
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT	3	QL (1 per 28 days)
neomycin	1	
nitazoxanide	2	PA; QL (6 per 1 day)
ORLYNVAH	3	PA; QL (10 per 30 days)
pentamidine inhalation	2	QL (1 per 28 days)
PLAQUENIL	3	
praziquantel	2	
PRETOMANID	3	PA; QL (1 per 1 day)
PRIFTIN	3	QL (8 per 1 day)
primaquine	1	
pyrazinamide	2	
pyrimethamine	4	PA; SP; QL (3 per 1 day)
quinine sulfate	2	
rifabutin	2	
rifampin oral	1	
rifapentine	2	QL (8 per 1 day)
SIRTURO ORAL TABLET 100 MG	CED	PA; LA; QL (188 per 168 days)
SIRTURO ORAL TABLET 20 MG	CED	PA; LA; QL (940 per 168 days)
SIVEXTRO ORAL	4	SP
SOLOSEC	CED	PA; QL (1 per 30 days)
SOVUNA	CED	PA
STROMECTOL	3	PA; QL (20 per 90 days)
tinidazole	1	
TOBI	4	SP; QL (10 per 1 day)
TOBI PODHALER	4	ST; SP; QL (224 per 28 days)
tobramycin in 0.225 % nacl	4	SP; QL (10 per 1 day)
tobramycin inhalation	4	SP; QL (224 per 28 days)
TOBRAMYCIN WITH NEBULIZER	4	SP; QL (10 per 1 day)
XENLETA ORAL	3	PA; QL (10 per 30 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 365 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
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (42 per 120 days)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	
PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	
dicloxacillin	1	
MOXATAG	3	
penicillin v potassium	1	
PIVYA	3	PA; QL (9 per 30 days)
QUINOLONES		
BAXDELA ORAL	3	QL (28 per 30 days)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin	2	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin oral solution	2	
levofloxacin oral tablet	1	
moxifloxacin oral	2	
ofloxacin oral tablet 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
sulfadiazine	2	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim	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
TETRACYCLINES		
avidoxy	1	
AVIDOXY DK	CED	PA
demeclocycline	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	CED	PA
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 80 MG	CED	PA
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
DOXYCYCLINE HYCLATE ORAL CAPSULE 75 MG	CED	PA
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline hyclate oral tablet 150 mg, 50 mg, 75 mg	CED	PA
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	CED	PA
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	CED	PA
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral capsule 150 mg, 75 mg	CED	PA
doxycycline monohydrate oral capsule,ir - delay rel,biphase	CED	PA
doxycycline monohydrate oral suspension for reconstitution	1	
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	
doxycycline monohydrate oral tablet 150 mg, 75 mg	CED	PA
EMROSI	CED	PA
minocycline oral capsule	1	
MINOCYCLINE ORAL CAPSULE,EXTENDED RELEASE 24HR	CED	PA
minocycline oral tablet	CED	PA
minocycline oral tablet extended release 24 hr	CED	PA
mondoxyne nl oral capsule 100 mg	1	
mondoxyne nl oral capsule 75 mg	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
MORGIDOX 1X 50	CED	PA
MORGIDOX 1X100	CED	PA
NUZYRA ORAL	CED	PA
ORACEA	CED	PA
SEYSARA	3	ST
TARGADOX	CED	PA
tetracycline oral capsule	1	
tetracycline oral tablet	CED	PA
XIMINO	CED	PA
URINARY TRACT AGENTS		
BLUJEPA	3	PA; QL (20 per 30 days)
fosfomycin tromethamine	2	
FURADANTIN	3	
MACROBID	3	
methenamine hippurate	2	
methenamine mandelate oral tablet	2	
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	
nitrofurantoin macrocrystal oral capsule 25 mg	2	
nitrofurantoin monohyd/m-cryst	1	
nitrofurantoin oral suspension 25 mg/5 ml	2	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	CED	PA
PRIMSOL	3	
trimethoprim	1	
VANCOMYCIN		
FIRVANQ	CED	PA
VANCOCIN	3	
vancomycin oral capsule	2	
vancomycin oral recon soln	CED	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg	2	
leucovorin calcium oral tablet 5 mg	1	

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Drug Name	Drug Tier	Requirements / Limits
MESNEX ORAL	4	SP
VISTOGARD	4	SP; QL (20 per 30 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	PA; SP; QL (4 per 1 day)
abiraterone oral tablet 500 mg	CED	PA; SP; QL (2 per 1 day)
abirtega	4	PA; SP; QL (4 per 1 day)
AFINITOR	4	PA; SP; QL (1 per 1 day)
AFINITOR DISPERZ	4	PA; SP
AKEEGA	4	PA; SP; QL (2 per 1 day)
ALECENSA	4	PA; SP; QL (8 per 1 day)
ALKERAN	4	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; SP; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	4	PA; SP; QL (4 per 1 day)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; SP; QL (30 per 365 days)
anastrozole	1	ACA
ARIMIDEX	3	
AROMASIN	3	
ASTAGRAF XL	CED	PA; SP
AUGTYRO ORAL CAPSULE 160 MG	4	PA; SP; QL (2 per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; SP; QL (6 per 1 day)
AVMAPKI-FAKZYNJA	4	PA; SP; QL (66 per 28 days)
AYVAKIT	4	PA; SP; LA; QL (1 per 1 day)
AZASAN	CED	PA
azathioprine oral tablet 100 mg, 75 mg	CED	PA
azathioprine oral tablet 50 mg	1	
BALVERSA ORAL TABLET 3 MG	4	PA; SP; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	4	PA; SP; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	4	PA; SP; LA; QL (1 per 1 day)
bexarotene	4	PA; SP
bicalutamide	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)
BOSULIF ORAL TABLET 100 MG	4	PA; SP; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	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
bosutinib oral tablet 100 mg	4	PA; SP; QL (3 per 1 day)
bosutinib oral tablet 400 mg, 500 mg	4	PA; SP; QL (1 per 1 day)
BRAFTOVI	4	PA; SP; LA; QL (6 per 1 day)
BRUKINSA ORAL TABLET	4	PA; SP; LA; QL (2 per 1 day)
BYNFEZIA	4	PA; SP
CABOMETYX	4	PA; SP; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; SP; LA; QL (2 per 1 day)
capecitabine oral tablet 150 mg	4	PA; SP; QL (4 per 1 day)
capecitabine oral tablet 500 mg	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)
CASODEX	3	
CAVHANZA	CED	SP; QL (4 per 1 day)
CELLCEPT ORAL CAPSULE	4	SP
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	PA for age 8 and older; SP
CELLCEPT ORAL TABLET	4	SP
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)
COPIKTRA	4	PA; SP; LA; QL (2 per 1 day)
COTELLIC	4	PA; SP; LA; QL (3 per 1 day)
cyclophosphamide oral capsule	4	SP
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	SP
cyclosporine modified	1	SP
cyclosporine oral capsule	1	SP
DANZITEN	4	PA; SP; QL (2 per 1 day)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	4	PA; SP; QL (1 per 1 day)
dasatinib oral tablet 20 mg	4	PA; SP; QL (3 per 1 day)
DAURISMO ORAL TABLET 100 MG	4	PA; SP; QL (1 per 1 day)
DAURISMO ORAL TABLET 25 MG	4	PA; 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
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)
ENSPRYNG	4	PA; SP; QL (1 per 28 days)
ENVARSUS XR	CED	PA; SP
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)
erlotinib oral tablet 100 mg, 150 mg	4	PA; SP; QL (1 per 1 day)
erlotinib oral tablet 25 mg	4	PA; SP; QL (3 per 1 day)
etoposide oral	4	PA; SP
EULEXIN	4	PA; SP
everolimus (antineoplastic) oral tablet	4	PA; SP; QL (1 per 1 day)
everolimus (antineoplastic) oral tablet for suspension	4	PA; SP
everolimus (immunosuppressive)	4	SP
exemestane	1	ACA
FARESTON	4	PA; SP; QL (1 per 1 day)
FEMARA	3	
FENSOLVI	4	PA; SP; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; SP; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; SP; QL (1 per 28 days)
FOTIVDA	4	PA; SP; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; SP; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; SP; QL (21 per 28 days)
GAVRETO	4	PA; SP; LA; QL (4 per 1 day)
gefitinib	4	PA; SP; QL (1 per 1 day)
gengraf oral capsule	1	SP
GILOTRIF	4	PA; SP; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	4	PA; SP; 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
GLEEVEC ORAL TABLET 400 MG	4	PA; SP; QL (2 per 1 day)
GLEOSTINE	4	PA; SP
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
HYDREA	3	
hydroxyurea	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)
IDHIFA	4	PA; SP; LA; QL (1 per 1 day)
imatinib oral tablet 100 mg	4	PA; SP; QL (3 per 1 day)
imatinib oral tablet 400 mg	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 SUSPENSION	4	PA; SP; QL (6 per 1 day)
IMBRUVICA ORAL TABLET	4	PA; SP; QL (1 per 1 day)
IMKELDI	4	PA; SP; QL (280 per 28 days)
IMURAN	3	
INLURIYO	4	PA; SP; QL (2 per 1 day)
INLYTA ORAL TABLET 1 MG	4	PA; SP; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	4	PA; SP; QL (4 per 1 day)
INQOVI	4	PA; SP; QL (5 per 28 days)
INREBIC	4	PA; SP; LA; QL (4 per 1 day)
IRESSA	4	PA; SP; QL (1 per 1 day)
ITOVEBI ORAL TABLET 3 MG	4	PA; SP; QL (2 per 1 day)
ITOVEBI ORAL TABLET 9 MG	4	PA; SP; QL (1 per 1 day)
IWILFIN	4	PA; SP; LA; QL (8 per 1 day)
JAKAFI	4	PA; SP; QL (2 per 1 day)
JAKAFI XR	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
JAYPIRCA ORAL TABLET 100 MG	4	PA; SP; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	4	PA; SP; QL (1 per 1 day)
JYLAMVO	CED	PA
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)
KLISYRI (250 MG)	3	PA; QL (5 per 365 days)
KOMZIFTI	4	PA; SP; QL (3 per 1 day)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; SP; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	4	PA; SP; QL (4 per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	4	PA; SP; QL (20 per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	4	PA; SP; QL (12 per 1 day)
KRAZATI	4	PA; SP; QL (6 per 1 day)
lanreotide subcutaneous syringe 120 mg/0.5 ml	4	PA; SP; QL (0.5 per 28 days)
lapatinib	4	PA; SP; QL (6 per 1 day)
LAZCLUZE ORAL TABLET 240 MG	4	PA; SP; LA; QL (1 per 1 day)
LAZCLUZE ORAL TABLET 80 MG	4	PA; SP; LA; QL (2 per 1 day)
lenalidomide	4	PA; SP; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; SP; QL (30 per 28 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; SP; QL (90 per 28 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; SP; QL (60 per 28 days)
letrozole	1	
LEUKERAN	4	PA; SP
leuprolide subcutaneous kit	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)

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
lomustine	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)
LORBRENA ORAL TABLET 100 MG	4	PA; SP; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; SP; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG, 240 MG	4	PA; SP; QL (2 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	4	PA; SP; QL (3 per 1 day)
LUPKYNIS	4	PA; SP; QL (6 per 1 day)
LUPRON DEPOT	4	PA; SP; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	4	PA; SP; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	4	PA; SP; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	4	PA; SP; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	4	PA; SP; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; SP; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; SP; QL (1 per 126 days)
LUTRATE DEPOT (3 MONTH)	4	PA; SP; QL (1 per 63 days)
LYNPARZA	4	PA; SP; QL (4 per 1 day)
LYSODREN	4	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	4	PA; SP; LA; QL (4 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; 4 packs per 28 days; SP; LA
MATULANE	4	PA; SP
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	CED	PA
megestrol oral tablet	1	
MEKINIST ORAL RECON SOLN	4	PA; SP; QL (23 per 1 day)
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)
MEKTOVI	4	PA; SP; LA; QL (6 per 1 day)
mercaptopurine oral suspension	CED	PA; SP
mercaptopurine oral tablet	1	
methotrexate sodium	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
methotrexate sodium (pf) injection solution	1	
MODEYSO	4	PA; SP; QL (20 per 28 days)
MYCAPSSA	4	PA; SP; LA; QL (4 per 1 day)
mycophenolate mofetil oral capsule	1	SP
mycophenolate mofetil oral suspension for reconstitution	2	PA for age 8 and older; SP
mycophenolate mofetil oral tablet	1	SP
mycophenolate sodium	1	SP
MYFORTIC	3	SP
MYHIBBIN	4	PA for age 9 and older; SP; QL (350 per 30 days)
MYLERAN	4	PA; SP
NEMLUVIO	4	PA; SP; QL (1 per 28 days)
NEORAL	3	SP
NERLYNX	4	PA; SP; LA; QL (6 per 1 day)
NEXAVAR	4	PA; SP; LA; QL (4 per 1 day)
nilotinib hcl oral capsule 150 mg, 200 mg	4	PA; SP; QL (4 per 1 day)
nilotinib hcl oral capsule 50 mg	4	PA; SP; QL (2 per 1 day)
nilutamide	4	PA; SP; QL (1 per 1 day)
NINLARO	4	PA; SP; QL (3 per 28 days)
NUBEQA	4	PA; SP; LA; QL (4 per 1 day)
octreotide acetate	4	PA; SP
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg	4	PA; SP; QL (1 per 28 days)
octreotide,microspheres intramuscular suspension,extended rel recon 20 mg	4	PA; SP; QL (2 per 28 days)
ODOMZO	4	PA; SP; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; SP; QL (2 per 1 day)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; SP; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	4	PA; SP; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; SP; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	4	PA; SP; QL (24 per 28 days)
OJJAARA	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
ONUREG	4	PA; SP; QL (14 per 28 days)
ORGOVYX	4	PA; SP; LA; QL (1 per 1 day)
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)
pazopanib oral tablet 200 mg	4	PA; SP; QL (4 per 1 day)
PAZOPANIB ORAL TABLET 400 MG	4	PA; SP; QL (2 per 1 day)
PEMAZYRE	4	PA; SP; LA; QL (14 per 28 days)
PHYRAGO ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	CED	PA; SP; QL (1 per 1 day)
PHYRAGO ORAL TABLET 20 MG	CED	PA; SP; QL (3 per 1 day)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; SP; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; SP; QL (56 per 28 days)
pomalidomide	4	PA; SP; QL (1 per 1 day)
POMALYST	4	PA; SP; LA; QL (1 per 1 day)
PROGRAF ORAL CAPSULE	4	SP
PROGRAF ORAL GRANULES IN PACKET	CED	PA; SP
PURIXAN	CED	PA; SP
QINLOCK	4	PA; SP; LA; QL (3 per 1 day)
RASONQUE	4	PA; SP; QL (2 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA; SP; LA; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	4	PA; SP; LA; QL (3 per 1 day)
REVLIMID	4	PA; SP; LA; 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)
REZLIDHIA	4	PA; SP; QL (2 per 1 day)
REZUROCK	4	PA; SP; QL (1 per 1 day)
ROMVIMZA	4	PA; SP; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; SP; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; SP; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; SP; LA; 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
RUBRACA	4	PA; SP; LA; QL (4 per 1 day)
RYDAPT	4	PA; SP; QL (8 per 1 day)
SANDIMMUNE ORAL CAPSULE	3	SP
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 30 MG	4	PA; SP; QL (1 per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 20 MG	4	PA; SP; QL (2 per 28 days)
SAPHNELO PEN	4	PA; SP; LA; QL (3.2 per 28 days)
SAPHNELO SUBCUTANEOUS	4	PA; SP; LA; QL (4 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	4	PA; SP; QL (4 per 1 day)
SCEMBLIX ORAL TABLET 20 MG	4	PA; SP; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; SP; QL (10 per 1 day)
SIGNIFOR	4	PA; SP
SIGNIFOR LAR	4	PA; SP; QL (1 per 28 days)
SIKLOS	CED	PA; SP
sirolimus	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)
sorafenib	4	PA; SP; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	4	PA; SP; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	4	PA; SP; QL (3 per 1 day)
STIVARGA	4	PA; SP; QL (84 per 28 days)
sunitinib malate	4	PA; SP; QL (1 per 1 day)
SUPPRELIN LA	4	PA; SP; QL (1 per 365 days)
SUTENT	4	PA; SP; QL (1 per 1 day)
TABLOID	4	PA; SP
TABRECTA	4	PA; 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
tacrolimus oral capsule	1	SP
TAFINLAR ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; SP; QL (30 per 1 day)
TAGRISSO	4	PA; SP; LA; QL (1 per 1 day)
TALZENNA	4	PA; SP; QL (1 per 1 day)
tamoxifen	1	ACA
TARGRETIN	4	PA; SP
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; SP; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	4	PA; SP; QL (2 per 1 day)
temozolomide	4	PA; SP
TEPMETKO	4	PA; SP; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; SP; QL (1 per 1 day)
TIBSOVO	4	PA; SP; QL (2 per 1 day)
toremifene	4	PA; SP; QL (1 per 1 day)
torpenz	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)
tretinoin (antineoplastic)	4	PA; SP
TREXALL	CED	PA
TRIPTODUR	4	PA; SP; QL (1 per 126 days)
TRUQAP	4	PA; SP; QL (64 per 28 days)
TUKYSA	4	PA; SP; LA; QL (4 per 1 day)
TURALIO	4	PA; SP; LA; QL (4 per 1 day)
TYKERB	4	PA; SP; LA; QL (6 per 1 day)
VABRINTY (1 MONTH)	CED	PA; SP; QL (1 per 28 days)
VABRINTY (3 MONTH)	CED	PA; SP; QL (1 per 63 days)
VABRINTY (4 MONTH)	CED	PA; SP; QL (1 per 84 days)
VABRINTY (6 MONTH)	CED	PA; SP; QL (1 per 126 days)
VANFLYTA	4	PA; SP; QL (2 per 1 day)
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)

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
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)
VEPPANU	4	PA; SP; QL (1 per 1 day)
VERZENIO	4	PA; SP; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	4	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; SP; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; SP; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; SP; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; SP; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	4	PA; SP; LA; QL (10 per 1 day)
VONJO	4	PA; SP; QL (4 per 1 day)
VORANIGO ORAL TABLET 10 MG	4	PA; SP; QL (2 per 1 day)
VORANIGO ORAL TABLET 40 MG	4	PA; SP; QL (1 per 1 day)
VOTRIENT	4	PA; SP; QL (4 per 1 day)
VOYXACT	4	PA; SP; QL (2 per 28 days)
WAYRILZ	4	PA; SP; LA; QL (2 per 1 day)
WELIREG	4	PA; SP; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	4	PA; SP; QL (4 per 1 day)
XALKORI ORAL PELLET 150 MG	4	PA; SP; QL (6 per 1 day)
XALKORI ORAL PELLET 20 MG, 50 MG	4	PA; SP; QL (4 per 1 day)
XATMEP	CED	PA
XERMELO	4	PA; SP; LA; QL (3 per 1 day)
XOSPATA	4	PA; SP; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	4	PA; SP; LA; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	4	PA; SP; LA; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1)	4	PA; SP; LA; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA; SP; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA; SP; LA; QL (32 per 28 days)
XROMI	CED	PA for age 9 and older

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
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)
yulithira	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)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	PA; SP; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA; SP; QL (1 per 28 days)
ZOLINZA	4	PA; SP; QL (4 per 1 day)
ZORTRESS	4	SP
ZYDELIG	4	PA; SP; QL (2 per 1 day)
ZYKADIA	4	PA; SP; QL (3 per 1 day)
ZYTIGA ORAL TABLET 250 MG	4	PA; SP; QL (4 per 1 day)
ZYTIGA ORAL TABLET 500 MG	CED	PA; SP; QL (2 per 1 day)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG	3	PA; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	3	PA; QL (2 per 1 day)
BANZEL	3	PA
brivaracetam oral solution	2	PA; QL (12 per 1 day)
brivaracetam oral tablet	2	PA; QL (2 per 1 day)
BRIVIACT ORAL SOLUTION	3	PA; QL (12 per 1 day)
BRIVIACT ORAL TABLET	3	PA; QL (2 per 1 day)
carbamazepine oral capsule, er multiphase 12 hr	2	
carbamazepine oral suspension 100 mg/5 ml	2	
carbamazepine oral suspension 200 mg/10 ml	CED	PA
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	2	
carbamazepine oral tablet,chewable 100 mg	1	
CARBAMAZEPINE ORAL TABLET,CHEWABLE 200 MG	CED	PA
CARBATROL	3	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
CELONTIN ORAL CAPSULE 300 MG	3	PA
clobazam oral suspension	2	PA
clobazam oral tablet	2	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet,disintegrating	2	
DEPAKOTE	3	PA
DEPAKOTE ER	3	PA
DEPAKOTE SPRINKLES	3	PA
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)
diazepam rectal	2	
DILANTIN	3	PA; QL (3 per 1 day)
DILANTIN EXTENDED	3	PA
DILANTIN INFATABS	3	PA
DILANTIN-125	3	PA
divalproex oral capsule, delayed rel sprinkle	2	
divalproex oral tablet extended release 24 hr	2	
divalproex oral tablet,delayed release (dr/ec)	1	
ELEPSIA XR	CED	PA
EPIDIOLEX	4	PA; SP; LA
EPRONTIA	CED	PA
EQUETRO	3	PA
eslicarbazepine oral tablet 200 mg, 400 mg	2	PA; QL (1 per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	2	PA; QL (2 per 1 day)
ethosuximide	2	
felbamate	2	PA
FELBATOL ORAL TABLET	3	PA
FINTEPLA	4	PA; SP; LA; QL (12 per 1 day)
FYCOMPA ORAL SUSPENSION	3	PA; QL (24 per 1 day)
FYCOMPA ORAL TABLET	3	PA; QL (1 per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	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
gabapentin oral capsule 200 mg	CED	PA; QL (3 per 1 day)
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	2	
gabapentin oral tablet 600 mg, 800 mg	1	
gabapentin oral tablet extended release 24 hr 300 mg	CED	PA; QL (1 per 1 day)
gabapentin oral tablet extended release 24 hr 450 mg, 750 mg, 900 mg	CED	PA; QL (2 per 1 day)
gabapentin oral tablet extended release 24 hr 600 mg	CED	PA; QL (3 per 1 day)
GABARONE	CED	PA; QL (3 per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	CED	PA; QL (1 per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	CED	PA; QL (2 per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	CED	PA; QL (3 per 1 day)
KEPPRA ORAL	3	PA
KEPPRA XR	3	PA
KLONOPIN	3	
lacosamide oral	2	PA
LAMICTAL ODT	CED	PA
LAMICTAL ODT STARTER (BLUE)	CED	PA
LAMICTAL ODT STARTER (GREEN)	CED	PA
LAMICTAL ODT STARTER (ORANGE)	CED	PA
LAMICTAL ORAL TABLET	3	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	PA
LAMICTAL STARTER (BLUE) KIT	CED	PA
LAMICTAL STARTER (GREEN) KIT	CED	PA
LAMICTAL STARTER (ORANGE) KIT	CED	PA
LAMICTAL XR	CED	PA
LAMICTAL XR STARTER (BLUE)	CED	PA
LAMICTAL XR STARTER (GREEN)	CED	PA
LAMICTAL XR STARTER (ORANGE)	CED	PA
lamotrigine oral tablet	1	
lamotrigine oral tablet disintegrating, dose pk	CED	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
lamotrigine oral tablet extended release 24hr	CED	PA
lamotrigine oral tablet, chewable dispersible	1	
lamotrigine oral tablet,disintegrating	CED	PA
lamotrigine oral tablets,dose pack	CED	PA
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	CED	PA
LYRICA	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	ST; QL (1 per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	ST; QL (2 per 1 day)
methsuximide	2	
MOTPOLY XR	CED	PA
MYSOLINE	3	PA
NAYZILAM	3	PA; QL (10 per 30 days)
NEURONTIN	3	PA
ONFI	3	PA
oxcarbazepine oral suspension	2	
oxcarbazepine oral tablet	1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	2	PA; QL (2 per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	2	PA; QL (4 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	PA; QL (2 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; QL (4 per 1 day)
perampanel oral suspension	2	PA; QL (24 per 1 day)
perampanel oral tablet	2	PA; QL (1 per 1 day)
phenobarbital	1	
PHENYTEK	3	PA
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable	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
phenytoin sodium extended oral capsule 100 mg	1	
phenytoin sodium extended oral capsule 200 mg, 300 mg	2	
pregabalin oral capsule	1	
pregabalin oral solution	2	
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	2	ST; QL (1 per 1 day)
pregabalin oral tablet extended release 24 hr 330 mg	2	ST; QL (2 per 1 day)
PRIMIDONE ORAL TABLET 125 MG	CED	PA
primidone oral tablet 250 mg, 50 mg	1	
RELGAABI ORAL CAPSULE 200 MG	CED	PA; QL (3 per 1 day)
relgaabi oral capsule 300 mg, 400 mg	1	
roweepra	CED	PA
rufinamide	2	PA
SABRIL	4	PA; SP; LA
SPRITAM	CED	PA
SUBVENITE ORAL SUSPENSION	CED	PA
subvenite oral tablet	1	
subvenite starter (blue) kit	CED	PA
subvenite starter (green) kit	CED	PA
subvenite starter (orange) kit	CED	PA
SYMPAZAN	CED	PA
TEGRETOL ORAL SUSPENSION	3	PA
TEGRETOL ORAL TABLET	3	PA
TEGRETOL XR	3	PA
tiagabine	2	PA
TOPAMAX	3	PA
topiramate oral capsule, sprinkle 15 mg, 25 mg	2	
topiramate oral capsule, sprinkle 50 mg	CED	PA; QL (2 per 1 day)
topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg	CED	PA; QL (1 per 1 day)
topiramate oral capsule,extended release 24hr 200 mg	CED	PA; QL (2 per 1 day)
topiramate oral capsule,sprinkle,er 24hr 100 mg, 25 mg, 50 mg	CED	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
topiramate oral capsule,sprinkle,er 24hr 150 mg, 200 mg	CED	PA; QL (2 per 1 day)
topiramate oral solution	CED	PA
topiramate oral tablet	1	
TRILEPTAL	3	PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	CED	PA; QL (1 per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	CED	PA; QL (2 per 1 day)
valproic acid	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
VALTOCO	3	PA; QL (10 per 30 days)
vigabatrin	4	PA; SP; LA
vigadrone	4	PA; SP
VIGAFYDE	4	PA; SP
VIMPAT ORAL	3	PA
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 unit per day; 1 box in 365 days
ZARONTIN	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA
ZONISADE	CED	PA
zonisamide	1	
ZTALMY	4	PA; SP; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA; SP; LA; QL (3 per 1 day)
apomorphine	4	PA; SP; QL (3 per 1 day)
AZILECT	3	
benztropine oral	1	
bromocriptine	1	
carbidopa	2	PA; QL (8 per 1 day)
CARBIDOPA-LEVODOPA ORAL CAPSULE, EXTENDED RELEASE	3	PA; QL (10 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
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	1	
carbidopa-levodopa oral tablet,disintegrating	1	
carbidopa-levodopa-entacapone	1	
CREXONT	3	PA; QL (6 per 1 day)
DHIVY	CED	PA; QL (8 per 1 day)
DUOPA	4	PA; SP; QL (2800 per 28 days)
entacapone	1	
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	CED	PA; SP; QL (2 per 1 day)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	CED	PA; SP; QL (1 per 1 day)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; SP; QL (10 per 1 day)
LODOSYN	3	PA; QL (8 per 1 day)
NEUPRO	3	PA; QL (1 per 1 day)
NOURIANZ	4	PA; SP; LA; QL (1 per 1 day)
ONAPGO	4	PA; SP; QL (600 per 30 days)
ONGENTYS	3	PA; QL (1 per 1 day)
pramipexole oral tablet	1	
pramipexole oral tablet extended release 24 hr	CED	PA
rasagiline	2	
ropinirole oral tablet	1	
ropinirole oral tablet extended release 24 hr	2	
RYTARY	3	PA; QL (10 per 1 day)
selegiline hcl	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	PA; QL (6 per 1 day)
trihexyphenidyl	1	
VYALEV	4	PA; SP; QL (420 per 30 days)
XADAGO	3	PA; QL (1 per 1 day)
ZELAPAR	CED	PA
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; 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
AJOVY AUTOINJECTOR	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; QL (1.5 per 30 days)
almotriptan malate	2	QL (12 per 30 days)
BREKIYA	CED	PA; SP; QL (24 per 28 days)
CAFERGOT	3	
dihydroergotamine injection	2	PA; QL (24 per 28 days)
dihydroergotamine nasal	2	PA; QL (8 per 28 days)
eletriptan	2	QL (12 per 30 days)
ELYXYB	CED	PA; QL (16 per 1 day)
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)
ergotamine-caffeine	2	
frovatriptan	2	QL (12 per 30 days)
IMITREX ORAL TABLET 100 MG	3	QL (9 per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	3	QL (18 per 30 days)
IMITREX STATDOSE PEN	3	QL (6 per 30 days)
IMITREX STATDOSE REFILL	3	QL (6 per 30 days)
MAXALT ORAL TABLET 10 MG	3	QL (12 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	QL (12 per 30 days)
migergot	CED	PA
MIGRANAL	3	PA; QL (8 per 28 days)
naratriptan	1	QL (9 per 30 days)
NURTEC ODT	2	PA; QL (8 per 30 days)
ONZETRA XSAIL	CED	PA
QULIPTA	2	PA; QL (1 per 1 day)
RELPAX	3	QL (12 per 30 days)
RIZAFILM	CED	PA; QL (12 per 30 days)
rizatriptan	1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	QL (6 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
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (6 per 30 days)
sumatriptan succinate subcutaneous solution	1	QL (6 per 30 days)
sumatriptan-naproxen	CED	PA; QL (9 per 30 days)
SYMBRAVO	CED	PA; QL (9 per 30 days)
TOSYMRA	CED	PA
TREXIMET	CED	PA; QL (9 per 30 days)
TRUDHESA	CED	PA; QL (8 per 30 days)
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; QL (1 per 30 days)
ZEMBRACE SYMTOUCH	CED	PA
zolmitriptan nasal spray,non-aerosol 5 mg	2	ST; QL (12 per 30 days)
zolmitriptan oral tablet	1	QL (12 per 30 days)
zolmitriptan oral tablet,disintegrating	CED	PA; QL (12 per 30 days)
ZOMIG NASAL	3	ST; QL (12 per 30 days)
ZOMIG ORAL	3	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	4	SP; LA; QL (2 per 1 day)
ARICEPT	3	
AUSTEDO	2	PA; SP; LA; QL (4 per 1 day)
AUSTEDO XR	2	PA; SP; QL (1 per 1 day)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	2	PA; SP; QL (28 per 365 days)
dalfampridine	4	SP; QL (2 per 1 day)
DAYBUE	4	PA; SP; QL (120 per 1 day)
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG	4	PA; SP; LA; QL (4 per 1 day)
DAYBUE STIX ORAL POWDER IN PACKET 8,000 MG	4	PA; SP; LA; QL (2 per 1 day)
dextromethorphan-quinidine	4	PA; SP; QL (2 per 1 day)
dichlorphenamide	4	PA; 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
donepezil oral tablet 10 mg, 5 mg	1	
donepezil oral tablet 23 mg	2	
donepezil oral tablet,disintegrating	1	
EVRYSDI ORAL RECON SOLN	4	PA; SP; LA; QL (6.7 per 1 day)
EVRYSDI ORAL TABLET	4	PA; SP; LA; QL (1 per 1 day)
EXELON PATCH	3	
FIRDAPSE	4	PA; SP; LA; QL (10 per 1 day)
galantamine oral capsule,ext rel. pellets 24 hr	2	
galantamine oral solution	CED	PA
galantamine oral tablet	2	
HORIZANT	CED	PA; QL (2 per 1 day)
INGREZZA	2	PA; SP; LA; QL (1 per 1 day)
INGREZZA INITIATION PK(TARDIV)	2	PA; SP; QL (28 per 365 days)
INGREZZA SPRINKLE	2	PA; LA; QL (1 per 1 day)
KEVEYIS	4	PA; SP; QL (4 per 1 day)
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)
memantine oral capsule,sprinkle,er 24hr	2	
memantine oral solution	CED	PA
memantine oral tablet	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
memantine-donepezil	CED	PA
MIPLYFFA	4	PA; SP; LA; QL (3 per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	CED	PA
NUEDEXTA	4	PA; SP; QL (2 per 1 day)
NULIBRY	4	PA; SP
ormalvi	CED	PA; SP; QL (4 per 1 day)
RADICAVA ORS STARTER KIT SUSP	4	PA; SP
rivastigmine	1	
rivastigmine tartrate	1	
SKYCLARYS	4	PA; SP; LA; 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
tetrabenazine oral tablet 12.5 mg	4	PA; SP; QL (8 per 1 day)
tetrabenazine oral tablet 25 mg	4	PA; SP; QL (4 per 1 day)
WAINUA	4	PA; SP; QL (1 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	4	PA; SP; LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	4	PA; SP; LA; QL (4 per 1 day)
ZEPOSIA	4	PA; SP; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; SP; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; SP; QL (7 per 365 days)
ZUNVEYL	CED	PA; QL (2 per 1 day)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
AMRIX	CED	PA
ATMEKSI	CED	PA; QL (30 per 1 day)
baclofen oral solution	CED	PA
baclofen oral suspension	CED	PA; QL (16 per 1 day)
baclofen oral tablet 10 mg, 20 mg	1	
baclofen oral tablet 15 mg	CED	PA
baclofen oral tablet 5 mg	2	QL (3 per 1 day)
carisoprodol oral tablet 250 mg	CED	PA; QL (3 per 1 day)
carisoprodol oral tablet 350 mg	1	QL (4 per 1 day)
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	CED	PA
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral capsule,extended release 24hr	CED	PA
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
cyclobenzaprine oral tablet 7.5 mg	CED	PA
DANTRIUM ORAL CAPSULE 25 MG	3	QL (3 per 1 day)
dantrolene oral capsule 100 mg	2	QL (4 per 1 day)
dantrolene oral capsule 25 mg, 50 mg	2	QL (3 per 1 day)
FEXMID	CED	PA
FLEQSUVY	CED	PA; QL (16 per 1 day)
meprobamate	1	
MESTINON ORAL	3	
MESTINON TIMESPAN	3	
metaxalone oral tablet 400 mg	CED	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
METAXALONE ORAL TABLET 640 MG	CED	PA; QL (4 per 1 day)
metaxalone oral tablet 800 mg	2	ST; QL (4 per 1 day)
methocarbamol oral tablet 1,000 mg	CED	PA
methocarbamol oral tablet 500 mg, 750 mg	1	
NORGESIC	CED	PA
NORGESIC FORTE	CED	PA
ONTRALFY	CED	PA; QL (60 per 1 day)
orphenadrine citrate oral	1	
orphenadrine-asa-caffeine oral tablet 25-385-30 mg	CED	PA
orphengesic forte	CED	PA
OZOBAX	CED	PA
OZOBAX DS	CED	PA
pyridostigmine bromide oral syrup	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
SOMA ORAL TABLET 250 MG	CED	PA; QL (3 per 1 day)
SOMA ORAL TABLET 350 MG	3	QL (4 per 1 day)
tanlor	CED	PA
tizanidine oral capsule 2 mg, 4 mg, 6 mg	2	
TIZANIDINE ORAL CAPSULE 8 MG	CED	PA; QL (3 per 1 day)
tizanidine oral tablet	1	
TONMYA	CED	PA; QL (2 per 1 day)
vanadom	1	QL (4 per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	4	PA; SP; LA; QL (20 per 28 days)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL CAPSULE 8 MG	CED	PA; QL (3 per 1 day)
ZANAFLEX ORAL TABLET	3	
ZILBRYSQ	4	PA; SP; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	PA
acetaminophen-codeine oral tablet	1	PA
ascomp with codeine	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)
buprenorphine	2	PA; QL (4 per 28 days)
buprenorphine hcl sublingual tablet 2 mg	1	QL (12 per 1 day)
buprenorphine hcl sublingual tablet 8 mg	1	QL (3 per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg	CED	PA
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	PA
butalbital-acetaminophen oral capsule	CED	PA
butalbital-acetaminophen oral tablet 50-300 mg	CED	PA
butalbital-acetaminophen oral tablet 50-325 mg	1	QL (6 per 1 day)
butalbital-acetaminophen-caff oral capsule	CED	PA; QL (6 per 1 day)
butalbital-acetaminophen-caff oral solution	CED	PA; QL (90 per 1 day)
butalbital-acetaminophen-caff oral tablet	1	QL (6 per 1 day)
butalbital-aspirin-caffeine	1	
BUTRANS	3	PA; QL (4 per 28 days)
codeine sulfate	1	PA
codeine-butalbital-asa-caff	1	PA
DILAUDID	3	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
endocet	1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	CED	PA
FIORICET	CED	PA; QL (6 per 1 day)
hydrocodone bitartrate	2	PA
hydrocodone-acetaminophen oral solution	2	PA
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	PA
hydrocodone-acetaminophen oral tablet 2.5-325 mg	CED	PA
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg	2	PA
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	PA
hydromorphone oral liquid	1	PA
hydromorphone oral tablet	1	PA
hydromorphone oral tablet extended release 24 hr	2	PA
hydromorphone rectal	1	PA
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA
levorphanol tartrate	CED	PA
meperidine oral solution	1	PA
meperidine oral tablet 50 mg	1	PA
methadone oral concentrate	1	PA
methadone oral solution	1	PA
methadone oral tablet	1	PA
methadose oral concentrate	1	PA
morphine concentrate oral solution	1	PA
morphine oral capsule, er multiphase 24 hr	CED	PA
morphine oral solution	1	PA
morphine oral tablet	1	PA
morphine oral tablet extended release	1	PA
morphine rectal	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
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA
NALOCET	CED	PA
oxycodone oral capsule	1	PA
oxycodone oral concentrate	1	PA
oxycodone oral solution	1	PA
oxycodone oral tablet	1	PA
OXYCODONE ORAL TABLET, ORAL ONLY	CED	PA
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 20 MG, 40 MG, 80 MG	3	PA
oxycodone-acetaminophen oral solution 10-300 mg/5 ml	CED	PA
oxycodone-acetaminophen oral tablet 10-300 mg, 2.5-300 mg, 5-300 mg, 7.5-300 mg	CED	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	3	PA
oxymorphone oral tablet	1	PA
oxymorphone oral tablet extended release 12 hr	2	PA
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	PA
PRIMLEV	CED	PA
PROLATE ORAL SOLUTION	CED	PA
prolate oral tablet	CED	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA
ROXYBOND	CED	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)
tencon	1	QL (6 per 1 day)
TREZIX	CED	PA
XTAMPZA ER	CED	PA
xyvona	CED	PA
NON-NARCOTIC ANALGESICS		
adult aspirin regimen	1	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
ANAPROX DS	3	
ARTHROTEC 50	3	PA; QL (4 per 1 day)
ARTHROTEC 75	3	PA; QL (4 per 1 day)
aspirin childrens	1	ACA; OTC
aspirin oral tablet,chewable	1	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
bayer low dose aspirin	1	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg	2	QL (2 per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg	2	QL (12 per 1 day)
buprenorphine-naloxone sublingual film 4-1 mg	2	QL (6 per 1 day)
buprenorphine-naloxone sublingual film 8-2 mg	2	QL (3 per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL (12 per 1 day)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	QL (3 per 1 day)
butorphanol nasal	1	PA
CAMBIA	CED	PA; QL (9 per 30 days)
CAPSINAC	CED	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	QL (2 per 1 day)
CELEBREX ORAL CAPSULE 400 MG	3	QL (1 per 1 day)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (2 per 1 day)
celecoxib oral capsule 400 mg	1	QL (1 per 1 day)
CONZIP	CED	PA
COXANTO	CED	PA
DICLOFENAC EPOLAMINE	3	PA; QL (2 per 1 day)
diclofenac potassium oral capsule	CED	PA; QL (4 per 1 day)
diclofenac potassium oral powder in packet	CED	PA; QL (9 per 30 days)
diclofenac potassium oral tablet 25 mg	CED	PA
diclofenac potassium oral tablet 50 mg	2	QL (4 per 1 day)
diclofenac sodium oral tablet extended release 24 hr	2	QL (2 per 1 day)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	2	QL (4 per 1 day)
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg	1	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
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	1	QL (2 per 1 day)
diclofenac sodium topical drops	CED	PA; QL (300 per 30 days)
diclofenac sodium topical gel 1 %	1	QL (1000 per 30 days)
diclofenac sodium topical solution in metered-dose pump	CED	PA; QL (224 per 30 days)
DICLOFENAC SUBMICRONIZED	CED	PA; QL (3 per 1 day)
diclofenac-misoprostol	2	PA; QL (4 per 1 day)
DICLOFEX DC	CED	PA
DICLOPR	CED	PA
DICLOSAICIN	CED	PA
DICLOTRAL	CED	PA
diflunisal	2	QL (3 per 1 day)
DIMENTHO	CED	PA
DITHOL	CED	PA
DOLOBID	CED	PA; QL (2 per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG	3	QL (4 per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	QL (2 per 1 day)
ecotrin low strength	1	ACA; OTC
etodolac oral capsule 200 mg	2	QL (4 per 1 day)
etodolac oral capsule 300 mg	2	QL (3 per 1 day)
etodolac oral tablet	1	QL (2 per 1 day)
etodolac oral tablet extended release 24 hr 400 mg, 500 mg	2	QL (2 per 1 day)
etodolac oral tablet extended release 24 hr 600 mg	2	QL (1 per 1 day)
fenoprofen oral capsule 200 mg	CED	PA; QL (6 per 1 day)
fenoprofen oral capsule 300 mg, 400 mg	CED	PA; QL (4 per 1 day)
fenoprofen oral tablet	CED	PA; QL (4 per 1 day)
FENOPRON	CED	PA; QL (4 per 1 day)
FLECTOR	3	PA; QL (2 per 1 day)
flurbiprofen oral tablet 100 mg	1	QL (3 per 1 day)
ibu	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 300 mg	CED	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
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
ibuprofen-famotidine	CED	PA; QL (3 per 1 day)
ICLOFENAC CP	CED	PA
INDOCIN ORAL	CED	PA; QL (40 per 1 day)
INDOCIN RECTAL	CED	PA; QL (4 per 1 day)
indomethacin oral capsule 25 mg	1	QL (3 per 1 day)
indomethacin oral capsule 50 mg	1	QL (4 per 1 day)
indomethacin oral capsule, extended release	1	QL (2 per 1 day)
indomethacin oral suspension	CED	PA; QL (40 per 1 day)
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	CED	PA
indomethacin rectal suppository 50 mg	CED	PA; QL (4 per 1 day)
JOURNAVX	3	PA; QL (30 per 68 days)
ketoprofen oral capsule	CED	PA; QL (4 per 1 day)
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	CED	PA; QL (1 per 1 day)
ketorolac oral	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill
LICART	CED	PA; QL (1 per 1 day)
LIFEMS NALOXONE	3	
LODINE ORAL TABLET	3	QL (2 per 1 day)
lofena	CED	PA
lofexidine	CED	PA; QL (16 per 1 day)
LUCEMYRA	CED	PA; QL (16 per 1 day)
lurbiro	1	QL (3 per 1 day)
meclofenamate	CED	PA; QL (4 per 1 day)
mefenamic acid	2	29 capsules per fill
MELOXICAM ORAL SUSPENSION	CED	PA; QL (10 per 1 day)
meloxicam oral tablet	1	
meloxicam submicronized	CED	PA; QL (1 per 1 day)
nabumetone oral tablet 500 mg	1	QL (4 per 1 day)
nabumetone oral tablet 750 mg	1	QL (2 per 1 day)
NALFON ORAL CAPSULE 400 MG	CED	PA; QL (4 per 1 day)
NALFON ORAL TABLET	CED	PA; QL (4 per 1 day)
naloxone injection solution	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
naloxone injection syringe	1	
naltrexone	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG	CED	PA; QL (2 per 1 day)
NAPROSYN ORAL TABLET 500 MG	3	QL (3 per 1 day)
naproxen oral suspension	CED	PA; QL (40 per 1 day)
naproxen oral tablet 250 mg	1	QL (6 per 1 day)
naproxen oral tablet 375 mg	1	QL (4 per 1 day)
naproxen oral tablet 500 mg	1	QL (3 per 1 day)
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	QL (4 per 1 day)
naproxen oral tablet,delayed release (dr/ec) 500 mg	2	QL (2 per 1 day)
naproxen sodium oral tablet 275 mg, 550 mg	2	
naproxen sodium oral tablet, er multiphase 24 hr	CED	PA; QL (2 per 1 day)
naproxen-esomeprazole	CED	PA; QL (2 per 1 day)
NUCYNTA	3	PA
NUCYNTA ER	3	PA
OPVEE	3	2 units per fill
ORUDIS	CED	PA; QL (4 per 1 day)
OXAPROZIN ORAL CAPSULE	CED	PA
oxaprozin oral tablet	1	QL (2 per 1 day)
pentazocine-naloxone	2	PA
piroxicam	1	QL (1 per 1 day)
PROFINAC	CED	PA
RELAFEN DS	CED	PA; QL (2 per 1 day)
REXTOVY	3	2 sprays per fill
salsalate	1	
SPRIX	CED	PA; SP; QL (5 per 30 days)
st joseph aspirin	1	ACA; OTC
st. joseph aspirin	1	ACA; OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	QL (2 per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	QL (12 per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG	3	QL (6 per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG	3	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
sulindac	1	QL (2 per 1 day)
TAPENTADOL ORAL SOLUTION	CED	PA; QL (30 per 1 day)
tapentadol oral tablet	2	PA
TAPENTADOL ORAL TABLET EXTENDED RELEASE 12 HR	2	PA
TOLECTIN 600	CED	PA
tolectin ds	CED	PA
tolmetin oral capsule	CED	PA
tolmetin oral tablet 200 mg	CED	PA; QL (3 per 1 day)
tolmetin oral tablet 600 mg	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	CED	PA
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	CED	PA
TRAMADOL ORAL SOLUTION	CED	PA
tramadol oral tablet 100 mg	CED	PA
TRAMADOL ORAL TABLET 25 MG, 75 MG	CED	PA
tramadol oral tablet 50 mg	1	PA
tramadol oral tablet extended release 24 hr	2	PA
tramadol oral tablet, er multiphase 24 hr	2	PA
tramadol-acetaminophen	1	PA
VAROPHEN (DICLOFENAC)	CED	PA
VIVITROL	4	SP
VIVLODEX	CED	PA; QL (1 per 1 day)
VYSCOXA	CED	PA; QL (40 per 1 day)
ZICLOPRO	CED	PA
ZIMHI	3	1 ml per fill
ZIPSOR	CED	PA; QL (4 per 1 day)
ZORVOLEX	CED	PA; QL (3 per 1 day)
ZUBSOLV	3	
ZURNAI	3	1mL per Fill
ZYBIC	CED	PA; QL (10 per 1 day)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	PA for age 17 and younger; QL (2.4 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
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	PA for age 17 and younger; QL (3.2 per 28 days)
ABILIFY MAINTENA	2	PA for age 17 and younger; QL (1 per 28 days)
ABILIFY ORAL TABLET	3	PA for age 17 and younger; QL (1 per 1 day)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	3	PA for age 19 and older; QL (2 per 1 day)
ADDYI	3	PA; QL (1 per 1 day)
ADZENYS XR-ODT	3	PA; QL (1 per 1 day)
alprazolam intensol	2	
alprazolam oral tablet	1	
alprazolam oral tablet extended release 24 hr	1	
alprazolam oral tablet,disintegrating	2	
AMBIEN	3	QL (1 per 1 day)
AMBIEN CR	3	QL (1 per 1 day)
amitriptyline	1	
amitriptyline-chlordiazepoxide	2	
amoxapine	2	
amphetamine	2	PA; QL (1 per 1 day)
amphetamine sulfate oral tablet 10 mg	2	PA; QL (6 per 1 day)
amphetamine sulfate oral tablet 5 mg	2	PA; QL (3 per 1 day)
ANAFRANIL	3	
APLENZIN	CED	PA; QL (1 per 1 day)
aripiprazole oral solution	CED	PA for age 17 and younger; QL (30 per 1 day)
aripiprazole oral tablet	1	PA for age 17 and younger; QL (1 per 1 day)
aripiprazole oral tablet,disintegrating	CED	PA for age 17 and younger; QL (1 per 1 day)
ARISTADA INITIO	2	PA for age 17 and younger; QL (2.4 per 365 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 1,064 MG/3.9 ML	2	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA for age 17 and younger; QL (3.2 per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	2	QL (1 per 1 day)
armodafinil oral tablet 50 mg	2	QL (2 per 1 day)
ARYNTA	CED	PA; PA for age 19 and older; QL (7 per 1 day)
asenapine maleate	2	PA; QL (2 per 1 day)
ATIVAN ORAL	3	
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (2 per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (1 per 1 day)
ATOMOXETINE ORAL SOLUTION	CED	PA; QL (25 per 1 day)
ATONCY	CED	PA; QL (25 per 1 day)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	3	PA; QL (2 per 1 day)
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK	3	PA; QL (51 per 365 days)
AZSTARYS	3	PA; QL (1 per 1 day)
BELSOMRA	3	ST; QL (1 per 1 day)
BUCAPSOL	CED	PA; QL (2 per 1 day)
bupropion hcl oral tablet 100 mg	1	QL (4.5 per 1 day)
bupropion hcl oral tablet 75 mg	1	QL (6 per 1 day)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (3 per 1 day)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (1 per 1 day)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	CED	PA; QL (1 per 1 day)
bupropion hcl oral tablet sustained-release 12 hr	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
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
BUSPIRONE ORAL TABLET 12.5 MG, 2.5 MG	CED	PA; QL (2 per 1 day)
BYSANTI	CED	PA; QL (2 per 1 day)
BYSANTI TITRATION PACK A	CED	PA; QL (8 per 365 days)
BYSANTI TITRATION PACK B	CED	PA; QL (12 per 365 days)
BYSANTI TITRATION PACK C	CED	PA; QL (8 per 365 days)
CAPLYTA ORAL CAPSULE 10.5 MG	3	PA; PA for age 18 and older; QL (1 per 1 day)
CAPLYTA ORAL CAPSULE 21 MG	3	PA; PA for age 18 and older
CAPLYTA ORAL CAPSULE 42 MG	3	PA; PA for age 18 years and older; QL (1 per 1 day)
CELEXA ORAL TABLET 10 MG, 20 MG	3	QL (1.5 per 1 day)
CELEXA ORAL TABLET 40 MG	3	QL (1 per 1 day)
chlordiazepoxide hcl	1	
chlorpromazine oral concentrate 100 mg/ml	CED	PA for age 17 and younger; QL (8 per 1 day)
chlorpromazine oral concentrate 30 mg/ml	CED	PA for age 17 and younger; QL (27 per 1 day)
chlorpromazine oral tablet	2	PA for age 17 and younger; QL (4 per 1 day)
citalopram oral capsule	CED	PA; QL (1 per 1 day)
citalopram oral solution	2	QL (20 per 1 day)
citalopram oral tablet 10 mg, 20 mg	1	QL (1.5 per 1 day)
citalopram oral tablet 40 mg	1	QL (1 per 1 day)
clomipramine	2	
clonidine hcl oral tablet extended release 12 hr	1	
clorazepate dipotassium	2	
clozapine oral tablet 100 mg	2	PA for age 17 and younger; QL (9 per 1 day)
clozapine oral tablet 200 mg	2	PA for age 17 and younger; QL (4.5 per 1 day)
clozapine oral tablet 25 mg, 50 mg	2	PA for age 17 and younger; QL (3 per 1 day)
clozapine oral tablet,disintegrating 100 mg	CED	PA; QL (9 per 1 day)
clozapine oral tablet,disintegrating 12.5 mg, 25 mg	CED	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
clozapine oral tablet,disintegrating 150 mg	CED	PA; QL (6 per 1 day)
clozapine oral tablet,disintegrating 200 mg	CED	PA; QL (4.5 per 1 day)
CLOZARIL ORAL TABLET 100 MG	3	PA for age 17 and younger; QL (9 per 1 day)
CLOZARIL ORAL TABLET 25 MG	3	PA for age 17 and younger; QL (3 per 1 day)
COBENFY	3	PA; PA for age 18 years and older; QL (2 per 1 day)
COBENFY STARTER PACK	3	PA; PA for age 18 years and older; QL (56 per 365 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	PA for age 19 and older; QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	PA for age 19 and older; QL (2 per 1 day)
COTEMPLA XR-ODT	3	PA; QL (2 per 1 day)
DAYVIGO	3	ST; QL (1 per 1 day)
desipramine	2	
DESOXYN	CED	PA for age 19 and older; QL (5 per 1 day)
DESVENLAFAXINE	CED	PA; QL (1 per 1 day)
desvenlafaxine succinate	2	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	PA for age 19 and older; QL (4 per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50	2	PA for age 19 and older; QL (1 per 1 day)
dexmethylphenidate oral tablet	1	PA for age 19 and older; QL (2 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	2	PA for age 19 and older; QL (4 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 5 mg	2	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine sulfate oral solution	2	PA for age 19 and older; QL (60 per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine sulfate oral tablet 15 mg, 20 mg	CED	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg	2	PA for age 19 and older; 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
dextroamphetamine sulfate oral tablet 30 mg	CED	PA for age 19 and older; QL (2 per 1 day)
dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr	2	PA; QL (1 per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	PA for age 19 and older; QL (2 per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine-amphetamine oral tablet 30 mg	1	PA for age 19 and older; QL (2 per 1 day)
diazepam intensol	2	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet	1	
DORAL	CED	PA; QL (1 per 1 day)
doxepin oral capsule	1	
doxepin oral concentrate	1	
doxepin oral tablet	CED	PA; QL (1 per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 60 MG	CED	PA; QL (2 per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 30 MG, 40 MG	CED	PA; QL (1 per 1 day)
DULOXETINE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 80 MG, 90 MG	CED	PA; QL (1 per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL (2 per 1 day)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	CED	PA; QL (3 per 1 day)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	PA; QL (8 per 1 day)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	PA; QL (1 per 1 day)
EDLUAR	CED	PA; QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	QL (3 per 1 day)
EMSAM	3	PA; QL (1 per 1 day)
ergoloid	2	

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Drug Name	Drug Tier	Requirements / Limits
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for age 17 and younger; QL (0.75 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for age 17 and younger; QL (1 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for age 17 and younger; QL (1.5 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	2	PA for age 17 and younger; QL (2.25 per 365 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for age 17 and younger; QL (0.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for age 17 and younger; QL (0.5 per 28 days)
ESCITALOPRAM OXALATE ORAL CAPSULE	CED	PA; QL (2 per 1 day)
escitalopram oxalate oral solution	2	QL (20 per 1 day)
escitalopram oxalate oral tablet 10 mg, 5 mg	1	QL (1.5 per 1 day)
escitalopram oxalate oral tablet 20 mg	1	QL (1 per 1 day)
estazolam	1	QL (1 per 1 day)
eszopiclone	1	QL (1 per 1 day)
EVEKEO ORAL TABLET 10 MG	3	PA; QL (6 per 1 day)
EVEKEO ORAL TABLET 5 MG	3	PA; QL (3 per 1 day)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR	3	QL (1 per 1 day)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	3	QL (32 per 365 days)
FANAPT	3	PA; PA for age 18 and older; QL (2 per 1 day)
FANAPT TITRATION PACK A	3	PA; PA for age 18 and older; QL (8 per 365 days)
FANAPT TITRATION PACK B	3	PA; QL (12 per 365 days)
FANAPT TITRATION PACK C	3	PA; QL (8 per 365 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	3	PA; QL (28 per 365 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	PA; QL (1 per 1 day)
fluoxetine oral capsule	1	QL (2 per 1 day)
fluoxetine oral capsule,delayed release(dr/ec)	CED	PA; QL (4 per 28 days)
fluoxetine oral solution	2	QL (20 per 1 day)
fluoxetine oral tablet 10 mg, 20 mg	2	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
fluoxetine oral tablet 60 mg	CED	PA; QL (1 per 1 day)
fluphenazine decanoate	2	PA for age 17 and younger; QL (5 per 30 days)
fluphenazine hcl injection	2	PA for age 17 and younger; QL (5 per 30 days)
fluphenazine hcl oral concentrate	2	PA for age 17 and younger; QL (8 per 1 day)
fluphenazine hcl oral elixir	2	PA for age 17 and younger; QL (80 per 1 day)
fluphenazine hcl oral tablet	2	PA for age 17 and younger; QL (4 per 1 day)
flurazepam	1	QL (1 per 1 day)
fluvoxamine oral capsule,extended release 24hr	CED	PA; QL (2 per 1 day)
fluvoxamine oral tablet 100 mg	2	QL (3 per 1 day)
fluvoxamine oral tablet 25 mg, 50 mg	2	QL (1.5 per 1 day)
FOCALIN	3	PA for age 19 and older; QL (2 per 1 day)
FOCALIN XR	3	PA for age 19 and older; QL (1 per 1 day)
GEODON ORAL	3	PA for age 17 and younger; QL (2 per 1 day)
guanfacine oral tablet extended release 24 hr	1	
haloperidol decanoate	2	PA for age 17 and younger
haloperidol lactate injection	1	PA for age 17 and younger
haloperidol lactate oral	1	PA for age 17 and younger; QL (15 per 1 day)
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg	1	PA for age 17 and younger; QL (3 per 1 day)
haloperidol oral tablet 20 mg	1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ	4	PA; SP; QL (1 per 1 day)
HETLIOZ LQ	4	PA; SP; QL (5 per 1 day)
imipramine hcl	1	
imipramine pamoate	CED	PA
INTUNIV ER	3	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	CED	PA; PA for age 17 and younger; 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	CED	PA; PA for age 17 and younger; QL (5 per 135 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	PA; QL (1 per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	PA; QL (2 per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for age 17 and younger; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for age 17 and younger; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for age 17 and younger; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for age 17 and younger; QL (2.63 per 63 days)
JORNAY PM	3	PA; QL (1 per 1 day)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	ST; PA for age 17 and younger; QL (1 per 1 day)
LATUDA ORAL TABLET 80 MG	3	ST; PA for age 17 and younger; QL (2 per 1 day)
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	QL (1.5 per 1 day)
LEXAPRO ORAL TABLET 20 MG	3	QL (1 per 1 day)
lisdexamfetamine	2	PA for age 19 and older; QL (1 per 1 day)
lithium carbonate	1	
lithium citrate oral solution	CED	PA; QL (30 per 1 day)
LITHOBID	3	
lorazepam intensol	2	
lorazepam oral concentrate	2	
lorazepam oral tablet	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
LOREEV XR	CED	PA; QL (1 per 1 day)
loxapine succinate oral capsule 10 mg	2	PA for age 17 and younger; QL (8 per 1 day)
loxapine succinate oral capsule 25 mg, 5 mg	2	PA for age 17 and younger; QL (4 per 1 day)
loxapine succinate oral capsule 50 mg	2	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	4	PA; SP; QL (1 per 1 day)
LUMRYZ STARTER PACK	4	PA; SP; QL (28 per 365 days)
LUNESTA	3	QL (1 per 1 day)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	2	ST; PA for age 17 and younger; QL (1 per 1 day)
lurasidone oral tablet 80 mg	2	ST; PA for age 17 and younger; QL (2 per 1 day)
LYBALVI	CED	PA; QL (1 per 1 day)
MARPLAN	3	
METADATE CD	3	PA for age 19 and older; QL (1 per 1 day)
methamphetamine	CED	PA for age 19 and older; QL (5 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	PA for age 19 and older; QL (30 per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	PA for age 19 and older; QL (60 per 1 day)
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	2	PA; QL (1 per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70	2	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg	2	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 60 mg	CED	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml	2	PA for age 19 and older; QL (30 per 1 day)
methylphenidate hcl oral solution 5 mg/5 ml	2	PA for age 19 and older; QL (60 per 1 day)
methylphenidate hcl oral tablet	1	PA for age 19 and older; 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
methylphenidate hcl oral tablet extended release	1	PA for age 19 and older; QL (3 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	2	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	2	PA for age 19 and older; QL (2 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG	CED	PA for age 19 and older; QL (1 per 1 day)
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 63 MG	CED	PA for age 19 and older
methylphenidate hcl oral tablet extended release 24hr 72 mg	CED	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral tablet,chewable	2	PA for age 19 and older; QL (3 per 1 day)
METHYLPHENIDATE ORAL	3	PA; QL (2 per 1 day)
methylphenidate transdermal	2	PA; QL (1 per 1 day)
midazolam oral	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	QL (1 per 1 day)
mirtazapine oral tablet 7.5 mg	2	QL (1 per 1 day)
mirtazapine oral tablet,disintegrating	2	QL (1 per 1 day)
modafinil	2	QL (1 per 1 day)
molindone	2	
MYDAYIS	3	PA; QL (1 per 1 day)
NARDIL	3	
nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg	2	QL (2 per 1 day)
nefazodone oral tablet 200 mg	2	QL (3 per 1 day)
nortriptyline oral capsule	1	
nortriptyline oral solution	2	
NUPLAZID	4	PA; SP; QL (1 per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	3	QL (2 per 1 day)
olanzapine oral tablet	1	PA for age 17 and younger; QL (1 per 1 day)
olanzapine oral tablet,disintegrating	CED	PA for age 17 and younger; 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
olanzapine-fluoxetine	CED	PA for age 17 and younger
ONYDA XR	CED	PA; QL (4 per 1 day)
OPIPZA ORAL FILM 10 MG	CED	PA for age 17 and younger; QL (3 per 1 day)
OPIPZA ORAL FILM 2 MG, 5 MG	CED	PA for age 17 and younger; QL (1 per 1 day)
oxazepam	2	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	2	PA; QL (1 per 1 day)
paliperidone oral tablet extended release 24hr 6 mg	2	PA; QL (2 per 1 day)
PARNATE	3	QL (6 per 1 day)
paroxetine hcl oral suspension	CED	PA; QL (30 per 1 day)
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (1.5 per 1 day)
paroxetine hcl oral tablet 20 mg	1	QL (1 per 1 day)
paroxetine hcl oral tablet 30 mg	1	QL (2 per 1 day)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg	CED	PA; QL (1 per 1 day)
paroxetine hcl oral tablet extended release 24 hr 25 mg, 37.5 mg	CED	PA; QL (2 per 1 day)
paroxetine mesylate(menop.sym)	CED	PA; QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG	CED	PA; QL (1 per 1 day)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 37.5 MG	CED	PA; QL (2 per 1 day)
PAXIL ORAL TABLET 10 MG, 40 MG	3	QL (1.5 per 1 day)
PAXIL ORAL TABLET 20 MG	3	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	3	QL (2 per 1 day)
perphenazine oral tablet 16 mg	2	PA for age 17 and younger; QL (2 per 1 day)
perphenazine oral tablet 2 mg, 4 mg, 8 mg	2	PA for age 17 and younger; QL (4 per 1 day)
perphenazine-amitriptyline	2	PA for age 17 and younger
PERSERIS	CED	PA; PA for age 17 and younger; QL (1 per 28 days)
phenelzine	1	
pimozide oral tablet 1 mg	2	QL (10 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
pimozide oral tablet 2 mg	2	QL (5 per 1 day)
PRISTIQ	3	QL (1 per 1 day)
procentra	2	PA for age 19 and older; QL (60 per 1 day)
protriptyline	2	
PROVIGIL	3	QL (1 per 1 day)
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	CED	PA; QL (1 per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	PA for age 17 and younger; QL (3 per 1 day)
QUETIAPINE ORAL TABLET 150 MG	CED	PA for age 17 and younger; QL (5 per 1 day)
quetiapine oral tablet 300 mg, 400 mg	1	PA for age 17 and younger; QL (2 per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	2	PA for age 17 and younger; QL (1 per 1 day)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	2	PA for age 17 and younger; QL (2 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 40 MG	3	PA; QL (1 per 1 day)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 30 MG	3	PA; QL (2 per 1 day)
QUILLIVANT XR	3	PA; QL (12 per 1 day)
QUVIVIQ	3	ST; QL (1 per 1 day)
RALDESY	CED	PA; QL (60 per 1 day)
ramelteon	2	ST; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	PA for age 19 and older; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	CED	PA for age 19 and older; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	3	QL (1 per 1 day)
REMERON SOLTAB	3	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 15 MG, 30 MG	3	QL (1 per 1 day)
RESTORIL ORAL CAPSULE 22.5 MG, 7.5 MG	CED	PA; QL (1 per 1 day)
REXULTI ORAL TABLET	3	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
RISPERDAL CONSTA	3	PA for age 17 and younger; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	PA for age 17 and younger; QL (8 per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA for age 17 and younger; QL (2 per 1 day)
risperidone microspheres	2	PA for age 17 and younger; QL (2 per 28 days)
risperidone oral solution	1	PA for age 17 and younger; QL (8 per 1 day)
risperidone oral tablet	1	PA for age 17 and younger; QL (2 per 1 day)
risperidone oral tablet,disintegrating	CED	PA; QL (2 per 1 day)
RITALIN	3	PA for age 19 and older; QL (3 per 1 day)
ROZEREM	3	QL (1 per 1 day)
RYKINDO	2	PA for age 17 and younger; QL (2 per 28 days)
SAPHRIS	3	PA; QL (2 per 1 day)
SECUADO	CED	PA; QL (1 per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA for age 17 and younger; QL (3 per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	PA for age 17 and younger; QL (2 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	PA for age 17 and younger; QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	PA for age 17 and younger; QL (2 per 1 day)
sertraline oral capsule	CED	PA; QL (1 per 1 day)
sertraline oral concentrate	2	QL (10 per 1 day)
sertraline oral tablet 100 mg	1	QL (2 per 1 day)
sertraline oral tablet 25 mg, 50 mg	1	QL (1.5 per 1 day)
SILENOR	CED	PA; QL (1 per 1 day)
sodium oxybate	4	PA; SP; LA; QL (18 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
SUNOSI	3	PA; QL (1 per 1 day)
tasimelteon	4	PA; SP; QL (1 per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	QL (1 per 1 day)
temazepam oral capsule 22.5 mg, 7.5 mg	CED	PA; QL (1 per 1 day)
thioridazine oral tablet 10 mg, 25 mg, 50 mg	2	PA for age 17 and younger; QL (4 per 1 day)
thioridazine oral tablet 100 mg	2	PA for age 17 and younger; QL (8 per 1 day)
thiothixene oral capsule 1 mg, 2 mg, 5 mg	2	PA for age 17 and younger; QL (3 per 1 day)
thiothixene oral capsule 10 mg	2	PA for age 17 and younger; QL (6 per 1 day)
tranylcypromine	2	QL (6 per 1 day)
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	QL (3 per 1 day)
TRAZODONE ORAL TABLET 25 MG, 75 MG	CED	PA; QL (1 per 1 day)
trazodone oral tablet 300 mg	2	QL (2 per 1 day)
triazolam	1	QL (1 per 1 day)
trifluoperazine	2	PA for age 17 and younger; QL (4 per 1 day)
trimipramine	2	PA
TRINTELLIX	3	PA; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	2	PA for age 17 and younger; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	2	PA for age 17 and younger; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	2	PA for age 17 and younger; QL (0.42 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	2	PA for age 17 and younger; QL (0.56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	PA for age 17 and younger; QL (0.7 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	2	PA for age 17 and younger; QL (0.14 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	2	PA for age 17 and younger; QL (0.21 per 28 days)
VALIUM	3	
VENLAFAXINE BESYLATE	CED	PA; QL (2 per 1 day)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (1 per 1 day)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (3 per 1 day)
venlafaxine oral tablet	1	QL (3 per 1 day)
venlafaxine oral tablet extended release 24hr	CED	PA; QL (1 per 1 day)
VERSACLOZ	CED	PA; QL (18 per 1 day)
VIIBRYD ORAL TABLET	3	PA; QL (1 per 1 day)
vilazodone	2	PA; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG	3	PA; QL (1 per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	3	PA; PA for age 18 and older; QL (1 per 1 day)
VYLEESI	3	PA; QL (2.4 per 30 days)
VYVANSE	3	PA for age 19 and older; QL (1 per 1 day)
WAKIX	4	PA; SP; LA; QL (2 per 1 day)
WELLBUTRIN SR	3	QL (2 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (3 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (1 per 1 day)
XANAX	3	
XELSTRYM	3	PA for age 19 and older; QL (1 per 1 day)
XYREM	CED	PA; SP; LA; QL (18 per 1 day)
XYWAV	4	PA; SP; LA; QL (18 per 1 day)
zaleplon	1	QL (1 per 1 day)
zenzedi oral tablet 10 mg, 5 mg	1	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 15 MG, 20 MG	CED	PA for age 19 and older; QL (3 per 1 day)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG	3	PA for age 19 and older; 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
ZENZEDI ORAL TABLET 30 MG	CED	PA for age 19 and older; QL (2 per 1 day)
ziprasidone hcl	2	PA for age 17 and younger; QL (2 per 1 day)
ZOLOFT ORAL CONCENTRATE	3	QL (10 per 1 day)
ZOLOFT ORAL TABLET 100 MG	3	QL (2 per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	QL (1.5 per 1 day)
ZOLPIDEM ORAL CAPSULE	CED	PA; QL (1 per 1 day)
zolpidem oral tablet	1	QL (1 per 1 day)
zolpidem oral tablet,ext release multiphase	2	QL (1 per 1 day)
zolpidem sublingual	CED	PA; 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 ORAL	3	PA for age 17 and younger; QL (1 per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	CED	PA; PA for age 17 and younger; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	CED	PA; PA for age 17 and younger; QL (1 per 28 days)
ZYPREXA ZYDIS	CED	PA; PA for age 17 and younger; QL (1 per 1 day)
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	4	SP; QL (1 per 1 day)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	ST; SP; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	ST; SP; QL (1 per 28 days)
BAFIERTAM	4	PA; SP; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	4	ST; SP; QL (14 per 28 days)
cladribine(multiple sclerosis)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	SP; QL (1 per 1 day)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	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
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	SP; QL (60 per 365 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	4	SP; QL (2 per 1 day)
fingolimod	4	SP; QL (1 per 1 day)
GILENYA ORAL CAPSULE 0.25 MG	CED	PA; SP; QL (1 per 1 day)
GILENYA ORAL CAPSULE 0.5 MG	4	SP; QL (1 per 1 day)
glatiramer subcutaneous syringe 20 mg/ml	4	SP; QL (1 per 1 day)
glatiramer subcutaneous syringe 40 mg/ml	4	SP; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	4	SP; QL (1 per 1 day)
glatopa subcutaneous syringe 40 mg/ml	4	SP; QL (12 per 28 days)
KESIMPTA PEN	4	PA; SP; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (4 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (5 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (6 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (7 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (8 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAVENCLAD (9 TABLET PACK)	4	PA; 2 tablets per day ;40 tablets in 720 days; SP; LA
MAYZENT ORAL TABLET 0.25 MG	4	PA; SP; QL (12 per 365 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; SP; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; SP; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; SP; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	4	ST; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	ST; SP; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	ST; SP; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	ST; SP; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	ST; SP; QL (1 per 365 days)
PONVORY	4	PA; SP; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	4	PA; SP; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	4	ST; SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	ST; SP; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	ST; SP; QL (4.2 per 365 days)
REBIF TITRATION PACK	4	ST; SP; QL (4.2 per 365 days)
TASCENSO ODT	CED	PA; SP; QL (1 per 1 day)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	SP; QL (60 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	4	SP; QL (2 per 1 day)
teriflunomide	4	SP; QL (1 per 1 day)
VUMERITY	4	PA; SP; QL (4 per 1 day)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	2	
amiodarone oral tablet 200 mg	1	
BETAPACE AF	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	
disopyramide phosphate oral capsule	2	
dofetilide	2	QL (2 per 1 day)
flecainide	1	
mexiletine	2	
MULTAQ	2	
NORPACE	3	
pacerone oral tablet 200 mg	1	
propafenone oral capsule,extended release 12 hr	2	
propafenone oral tablet	1	
quinidine gluconate oral	1	
quinidine sulfate oral tablet	1	
sotalol af	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
sotalol oral	1	
SOTYLIZE	CED	PA
TIKOSYN	3	QL (2 per 1 day)
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	
ALDACTONE	3	
aliskiren	2	PA; QL (1 per 1 day)
amiloride	1	
amiloride-hydrochlorothiazide	1	
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	2	
amlodipine-valsartan	2	
amlodipine-valsartan-hcthiazid	CED	PA
ARBLI	CED	PA; QL (5 per 1 day)
ATACAND	3	ST; QL (1 per 1 day)
ATACAND HCT	CED	PA
atenolol	1	
atenolol-chlorthalidone	1	
AVALIDE	3	
AVAPRO ORAL TABLET 150 MG, 300 MG	3	
azilsartan medoxomil	2	ST; QL (1 per 1 day)
AZOR	3	
benazepril	1	
benazepril-hydrochlorothiazide	1	
BENICAR	3	
BENICAR HCT	3	
betaxolol oral	1	
BIDIL	3	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
BISOPROLOL FUMARATE ORAL TABLET 2.5 MG	CED	PA; QL (1 per 1 day)
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	

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Drug Name	Drug Tier	Requirements / Limits
BYSTOLIC	3	
candesartan	2	ST; QL (1 per 1 day)
candesartan-hydrochlorothiazid	CED	PA
captopril	1	
captopril-hydrochlorothiazide	1	
CARDAMYST	3	PA; QL (4 per 30 days)
CARDIZEM CD	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 420 MG	CED	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	
CARDURA XL	CED	PA
CAROSPIR	CED	PA
cartia xt	1	
carvedilol	1	
carvedilol phosphate	CED	PA; QL (1 per 1 day)
CATAPRES-TTS-1	3	QL (4 per 28 days)
CATAPRES-TTS-2	3	QL (4 per 28 days)
CATAPRES-TTS-3	3	QL (4 per 28 days)
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine	2	QL (4 per 28 days)
CLONIDINE HCL ORAL TABLET 0.05 MG	CED	PA; QL (4 per 1 day)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	CED	PA
CONJUPRI	CED	PA
CONSENSI	CED	PA
COREG	3	
COREG CR	CED	PA; QL (1 per 1 day)
COZAAR	3	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 12 hr	CED	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
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral capsule,extended release 24hr 360 mg	2	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	2	
diltiazem hcl oral tablet extended release 24 hr 420 mg	CED	PA
dilt-xr	1	
DIOVAN	3	
DIOVAN HCT	3	
doxazosin	1	
DYRENIUM	CED	PA
EDARBI	3	ST; QL (1 per 1 day)
EDARBYCLOR	3	ST
EDECRIN	3	PA
enalapril maleate oral solution	CED	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
ENBUMYST	CED	PA; LA; QL (120 per 30 days)
EPANED	CED	PA
eplerenone	1	
ethacrynic acid	2	PA
EXFORGE	3	
EXFORGE HCT	CED	PA
felodipine	1	
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
FUROSCIX	CED	PA; 2 kits per fill; SP
FUROSCIX READYFLOW	CED	PA; SP; QL (6 per 68 days)
furosemide oral	1	
guanfacine oral tablet	1	
HEMANGEOL	3	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
HEMICLOR	CED	PA; QL (1 per 1 day)
hydralazine oral	1	
hydrochlorothiazide	1	
HYZAAR	3	
indapamide	1	
INDERAL LA	3	
INDERAL XL	CED	PA
INNOPRAN XL	CED	PA
INZIRQO	CED	PA; QL (320 per 30 days)
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isosorbide-hydralazine	2	
isradipine	2	
JAVADIN	CED	PA; QL (30 per 1 day)
KAPSPARGO SPRINKLE	CED	PA
KATERZIA	CED	PA
KERENDIA	3	PA; QL (1 per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol oral tablet 400 mg	CED	PA
LASIX	3	
LASIX ONYU	3	PA; QL (6 per 68 days)
LEVAMLODIPINE	CED	PA
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
LOPRESSOR ORAL SOLUTION	CED	PA; QL (20 per 1 day)
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	
LOPRESSOR ORAL TABLET 12.5 MG	CED	PA; QL (2 per 1 day)
losartan	1	
losartan-hydrochlorothiazide	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	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
matzim la oral tablet extended release 24 hr 420 mg	CED	PA
methyldopa	1	
metolazone	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	2	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	CED	PA; QL (2 per 1 day)
metyrosine	2	PA; QL (16 per 1 day)
MICARDIS HCT	CED	PA
MICARDIS ORAL TABLET 40 MG, 80 MG	3	
minoxidil oral	1	
moexipril	1	
nadolol	1	
nebivolol	2	
NEXICLON XR	CED	PA
nicardipine oral	2	
nifedipine	1	
nimodipine oral capsule	2	
nimodipine oral solution	CED	PA
nisoldipine oral tablet extended release 24 hr 17 mg, 34 mg, 8.5 mg	2	
NORLIQVA	CED	PA
NORVASC	3	
NYMALIZE	CED	PA
olmesartan	1	
olmesartan-amlodipin-hcthiazid	CED	PA
olmesartan-hydrochlorothiazide	1	
ORENITRAM	4	PA; SP; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	4	PA; SP; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	4	PA; SP; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	4	PA; SP; QL (252 per 365 days)
perindopril erbumine	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
phenoxybenzamine	2	PA; QL (24 per 1 day)
pindolol	2	
prazosin	1	
PRESTALIA	CED	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	3	
propranolol oral	1	
QBRELIS	CED	PA
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
SDAMLO	CED	PA; QL (1 per 1 day)
SOAANZ ORAL TABLET 40 MG	CED	PA
spironolactone oral suspension	CED	PA
spironolactone oral tablet	1	
spironolacton-hydrochlorothiaz	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TEKTURNA	3	PA; QL (1 per 1 day)
telmisartan	1	
telmisartan-amlodipine	CED	PA
telmisartan-hydrochlorothiazid	CED	PA
TENORMIN	3	
terazosin	1	
TEZRULY	CED	PA; QL (10 per 1 day)
THALITONE	CED	PA
tiadylt er	1	
TIAZAC	3	
timolol maleate oral	2	
TOPROL XL	3	
torsemide oral	1	
trandolapril	1	
trandolapril-verapamil	2	
triamterene	CED	PA
triamterene-hydrochlorothiazid	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
TRIBENZOR	CED	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SP; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	4	PA; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; SP; LA; QL (200 per 365 days)
valsartan oral solution	CED	PA
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASERETIC	3	
VASOTEC	3	
verapamil oral capsule, 24 hr er pellet ct	CED	PA
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	2	
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	CED	PA
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
ZESTORETIC	3	
CARDIAC GLYCOSIDES		
digoxin oral solution	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
digoxin oral tablet 62.5 mcg (0.0625 mg)	CED	PA
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	CED	PA
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)
AMICAR	3	
aminocaproic acid oral solution	2	
aminocaproic acid oral tablet	1	
ARIXTRA	4	SP

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Drug Name	Drug Tier	Requirements / Limits
aspirin-dipyridamole	2	
BRILINTA	3	
CABLIVI INJECTION KIT	4	PA; SP; LA; QL (59 per 365 days)
cilostazol	1	
clopidogrel	1	
dabigatran etexilate	2	
dipyridamole oral	1	
DOPTELET (15 TAB PACK)	4	PA; SP; LA; QL (2 per 1 day)
DOPTELET SPRINKLE	4	PA; SP; QL (2 per 1 day)
EFFIENT	3	
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS ORAL TABLET	2	
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	CED	PA; QL (112 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	CED	PA; QL (336 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	CED	PA; QL (448 per 28 days)
ELIQUIS SPRINKLE	CED	PA; QL (2 per 1 day)
eltrombopag olamine oral powder in packet 12.5 mg	4	PA; SP; QL (1 per 1 day)
eltrombopag olamine oral powder in packet 25 mg	4	PA; SP; QL (3 per 1 day)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	4	PA; SP; QL (1 per 1 day)
eltrombopag olamine oral tablet 50 mg	4	PA; SP; QL (3 per 1 day)
eltrombopag olamine oral tablet 75 mg	4	PA; SP; QL (2 per 1 day)
enoxaparin	4	SP
fondaparinux	4	SP
FRAGMIN SUBCUTANEOUS SOLUTION	4	SP
FRAGMIN SUBCUTANEOUS SYRINGE	4	SP
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin, porcine (pf) injection	1	
HYMPAVZI PEN	4	PA; SP; QL (4 per 28 days)
LOVENOX	4	SP
MULPLETA	4	PA; SP; QL (7 per 365 days)

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Drug Name	Drug Tier	Requirements / Limits
pentoxifylline	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL CAPSULE	3	
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	3	PA; QL (4 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 150 MG	3	PA; QL (2 per 1 day)
PRADAXA ORAL PELLETS IN PACKET 20 MG	3	PA; QL (1 per 1 day)
prasugrel hcl	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; SP; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	4	PA; SP; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	4	PA; SP; LA; QL (2 per 1 day)
QFITLIA	4	PA; SP; QL (0.2 per 28 days)
QFITLIA PEN	4	PA; SP; QL (0.5 per 28 days)
rivaroxaban oral suspension for reconstitution	2	QL (20 per 1 day)
rivaroxaban oral tablet	2	
SAVAYSA	3	PA
TAVALISSE	4	PA; SP; LA; QL (2 per 1 day)
ticagrelor	2	
warfarin	1	
XARELTO DVT-PE TREAT 30D START	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
YOSPRALA	CED	PA
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin	2	QL (1 per 1 day)
ATORVALIQ	CED	PA; QL (20 per 1 day)
atorvastatin oral tablet 10 mg, 20 mg	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
atorvastatin oral tablet 40 mg, 80 mg	1	
CADUET	3	QL (1 per 1 day)
cholestyramine (with sugar)	1	
cholestyramine light	1	
colesevelam	2	
COLESTID ORAL GRANULES	3	
COLESTID ORAL TABLET	3	
colestipol	1	
CRESTOR	3	
ezetimibe	1	
ezetimibe-simvastatin	2	PA; QL (1 per 1 day)
fenofibrate micronized oral capsule 130 mg, 43 mg	CED	PA
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate nanocrystallized	1	
FENOFIBRATE ORAL CAPSULE	CED	PA
fenofibrate oral tablet 120 mg, 40 mg	CED	PA
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid	CED	PA
fenofibric acid (choline)	1	
FIBRICOR ORAL TABLET 105 MG	CED	PA
FLOLIPID	3	QL (5 per 1 day)
fluvastatin oral capsule	2	ACA
fluvastatin oral tablet extended release 24 hr	CED	PA; ACA
gemfibrozil	1	
icosapent ethyl	2	PA; QL (4 per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	PA; SP; LA; QL (1 per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	4	PA; SP; LA; QL (2 per 1 day)
LEROCHOL	3	PA; QL (1.2 per 30 days)
LESCOL XL	CED	PA
LIPITOR	3	
LIPOFEN	CED	PA
LIVALO	3	ST
LOPID	3	

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Drug Name	Drug Tier	Requirements / Limits
lovastatin	1	ACA
LOVAZA	3	QL (4 per 1 day)
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	PA; QL (1 per 1 day)
niacin oral tablet 500 mg	2	
niacin oral tablet extended release 24 hr	2	
NIACOR	2	
omega-3 acid ethyl esters	2	QL (4 per 1 day)
pitavastatin calcium	2	ST; ACA
PRALUENT PEN	3	PA; QL (2 per 28 days)
pravastatin	1	ACA
prevalite oral powder in packet	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
REDEMPLO	4	PA; SP; LA; QL (0.5 per 68 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
REPATHA SYRINGE	2	PA; QL (3 per 28 days)
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA
rosuvastatin oral tablet 20 mg, 40 mg	1	
ROSZET	CED	PA; QL (1 per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA
simvastatin oral tablet 80 mg	1	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	4	PA; SP; LA; QL (0.8 per 30 days)
VASCEPA	3	PA; QL (4 per 1 day)
VYTORIN 10-10	3	PA; QL (1 per 1 day)
VYTORIN 10-20	3	PA; QL (1 per 1 day)
VYTORIN 10-40	3	PA; QL (1 per 1 day)
VYTORIN 10-80	3	PA; QL (1 per 1 day)
WELCHOL	3	
ZETIA	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	
ZYPITAMAG	3	PA; QL (1 per 1 day)
MISCELLANEOUS CARDIOVASCULAR AGENTS		

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Drug Name	Drug Tier	Requirements / Limits
ATTRUBY	4	PA; SP; QL (4 per 1 day)
BAXFENDY	3	PA; QL (1 per 1 day)
CAMZYOS	4	PA; SP; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	3	QL (15 per 1 day)
CORLANOR ORAL TABLET	3	QL (2 per 1 day)
ENTRESTO	3	QL (2 per 1 day)
ENTRESTO SPRINKLE	CED	PA; QL (8 per 1 day)
FILSPARI	4	PA; SP; QL (1 per 1 day)
ivabradine	2	QL (2 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)
MYQORZO	4	PA; SP; QL (1 per 1 day)
ranolazine	2	
sacubitril-valsartan	2	QL (2 per 1 day)
TRYVIO	4	PA; SP; QL (1 per 1 day)
VANRAFIA	4	PA; SP; QL (1 per 1 day)
VECAMYL	3	PA; SP
VERQUVO	3	PA; QL (1 per 1 day)
VYNDAMAX	4	PA; SP; QL (1 per 1 day)
NITRATES		
GONITRO	CED	PA
ISORDIL	CED	PA
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet 40 mg	CED	PA
isosorbide mononitrate	1	
nitro-bid	2	
NITRO-DUR	3	
nitroglycerin sublingual	1	
nitroglycerin transdermal ointment	2	
nitroglycerin transdermal patch 24 hour	1	
nitroglycerin translingual	2	
NITROLINGUAL	3	
NITROMIST	CED	PA

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Drug Name	Drug Tier	Requirements / Limits
NITROSTAT	3	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	2	
ANALPRAM-HC TOPICAL	3	
attero	2	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	4	PA; QL (1 per 28 days)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	4	PA; QL (2 per 42 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	4	PA; SP; QL (1 per 28 days)
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	4	PA; SP; QL (2 per 42 days)
calcipotriene scalp	2	
calcipotriene topical cream	2	
CALCIPOTRIENE TOPICAL FOAM	CED	PA
calcipotriene topical ointment	2	
calcipotriene-betamethasone topical ointment	CED	PA
calcipotriene-betamethasone topical suspension	2	
calcitriol topical	2	
CIPOTREX	CED	PA
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)
COSENTYX UNOREADY PEN	4	PA; SP; QL (2 per 28 days)
ENSTILAR	CED	PA
EPIFOAM	CED	PA
ILUMYA	4	PA; SP; QL (1 per 63 days)
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)

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Drug Name	Drug Tier	Requirements / Limits
IMULDOSA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
OTULFI SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
pellix	2	
PRAMOSONE TOPICAL CREAM 1-1 %	CED	PA
PRAMOSONE TOPICAL LOTION	3	
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 45 MG/0.5 ML	CED	PA; QL (0.5 per 63 days)
PYZCHIVA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 90 MG/ML	CED	PA; QL (1 per 42 days)
PYZCHIVA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
PYZCHIVA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
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)
selenium sulfide topical lotion	1	
selenium sulfide topical shampoo 2.25 %	2	
SILIQ	4	PA; SP; QL (3 per 28 days)
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)
SORILUX	CED	PA
SOTYKTU	4	PA; SP; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS	4	PA; SP; QL (2 per 28 days)
STARJEMZA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)

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Drug Name	Drug Tier	Requirements / Limits
STARJEMZA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
STARJEMZA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
STELARA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
STEQEYMA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
STEQEYMA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
TACLONEX TOPICAL SUSPENSION	3	
TALTZ AUTOINJECTOR	4	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; SP; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; SP; QL (1 per 28 days)
TALTZ SYRINGE	4	PA; SP; QL (1 per 28 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)
USTEKINUMAB SUBCUTANEOUS SOLUTION	CED	PA; QL (0.5 per 63 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; QL (0.5 per 63 days)
USTEKINUMAB SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
USTEKINUMAB-AAUZ SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 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
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
USTEKINUMAB-TTWE SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
VTAMA	3	PA; QL (1 per 30 days)
WEZLANA SUBCUTANEOUS SOLUTION	CED	PA; SP; QL (0.5 per 63 days)
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	CED	PA; SP; QL (0.5 per 63 days)
WEZLANA SUBCUTANEOUS SYRINGE 90 MG/ML	CED	PA; SP; QL (1 per 42 days)
WYNZORA	CED	PA
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)
ZORYVE TOPICAL CREAM	3	PA; QL (1 per 30 days)
ZORYVE TOPICAL FOAM	3	PA; SP; QL (1 per 30 days)
BURN THERAPY		
SILVADENE	3	
silver sulfadiazine	1	
ssd	1	
KERATOLYTICS		
KERALYT RX	CED	PA
KERALYT SCALP	CED	PA
keralyt topical shampoo	CED	PA
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; SP; QL (4 per 28 days)
ammonium lactate	1	
ANZUPGO	4	PA; SP; QL (60 per 30 days)
CARAC	CED	PA; QL (30 per 365 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
CIBINQO	4	PA; SP; QL (1 per 1 day)
CONDYLOX TOPICAL GEL	3	
CORTANE-B	CED	PA
diclofenac sodium topical gel 3 %	1	QL (100 per 365 days)
doxepin topical	CED	PA
DRYSOL DAB-O-MATIC	1	
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)
EFUDEX TOPICAL CREAM	3	QL (40 per 365 days)
EUCRISA	3	ST; QL (1 per 30 days)
FILSUVEZ	4	PA; SP
FLUOROURACIL TOPICAL CREAM 0.5 %	CED	PA; QL (30 per 365 days)
fluorouracil topical cream 5 %	1	QL (40 per 365 days)
fluorouracil topical solution	1	QL (10 per 365 days)
HYFTOR	4	PA; SP; QL (3 per 30 days)
imiquimod topical cream in metered-dose pump	2	PA; QL (15 per 365 days)
imiquimod topical cream in packet 3.75 %	2	PA; QL (56 per 365 days)
imiquimod topical cream in packet 5 %	1	QL (36 per 365 days)
methoxsalen	4	SP
OPZELURA	4	PA; SP; QL (60 per 30 days)
PANRETIN	4	PA; SP
pimecrolimus	2	ST
podofilox topical gel	2	
podofilox topical solution	1	
prudoxin	CED	PA
QBREXZA	3	PA; QL (30 per 30 days)
SOFDRA	CED	PA; 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
tacrolimus topical	1	
VALCHLOR	4	PA; SP; QL (60 per 30 days)
VEREGEN	CED	PA
ZELSUVMI	4	PA; SP; QL (31 per 28 days)
ZONALON	CED	PA
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	PA; QL (15 per 365 days)
ZYCLARA TOPICAL CREAM IN PACKET	3	PA; QL (56 per 365 days)
THERAPY FOR ACNE		
ABSORICA LD	CED	PA
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
ABSORICA ORAL CAPSULE 25 MG, 35 MG	CED	PA
ACANYA TOPICAL GEL WITH PUMP	CED	PA
accutane	CED	PA
ACZONE TOPICAL GEL WITH PUMP	CED	PA
adapalene topical cream	2	PA for age 29 and older
adapalene topical gel 0.3 %	2	PA for age 29 and older
adapalene topical gel with pump 0.3 %	CED	PA; PA for age 29 and older
ADAPALENE TOPICAL LOTION	CED	PA; PA for age 29 and older; QL (1 per 30 days)
adapalene topical solution	2	
adapalene topical swab	CED	PA
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	2	
adapalene-benzoyl peroxide topical gel with pump 0.3-2.5 %	2	ST
AKLIEF	3	ST; QL (45 per 30 days)
ALTRENO	CED	PA
amnesteem	2	
AMZEEQ	3	PA; QL (30 per 30 days)
ARAZLO	CED	PA
ATRALIN	CED	PA; PA for age 29 and older
avar	1	
azelaic acid	2	
AZELEX	3	ST

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
BENZAMYCIN	3	ST
BENZEPRO (MICROSPHERES)	3	
benzepro topical towelette	CED	PA
brimonidine topical	2	PA; QL (30 per 30 days)
CABTREO	CED	PA
claravis	2	
CLEOCIN T TOPICAL LOTION	3	
clindacin	CED	PA
CLINDACIN ETZ TOPICAL KIT	CED	PA
clindacin etz topical swab	1	
clindacin p	1	
CLINDACIN PAC	CED	PA
CLINDAGEL	CED	PA
clindamycin phosphate topical foam	CED	PA
clindamycin phosphate topical gel	2	
clindamycin phosphate topical gel, once daily	CED	PA
clindamycin phosphate topical lotion	2	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %	CED	PA
clindamycin-benzoyl peroxide topical gel with pump	CED	PA
clindamycin-tretinoin	CED	PA
dapsone topical gel 5 %	2	ST
DAPSONE TOPICAL GEL 7.5 %	CED	PA
dapsone topical gel with pump	CED	PA
EPSOLAY	CED	PA
ery pads	2	
erythromycin with ethanol topical gel	2	
erythromycin with ethanol topical solution	1	
erythromycin-benzoyl peroxide	2	ST
FABIOR	3	ST
FINACEA TOPICAL FOAM	CED	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
isotretinoin	CED	PA
ivermectin topical cream	2	PA
metronidazole topical cream	1	
metronidazole topical gel 0.75 %	1	QL (45 per 30 days)
metronidazole topical gel 1 %	2	QL (60 per 30 days)
metronidazole topical gel with pump	2	QL (60 per 30 days)
metronidazole topical lotion	CED	PA
neuac	1	
NEUAC KIT	CED	PA
NORITATE	CED	PA
ONEXTON TOPICAL GEL WITH PUMP	CED	PA
oxymetazoline topical	2	PA; QL (30 per 30 days)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.06 %	CED	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.08 %	CED	PA; PA for age 29 and older
RETIN-A TOPICAL CREAM	3	PA for age 29 and older
RETIN-A TOPICAL GEL	CED	PA; PA for age 29 and older
RHOFADE	3	PA; QL (30 per 30 days)
rosadan topical cream	1	
rosadan topical gel	1	QL (45 per 30 days)
ROSADAN TOPICAL KIT, CLEANSER AND GEL	CED	PA
ROSADAN TOPICAL KIT,CLEANSER AND CREAM	CED	PA
SOOLANTRA	3	PA
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	1	
tazarotene topical cream 0.05 %	CED	PA
tazarotene topical cream 0.1 %	2	
TAZAROTENE TOPICAL FOAM	3	ST
tazarotene topical gel	CED	PA
TAZORAC TOPICAL CREAM 0.05 %	CED	PA
TAZORAC TOPICAL CREAM 0.1 %	3	
TAZORAC TOPICAL GEL	CED	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
tretinoin microspheres topical gel	CED	PA; PA for Age greater than or equal to 29 year(s)
tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %	CED	PA; PA for age 29 and older
tretinoin topical cream 0.025 %, 0.05 %	1	PA for age 29 and older
tretinoin topical cream 0.1 %	2	PA for age 29 and older
tretinoin topical gel	CED	PA; PA for age 29 and older
trilitas	CED	PA
TWYNEO	CED	PA
WINLEVI	3	ST; QL (60 per 30 days)
zenatane	2	
ZIANA	CED	PA
ZILXI	CED	PA; QL (30 per 30 days)
TOPICAL ANESTHETICS		
ANODYNE LPT	CED	PA
dermacinrx lidocan	2	QL (3 per 1 day)
DOLOTRANZ	CED	PA
lidocaine hcl laryngotracheal	CED	PA
lidocaine hcl mucous membrane solution 2 %	1	
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	2	PA
lidocaine hcl topical cream 3 %	CED	PA
lidocaine topical adhesive patch,medicated 5 %	2	QL (3 per 1 day)
lidocaine topical ointment	1	
lidocaine-prilocaine topical cream	1	
lidocaine-prilocaine topical kit	CED	PA
lidocan iii	2	QL (3 per 1 day)
lidocan iv	2	QL (3 per 1 day)
lidocan v	2	QL (3 per 1 day)
LIDODERM	3	QL (3 per 1 day)
lidopin topical cream 3 %	CED	PA
LIDO-PRILO CAINE PACK	CED	PA
PLIAGLIS	CED	PA
ZTLIDO	CED	PA
TOPICAL ANTIBACTERIALS		

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
CENTANY	3	
CENTANY AT	CED	PA
gentamicin topical	1	
KLARON	3	
mupirocin	1	
mupirocin calcium	CED	PA
NEO-SYNALAR	CED	PA
NEO-SYNALAR KIT	CED	PA
sulfacetamide sodium (acne)	2	
SULFAMYLON TOPICAL CREAM	CED	PA
XEPI	3	PA; QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
ciclodan	1	
CICLODAN KIT TOPICAL COMBO PACK	3	
CICLODAN KIT TOPICAL SOLUTION	CED	PA
ciclopirox topical cream	1	
ciclopirox topical gel	2	
ciclopirox topical shampoo	2	
ciclopirox topical solution	1	
ciclopirox topical suspension	2	
ciclopirox-ure-camph-menth-euc	CED	PA
clotrimazole-betamethasone topical cream	1	
clotrimazole-betamethasone topical lotion	2	
econazole nitrate topical cream	2	
ECONAZOLE NITRATE TOPICAL FOAM	CED	PA
ECOZA	CED	PA
ERTACZO	CED	PA
EXELDERM	CED	PA
EXODERM	3	
JUBLIA	CED	PA
ketoconazole topical cream	1	
ketoconazole topical foam	CED	PA
ketoconazole topical shampoo	1	
ketodan	CED	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
ketodan kit	CED	PA
klayesta	1	
LOPROX (AS OLAMINE)	3	
LOPROX KIT	CED	PA
LULICONAZOLE	CED	PA
LUZU	CED	PA
MICONAZOLE NITRATE-ZINC OX-PET	CED	PA
naftifine topical cream	2	PA
naftifine topical gel	CED	PA
NAFTIN TOPICAL GEL 2 %	CED	PA
nystatin topical	1	
nystatin-triamcinolone	1	
nystop	1	
oxiconazole	CED	PA
OXISTAT TOPICAL LOTION	CED	PA
SULCONAZOLE	CED	PA
tavaborole	CED	PA
VUSION	CED	PA
TOPICAL ANTIVIRALS		
acyclovir topical cream	CED	PA
acyclovir topical ointment	1	
DENAVIR	3	PA; 5 grams per fill
penciclovir	2	PA; 5 grams per fill
XERESE	CED	PA
ZOVIRAX TOPICAL CREAM	CED	PA
ZOVIRAX TOPICAL OINTMENT	3	
TOPICAL CORTICOSTEROIDS		
ALA-SCALP	CED	PA
alclometasone	2	
amcinonide topical cream	2	
amcinonide topical ointment	2	
beser	2	
BESER KIT	CED	PA
betamethasone dipropionate	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
betamethasone dp aug 0.05% lot	CED	PA
betamethasone valerate	2	
betamethasone, augmented topical cream	1	
betamethasone, augmented topical gel	CED	PA
betamethasone, augmented topical lotion 0.05 %	CED	
betamethasone, augmented topical ointment	2	
BRYHALI	CED	PA
clobetasol scalp	1	
CLOBETASOL TOPICAL CREAM 0.025 %	CED	PA
clobetasol topical cream 0.05 %	1	
clobetasol topical foam	2	
clobetasol topical gel	2	
clobetasol topical lotion	CED	PA
clobetasol topical ointment	1	
clobetasol topical shampoo	2	
clobetasol topical spray,non-aerosol	2	
clobetasol-emollient	2	
clocortolone pivalate	CED	PA
clodan	2	
CLODAN KIT	CED	PA
CORDRAN TAPE LARGE ROLL	3	
DERMA-SMOOTHE/FS BODY OIL	3	
DERMA-SMOOTHE/FS SCALP OIL	3	
DERMAWERX SDS	CED	PA
desonide topical cream	2	
desonide topical gel	CED	PA
desonide topical lotion	2	
desonide topical ointment	2	
desoximetasone topical cream 0.05 %	CED	PA
desoximetasone topical cream 0.25 %	2	
desoximetasone topical gel	CED	PA
desoximetasone topical ointment 0.05 %	CED	PA
desoximetasone topical ointment 0.25 %	2	
desoximetasone topical spray,non-aerosol	CED	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
diflorasone	2	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	
DUOBRII	CED	PA
evesse	CED	PA
fluocinolone and shower cap	2	
fluocinolone topical cream 0.01 %	2	
fluocinolone topical cream 0.025 %	1	
fluocinolone topical oil	2	
fluocinolone topical ointment	2	
fluocinolone topical solution	2	
fluocinonide topical cream 0.05 %	2	
fluocinonide topical cream 0.1 %	CED	PA
fluocinonide topical gel	CED	PA
fluocinonide topical ointment	2	
fluocinonide topical solution	2	
fluocinonide-e	CED	PA
flurandrenolide	2	
fluticasone propionate topical cream	1	
fluticasone propionate topical lotion	2	
fluticasone propionate topical ointment	1	
halcinonide	CED	PA
halobetasol propionate topical cream	2	
halobetasol propionate topical foam	CED	PA
HALOBETASOL PROPIONATE TOPICAL LOTION	CED	PA
halobetasol propionate topical ointment	CED	PA
HALOG TOPICAL CREAM	CED	PA
HALOG TOPICAL SOLUTION	CED	PA
hydrocortisone butyrate topical cream	2	
hydrocortisone butyrate topical lotion	CED	PA
hydrocortisone butyrate topical ointment	2	
hydrocortisone butyrate topical solution	2	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2 %	CED	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
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone topical solution	CED	PA
hydrocortisone valerate topical cream	2	
hydrocortisone valerate topical ointment	CED	PA
IMPOYZ	3	
KENALOG TOPICAL	3	
lexette	CED	PA
mometasone topical	1	
NOXIPAK	CED	PA
NUCORT	CED	PA
prednicarbate topical cream	1	
scalacort	CED	PA
SCALACORT DK	CED	PA
SERNIVO	CED	PA
SURE RESULT TAC PAK	CED	PA
SYNALAR	3	
SYNALAR CREAM KIT	CED	PA
SYNALAR OINTMENT KIT	CED	PA
SYNALAR TS	CED	PA
TEXACORT	3	
TOPICORT TOPICAL CREAM 0.05 %	CED	PA
TOPICORT TOPICAL CREAM 0.25 %	3	
TOPICORT TOPICAL GEL	CED	PA
TOPICORT TOPICAL OINTMENT 0.05 %	CED	PA
TOPICORT TOPICAL OINTMENT 0.25 %	3	
TOPICORT TOPICAL SPRAY,NON-AEROSOL	CED	PA
tovet emollient	2	
TOVET KIT	CED	PA
triamcinolone acetonide topical aerosol	2	
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	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
triamcinolone acetonide topical ointment 0.05 %	CED	PA
triderm topical cream 0.5 %	1	
ULTRAVATE TOPICAL LOTION	CED	PA
VANOS	CED	PA
WHYTEDERM TDPAK	CED	PA
WHYTEDERM TRILASIL PAK	CED	PA
XILAPAK	CED	PA
TOPICAL ENZYMES		
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
crotan	2	QL (60 per 30 days)
EURAX TOPICAL CREAM	3	
EURAX TOPICAL LOTION	3	QL (60 per 30 days)
malathion	1	QL (120 per 30 days)
NATROBA	3	QL (120 per 30 days)
OVIDE	3	QL (120 per 30 days)
permethrin	1	QL (120 per 30 days)
pruradik	2	QL (60 per 30 days)
spinosad	2	QL (120 per 30 days)
ULESFIA	3	
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
IMCIVREE	4	PA; SP; QL (9 per 30 days)
MISCELLANEOUS AGENTS		
acamprosate	2	
AGRYLIN	3	
anagrelide	1	
AQVESME	4	PA; SP; QL (2 per 1 day)
BUPHENYL	4	PA; SP
caffeine citrate oral	1	
CARBAGLU	4	PA; SP; LA
carglumic acid	4	PA; SP
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	

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
cevimeline	2	
CHEMET	3	PA for age 18 and older
CUVRIOR	4	PA; SP; QL (10 per 1 day)
deferasirox	4	PA; SP
deferiprone	4	PA; SP
disulfiram	2	
droxidopa	4	PA; SP
DUVYZAT	4	PA; SP; QL (3 per 32 days)
EMPAVELI	4	PA; SP; LA; QL (160 per 28 days)
ENDARI	4	PA; SP; QL (6 per 1 day)
EVOXAC	3	
EXJADE	4	PA; SP; LA
FABHALTA	4	PA; SP; QL (2 per 1 day)
FERRIPROX (2 TIMES A DAY)	CED	PA; SP
FERRIPROX ORAL SOLUTION	4	PA; SP
FERRIPROX ORAL TABLET 1,000 MG	4	PA; SP
FORZINITY	4	PA; SP; LA; QL (4 per 28 days)
glutamine (sickle cell)	4	PA; SP; QL (6 per 1 day)
glycerol phenylbutyrate	4	PA; SP; QL (17.5 per 1 day)
HARLIKU	4	PA; SP; LA; QL (1 per 1 day)
INCRELEX	4	PA; SP; LA
JADENU	4	PA; SP
JADENU SPRINKLE	4	PA; SP
JOENJA ORAL TABLET 40 MG, 50 MG	4	PA; SP
JOENJA ORAL TABLET 70 MG	4	PA; SP; QL (2 per 1 day)
KYGEVVI	4	PA; SP; LA; QL (16 per 1 day)
levocarnitine (with sugar)	2	
levocarnitine oral solution 100 mg/ml	2	
levocarnitine oral tablet	2	
LITFULO	4	PA; SP; QL (1 per 1 day)
LITHOSTAT	3	
midodrine	1	
nitisinone	4	PA; SP; LA
NITYR	4	PA; SP; LA

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
NORTHERA	4	PA; SP
OLPRUVA	4	PA; SP
ORFADIN	4	PA; SP; LA
PHEBURANE	4	PA; SP
PIASKY	4	PA; SP; QL (6 per 28 days)
PYRUKYND ORAL TABLET 20 MG, 50 MG	4	PA; SP; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	4	PA; 2 tablets per day; 7 tablets in 365 days; SP; LA
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; SP; LA; QL (14 per 365 days)
RAVICTI	4	PA; SP; QL (17.5 per 1 day)
REVCOVI	4	PA; SP; LA
REZDIFFRA	4	PA; SP; QL (1 per 1 day)
RHAPSIDO	4	PA; SP; QL (2 per 1 day)
riluzole	2	
risedronate oral tablet 30 mg	2	QL (1 per 1 day)
sodium chloride irrigation	1	
sodium phenylbutyrate	4	PA; SP
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	4	PA; SP; LA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	4	PA; SP; LA; QL (1 per 1 day)
SYPRINE	4	PA; SP; QL (8 per 1 day)
TAVNEOS	4	PA; SP; QL (6 per 1 day)
THIOLA	4	PA; SP
THIOLA EC	4	PA; SP
TIGLUTIK	CED	PA; SP; QL (20 per 1 day)
tiopronin	4	PA; SP
trientine oral capsule 250 mg	4	PA; SP; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; SP; QL (4 per 1 day)
venxxiva	4	PA; SP
VOYDEYA	4	PA; SP; LA; QL (180 per 30 days)
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)

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
XURIDEN	4	SP
ZOKINVY	4	PA; SP; LA; QL (4 per 1 day)
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	ACA; QL (2 per 1 day)
CHANTIX	3	183 DAY SUPPLY IN A ROLLING 365 DAYS
CHANTIX STARTING MONTH BOX	3	183 DAY SUPPLY IN A ROLLING 365 DAYS
NICODERM CQ	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL GUM 2 MG	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
nicorette buccal gum 4 mg	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICORETTE BUCCAL LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
NICORETTE BUCCAL MINI LOZENGE	CED	PA; 183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
nicotine	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
nicotine (polacrilex) buccal gum	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
nicotine (polacrilex) buccal lozenge 2 mg	9	183 day supply in rolling 365 days; ACA; OTC
nicotine (polacrilex) buccal lozenge 4 mg	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
nicotine (polacrilex) buccal mini lozenge	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL NS	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
quit 2	9	183 day supply in rolling 365 days; ACA; OTC
quit 4	9	183 day supply in rolling 365 days; ACA; OTC
stop smoking aid	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
varenicline tartrate	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA

EAR, NOSE & THROAT MEDICATIONS

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
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	
chlorhexidine gluconate mucous membrane	1	
denta 5000 plus	1	
denta 5000 plus sensitive	1	
dentagel	1	
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	
GELCLAIR	3	15 units per fill
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	QL (1 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (3 per 30 days)
kourzeq	1	
olopatadine nasal	2	QL (1 per 30 days)
paroex oral rinse	1	
PERIDEX	3	
periogard	1	
pilocarpine hcl oral	1	
PREVIDENT 5000 ENAMEL PROTECT	3	
PREVIDENT 5000 ORTHO DEFENSE	3	
PREVIDENT 5000 PLUS	3	
PREVIDENT 5000 SENSITIVE	3	
PREVIDENT DENTAL GEL	3	
SALAGEN (PILOCARPINE)	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	
triamcinolone acetonide dental	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	
CETRAXAL	CED	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
ciprofloxacin hcl otic (ear)	2	
CLOTIC	CED	PA
DERMOTIC OIL	3	
flac otic oil	2	
fluocinolone acetonide oil	2	
hydrocortisone-acetic acid	1	
ofloxacin otic (ear)	1	
XTORO	CED	PA
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
ciprofloxacin-dexamethasone	2	
CIPROFLOXACIN-FLUOCINOLONE	3	PA
ciprofloxacin-hydrocortisone	2	
CORTISPORIN-TC	3	
neomycin-polymyxin-hc otic (ear)	1	
OTOVEL	CED	PA
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA; SP
ACTHAR SELFJECT	4	PA; SP
AGAMREE	3	PA; QL (200 per 26 days)
ALKINDI SPRINKLE	CED	PA
CORTEF	3	
cortisone	1	
CORTROPHIN GEL	4	PA; SP
deflazacort	4	PA; SP
dexabliss	CED	PA
dexamethasone intensol	2	
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs)	CED	PA
DEXLYT	CED	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
EMFLAZA	4	PA; SP; LA
fludrocortisone	1	
HEMADY	CED	PA
hydrocortisone oral	1	
hydrocortisone sod succinate	2	QL (2 per 28 days)
jaythari	4	PA; SP
KHINDIVI	CED	PA
kymbee	4	PA; SP
MEDROL (PAK)	3	
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG	3	
methylprednisolone oral tablet 16 mg, 32 mg, 8 mg	2	
methylprednisolone oral tablet 4 mg	1	
methylprednisolone oral tablets,dose pack	1	
millipred dp	CED	PA
millipred oral tablet	CED	PA
ORAPRED ODT	CED	PA
prednisolone oral solution	1	
prednisolone oral tablet	CED	PA
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	CED	PA
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	2	
prednisolone sodium phosphate oral tablet,disintegrating	CED	PA
prednisone intensol	2	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablet,delayed release (dr/ec)	CED	PA
prednisone oral tablets,dose pack	1	
pyquvi	4	PA; SP
SOLU-CORTEF	3	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
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)
TAPERDEX	CED	PA
TARPEYO	4	PA; SP; QL (4 per 1 day)
ZCORT	CED	PA
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	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)
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	OTC; QL (100 per 30 days)
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	OTC; QL (100 per 30 days)
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	

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
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	
diazoxide	2	
GLUCAGON (HCL) EMERGENCY KIT	3	ST
glucagon emergency kit (human)	2	
GVOKE	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
PROGLYCEM	3	
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)
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)
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	CED	PA
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		
ADMELOG SOLOSTAR U-100 INSULIN	3	PA; QL (100 per 30 days)
ADMELOG U-100 INSULIN LISPRO	3	PA; QL (100 per 30 days)
AFREZZA	3	PA; QL (100 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	PA; QL (100 per 30 days)
APIDRA U-100 INSULIN	3	PA; QL (100 per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN	3	PA; QL (100 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
FIASP FLEXTOUCH U-100 INSULIN	3	PA; QL (100 per 30 days)
FIASP PENFILL U-100 INSULIN	3	PA; QL (100 per 30 days)
FIASP PUMPCART	3	PA; QL (100 per 30 days)
FIASP U-100 INSULIN	3	PA; QL (100 per 30 days)
HUMALOG JUNIOR KWIKPEN U-100	2	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	2	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	CED	PA; QL (100 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	2	QL (100 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	2	QL (100 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	2	QL (100 per 30 days)
HUMALOG U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN 70/30 U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN R REGULAR U-100 INSULN	2	QL (100 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	2	QL (100 per 30 days)
INSULIN GLARGINE U-300 CONC	3	PA; QL (100 per 30 days)
INSULIN GLARGINE-YFGN	2	QL (100 per 30 days)
INSULIN LISPRO	2	QL (100 per 30 days)
INSULIN LISPRO PROTAMIN-LISPRO	2	QL (100 per 30 days)
KIRSTY	3	PA; QL (100 per 30 days)
KIRSTY PEN	3	PA; QL (100 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	QL (100 per 30 days)
LANTUS U-100 INSULIN	2	QL (100 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	3	PA; QL (100 per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN	3	PA; QL (100 per 30 days)
LYUMJEV U-100 INSULIN	3	PA; QL (100 per 30 days)
MERILOG	3	PA; QL (100 per 30 days)
MERILOG SOLOSTAR	3	PA; QL (100 per 30 days)
NOVOLIN 70-30 FLEXPEN U-100	3	ST; QL (100 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
NOVOLIN N FLEXPEN	3	ST; QL (100 per 30 days)
NOVOLIN R FLEXPEN	3	ST; QL (100 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	3	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30 U-100 INSULN	3	PA; QL (100 per 30 days)
NOVOLOG MIX 70-30FLEXPEN U-100	3	PA; QL (100 per 30 days)
NOVOLOG PENFILL U-100 INSULIN	3	PA; QL (100 per 30 days)
NOVOLOG U-100 INSULIN ASPART	3	PA; QL (100 per 30 days)
RELION NOVOLIN 70/30	3	ST; QL (100 per 30 days)
RELION NOVOLIN N	3	ST; QL (100 per 30 days)
RELION NOVOLIN R	3	ST; QL (100 per 30 days)
REZVOGLAR KWIKPEN	CED	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN)	3	PA; QL (100 per 30 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN	3	PA; QL (100 per 30 days)
SOLIQUA 100/33	3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	2	QL (100 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	2	QL (100 per 30 days)
TRESIBA FLEXTOUCH U-100	3	PA; QL (100 per 30 days)
TRESIBA FLEXTOUCH U-200	3	PA; QL (100 per 30 days)
TRESIBA U-100 INSULIN	3	PA; QL (100 per 30 days)
XULTOPHY 100/3.6	3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (150 per 30 days)
cabergoline	1	
calcitonin (salmon) nasal	1	
calcitriol oral	1	
CERDELGA	4	PA; SP; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN	4	PA; SP
cinacalcet oral tablet 30 mg, 60 mg	2	PA; QL (2 per 1 day)
cinacalcet oral tablet 90 mg	2	PA; QL (4 per 1 day)
CRENESSITY ORAL CAPSULE	4	PA; SP; LA; QL (2 per 1 day)
CRENESSITY ORAL SOLUTION	4	PA; SP; LA; QL (4 per 1 day)
danazol	2	
DDAVP ORAL	3	

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Drug Name	Drug Tier	Requirements / Limits
DEPO-TESTOSTERONE	3	PA
DESMODA	CED	PA; SP; QL (24 per 1 day)
desmopressin injection	1	
desmopressin nasal spray with pump	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	SP
desmopressin oral	1	
doxercalciferol oral	2	
GALAFOLD	4	PA; SP; LA; QL (14 per 28 days)
ISTURISA	4	PA; SP; LA; QL (4 per 1 day)
JATENZO ORAL CAPSULE 158 MG, 198 MG	CED	PA; QL (4 per 1 day)
JATENZO ORAL CAPSULE 237 MG	CED	PA; QL (2 per 1 day)
javygtor	4	PA; SP
JYNARQUE ORAL TABLET 15 MG	4	PA; SP; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	4	PA; SP; LA; QL (1 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; SP; LA; QL (56 per 28 days)
KORLYM	4	PA; SP; QL (4 per 1 day)
KUVAN	4	PA; SP
KYZATREX ORAL CAPSULE 150 MG, 200 MG	CED	PA; QL (2 per 1 day)
METHITEST	CED	PA
methyltestosterone oral capsule	2	QL (5 per 1 day)
mifepristone oral tablet 300 mg	4	PA; SP; QL (4 per 1 day)
miglustat	4	PA; SP; LA; QL (3 per 1 day)
MYALEPT	4	PA; SP; LA
NATESTO	3	PA; QL (21.96 per 30 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	PA; SP
OPFOLDA	4	PA; SP; QL (8 per 28 days)
ORILISSA	3	PA
OVIDREL	4	PA; SP
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; SP; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; SP; LA; QL (0.15 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; SP; LA; QL (3 per 1 day)
paricalcitol oral	2	
PREGNYL	4	PA; SP
RAYALDEE	3	PA; QL (2 per 1 day)
RECORLEV	4	PA; SP; QL (8 per 1 day)
SAMSCA ORAL TABLET 15 MG	4	PA; SP; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	4	PA; SP; QL (60 per 365 days)
sapropterin	4	PA; SP
SENSIPAR ORAL TABLET 30 MG, 60 MG	3	PA; QL (2 per 1 day)
SENSIPAR ORAL TABLET 90 MG	3	PA; QL (4 per 1 day)
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)
SOMAVERT	4	PA; SP
STRENSIQ	4	PA; SP; LA
SYNAREL	4	PA; SP; QL (8 per 28 days)
TESTIM	3	PA; QL (2 per 1 day)
testosterone cypionate intramuscular oil 100 mg/ml	1	PA
testosterone cypionate intramuscular oil 200 mg/ml	2	PA
testosterone enanthate	1	PA
testosterone transdermal gel	2	PA; QL (2 per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	2	PA; QL (60 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	2	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	2	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	2	PA; QL (5 per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	2	PA; QL (10 per 1 day)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	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
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	2	PA; QL (2 per 1 day)
testosterone transdermal solution in metered pump w/app	2	PA; QL (180 per 30 days)
TLANDO	CED	PA; QL (4 per 1 day)
tolvaptan (polycys kidney dis) oral tablet 15 mg	4	PA; SP; LA; QL (2 per 1 day)
tolvaptan (polycys kidney dis) oral tablet 30 mg	4	PA; SP; LA; QL (1 per 1 day)
tolvaptan (polycys kidney dis) oral tablets, sequential	4	PA; SP; LA; QL (56 per 28 days)
tolvaptan oral tablet 15 mg	4	PA; SP; LA; QL (30 per 365 days)
tolvaptan oral tablet 30 mg	4	PA; SP; LA; QL (60 per 365 days)
VOGELXO TRANSDERMAL GEL	3	PA; QL (2 per 1 day)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; QL (10 per 1 day)
VOXZOGO	4	PA; SP; QL (1 per 1 day)
XYOSTED	CED	PA; QL (2 per 28 days)
YORVIPATH	4	PA; SP; QL (2 per 28 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG	4	PA; SP; QL (4 per 28 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 5.5 MG	4	PA; SP; QL (8 per 28 days)
zelvysia	4	PA; SP
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose	1	
ACTOPLUS MET	3	QL (2 per 1 day)
ACTOS	3	
ALOGLIPTIN	3	ST; QL (1 per 1 day)
ALOGLIPTIN-METFORMIN	3	ST; QL (2 per 1 day)
ALOGLIPTIN-PIOGLITAZONE	3	ST; QL (1 per 1 day)
BRENZAVVY	3	ST; QL (1 per 1 day)
BRYNOVIN	CED	PA; QL (4 per 1 day)
CYCLOSET	3	
dapagliflozin	2	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg	2	QL (1 per 1 day)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	2	QL (2 per 1 day)
dapagliflozin-saxagliptin	2	ST
DUETACT	CED	PA; QL (1 per 1 day)
FARXIGA	3	QL (1 per 1 day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
GLIMEPIRIDE ORAL TABLET 3 MG	CED	PA; QL (1 per 1 day)
glipizide oral tablet 10 mg, 5 mg	1	
GLIPIZIDE ORAL TABLET 15 MG	CED	PA; QL (1 per 1 day)
GLIPIZIDE ORAL TABLET 2.5 MG	CED	PA
glipizide oral tablet extended release 24hr	1	
glipizide-metformin	1	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	QL (1 per 1 day)
INPEFA	3	PA; QL (1 per 1 day)
INVOKAMET	3	ST; QL (2 per 1 day)
INVOKAMET XR	3	ST; QL (2 per 1 day)
INVOKANA	3	ST; QL (1 per 1 day)
JANUMET	2	QL (2 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	QL (1 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	QL (2 per 1 day)
JANUVIA	2	QL (1 per 1 day)
JARDIANCE	2	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)
KAZANO ORAL TABLET 12.5-1,000 MG	3	ST; QL (2 per 1 day)
liraglutide	2	PA; QL (9 per 28 days)
metformin oral solution	CED	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
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet 625 mg	CED	PA
metformin oral tablet 750 mg	CED	PA; QL (2 per 1 day)
metformin oral tablet extended release 24 hr	1	
metformin oral tablet extended release 24hr 1,000 mg	CED	PA; QL (2 per 1 day)
metformin oral tablet extended release 24hr 500 mg	CED	PA; QL (3 per 1 day)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	CED	PA; QL (2 per 1 day)
metformin oral tablet,er gast.retention 24 hr 500 mg	CED	PA; QL (4 per 1 day)
miglitol	2	
MOUNJARO	2	PA; QL (2 per 28 days)
nateglinide	2	
NESINA ORAL TABLET 25 MG	3	ST; QL (1 per 1 day)
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)
pioglitazone	1	
pioglitazone-glimepiride	CED	PA; QL (1 per 1 day)
pioglitazone-metformin	1	QL (2 per 1 day)
repaglinide	2	
RIOMET	CED	PA
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)
saxagliptin	2	ST; QL (1 per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg	2	ST; QL (2 per 1 day)
saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg	2	ST; QL (1 per 1 day)
SEGLUROMET	3	ST; QL (2 per 1 day)
SITAGLIPTIN	CED	PA; QL (1 per 1 day)
sitagliptin phos-metformin oral tablet	2	QL (2 per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	2	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
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	2	QL (2 per 1 day)
sitagliptin phosphate	2	QL (1 per 1 day)
SITAGLIPTIN-METFORMIN ORAL TABLET	CED	PA; QL (2 per 1 day)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	CED	PA; QL (1 per 1 day)
SITAGLIPTIN-METFORMIN ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	CED	PA; QL (2 per 1 day)
STEGLATRO	3	ST; QL (1 per 1 day)
STEGLUJAN	3	ST; QL (1 per 1 day)
SYNJARDY	2	QL (2 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (1 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	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	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	QL (2 per 1 day)
TRULICITY	2	PA; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; QL (9 per 28 days)
VICTOZA 3-PAK	3	PA; QL (9 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)
ZITUVIMET	CED	PA; QL (2 per 1 day)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	CED	PA; QL (1 per 1 day)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	CED	PA; QL (2 per 1 day)
ZITUVIO	CED	PA; QL (1 per 1 day)
THYROID HORMONES		
ARMOUR THYROID	3	

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
CYTOMEL	3	
levo-t	1	
LEVOTHYROXINE ORAL CAPSULE	3	
levothyroxine oral tablet	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liomny	1	
liothyronine oral	1	
np thyroid	1	
SYNTHROID	3	
THYQUIDITY	CED	PA
TIROSINT	3	
TIROSINT-SOL	CED	PA
unithroid	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
chlordiazepoxide-clidinium	2	
CUVPOSA	3	PA
dicyclomine oral capsule	1	
dicyclomine oral solution	2	QL (40 per 1 day)
dicyclomine oral tablet 20 mg	1	
DICYCLOMINE ORAL TABLET 40 MG	CED	PA; QL (4 per 1 day)
digenyx	1	
diphenoxylate-atropine oral liquid	CED	PA; QL (40 per 1 day)
diphenoxylate-atropine oral tablet	1	
ed-spaz	1	
GLYCATE	CED	PA
glycopyrrolate oral solution	2	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	
glycopyrrolate oral tablet 1.5 mg	CED	PA
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet extended release 12 hr	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
hyoscyamine sulfate oral tablet,disintegrating	1	
hyoscyamine sulfate sublingual	1	
hyosyne oral drops	CED	PA
hyosyne oral elixir	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX (WITH CLIDINIUM)	3	
LOMOTIL	3	
methscopolamine	1	
MOTOFEN	CED	PA
MYTESI	3	PA
NULEV	3	
oscimin	1	
oscimin sl	1	
ROBINUL FORTE	3	
ROBINUL ORAL	3	
symax fastabs	1	
symax-sl	1	
symax-sr	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
alosetron	2	PA; QL (2 per 1 day)
alvimopan	2	
ANALPRAM-HC RECTAL	3	
ANALPRAM-HC SINGLES	3	
ANTIVERT ORAL TABLET 50 MG	CED	PA
anucort-hc	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	
ANUSOL-HC TOPICAL	3	
aprepitant oral capsule 125 mg	2	QL (5 per 28 days)
aprepitant oral capsule 40 mg	2	1 capsule per fill
aprepitant oral capsule 80 mg	2	QL (10 per 28 days)
aprepitant oral capsule,dose pack	2	QL (15 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
APRISO	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide	1	
betaine	4	SP
bisacodyl oral	9	ACA; OTC
BONJESTA	CED	PA; QL (2 per 1 day)
budesonide oral capsule,delayed,extend.release	1	
budesonide oral tablet,delayed and ext.release	2	PA
budesonide rectal	2	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; SP; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; SP; LA; QL (10 per 1 day)
BYLVAY ORAL PELLET 200 MCG	4	PA; SP; LA; QL (8 per 1 day)
BYLVAY ORAL PELLET 600 MCG	4	PA; SP; LA; QL (4 per 1 day)
CANASA	3	QL (1 per 1 day)
CHOLBAM ORAL CAPSULE 250 MG	4	PA; SP; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	PA; SP; QL (4 per 1 day)
CIMZIA	4	PA; SP; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; SP; QL (2 per 28 days)
citroma	9	ACA; OTC
clearlax oral powder	9	ACA; OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	
COLAZAL	3	
COMPAZINE	3	
compro	1	
constulose	1	
CORTENEMA	3	
CORTIFOAM	3	
CREON	2	
cromolyn oral	1	
CTEXLI	4	PA; SP; QL (3 per 1 day)
CYSTADANE	4	SP
DICLEGIS	3	ST; 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
DIPENTUM	3	ST
doxylamine-pyridoxine (vit b6)	2	ST; QL (4 per 1 day)
dronabinol oral capsule	1	
DRONABINOL ORAL SOLUTION	CED	PA
dulcolax (magnesium hydroxide) oral suspension	9	ACA; OTC
EMEND ORAL CAPSULE 80 MG	3	QL (10 per 28 days)
EMEND ORAL CAPSULE,DOSE PACK	3	QL (15 per 28 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	QL (5 per 28 days)
ENTYVIO PEN	4	PA; SP; QL (1.36 per 28 days)
enulose	1	
EOHILIA	4	PA; SP; QL (600 per 30 days)
GASTROCROM	3	
GATTEX 30-VIAL	4	PA; SP
gavilax oral powder	9	ACA; OTC
gavilyte-c	1	ACA
gavilyte-g	1	ACA
gavilyte-n	1	ACA
generlac	1	
gentle laxative (bisacodyl) oral	9	ACA; OTC
gentle laxative (mag hydrox)	9	ACA; OTC
gentlelax	9	ACA; OTC
GIMOTI	CED	PA
GOLYTELY	3	
granisetron hcl oral	1	QL (10 per 30 days)
GRANISOL	CED	PA; QL (50 per 30 days)
hemmorex-hc rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone acetate topical cream with perineal applicator	CED	PA
hydrocortisone rectal	1	
hydrocortisone topical cream with perineal applicator 2.5 %	1	
hydrocortisone-pramoxine rectal cream	2	
IBSRELA	3	PA; 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
IQIRVO	4	PA; SP; QL (1 per 1 day)
KRISTALOSE	CED	PA
lactulose oral packet	CED	PA
lactulose oral solution	1	
laxative (bisacodyl) oral tablet,delayed release (dr/ec)	9	ACA; OTC
laxative peg 3350	9	ACA; OTC
LIALDA	3	
LINZESS	2	QL (1 per 1 day)
LIVDELZI	4	PA; SP; QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; SP; LA; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; SP; LA; QL (3 per 1 day)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG	4	PA; SP; LA; QL (2 per 1 day)
LIVMARLI ORAL TABLET 30 MG	4	PA; SP; LA; QL (1 per 1 day)
LOTRONEX	3	PA; QL (2 per 1 day)
lubiprostone	2	QL (2 per 1 day)
LYNAVOY	4	PA; SP; QL (2 per 1 day)
magnesium citrate oral solution	9	ACA; OTC
MARINOL	3	
meclizine oral tablet 12.5 mg, 25 mg	1	
meclizine oral tablet 50 mg	CED	PA
mesalamine oral capsule (with del rel tablets)	2	
mesalamine oral capsule, extended release	2	
mesalamine oral capsule,extended release 24hr	2	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	2	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	2	ST
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL (1 per 1 day)
mesalamine with cleansing wipe	CED	PA
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
milk of magnesia	9	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
milk of magnesia concentrated	9	ACA; OTC
MOTEGRITY	3	ST; QL (1 per 1 day)
MOVANTIK	2	QL (1 per 1 day)
MOVIPREP	CED	PA
NEREUS	3	PA; QL (14 per 30 days)
nitroglycerin rectal	2	PA
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	4	PA; SP; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; SP; QL (3 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA; SP; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; SP; QL (3 per 28 days)
ondansetron hcl oral solution	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	CED	PA
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	
onelax magnesium citrate	9	ACA; OTC
oral saline laxative	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
peg 3350-electrolytes	1	ACA
peg3350-sod sul-nacl-kcl-asb-c	CED	PA; ACA
peg-electrolyte soln	1	ACA
PENTASA	3	
PERTZYE	3	ST
phosphate laxative	9	ACA; OTC
PLENVU	3	
polyethylene glycol 3350 oral powder	9	ACA; OTC
powderlax oral powder	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
prochlorperazine	1	
prochlorperazine maleate	1	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc topical	1	
proctozone-hc	1	
prucalopride	2	ST; QL (1 per 1 day)
purelax oral powder	9	ACA; OTC
RECTIV	3	PA
REGLAN ORAL	3	
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)
RELTONE	CED	PA
ROWASA RECTAL ENEMA KIT	CED	PA
SANCUSO	3	QL (4 per 28 days)
scopolamine base	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)
smoothlax oral powder	9	ACA; OTC
sodium,potassium,mag sulfates	2	ACA
SUCRAID	4	PA; SP; QL (8 per 1 day)
SUFLAVE	3	
sulfasalazine	1	
SUPREP BOWEL PREP KIT	3	
SUTAB	CED	PA
SYMPROIC	2	QL (1 per 1 day)
SYNDROS	3	PA
TRANSDERM-SCOP	3	QL (10 per 30 days)
trimethobenzamide oral	1	

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Drug Name	Drug Tier	Requirements / Limits
TRULANCE	3	PA; QL (1 per 1 day)
UCERIS ORAL	3	PA
UCERIS RECTAL	3	
URSO FORTE	3	
ursodiol oral capsule 200 mg, 400 mg	CED	PA
ursodiol oral capsule 300 mg	2	
ursodiol oral tablet	2	
URSOLIGN	CED	PA
VARUBI	3	QL (4 per 28 days)
VELSIPITY	4	PA; SP; QL (1 per 1 day)
VIBERZI	3	PA; QL (2 per 1 day)
VIOKACE	3	ST
VOWST	4	PA; SP; QL (12 per 365 days)
women's gentle laxative(bisac)	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		
ACIPHEX	3	QL (2 per 1 day)
amoxicil-clarithromy-lansopraz	2	QL (224 per 365 days)
bismuth subcit k-metronidz-tcn	CED	PA; QL (240 per 365 days)
CARAFATE ORAL TABLET	3	
cimetidine hcl oral	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC	3	
DEXILANT	3	ST; QL (1 per 1 day)
dexlansoprazole	2	ST; QL (1 per 1 day)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	QL (2 per 1 day)
esomeprazole magnesium oral granules dr for susp in packet	2	PA for age 9 and older; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
famotidine oral suspension for reconstitution	2	
famotidine oral tablet 20 mg, 40 mg	1	
KONVOMEP	CED	PA; QL (20 per 1 day)
lansoprazole oral capsule,delayed release(dr/ec)	1	QL (2 per 1 day)
lansoprazole oral tablet,disintegrat, delay rel	2	PA for age 8 and older; QL (1 per 1 day)
misoprostol	1	
NEXIUM	3	QL (2 per 1 day)
NEXIUM PACKET	3	PA for age 9 and older; QL (2 per 1 day)
nizatidine oral capsule	2	
OMECLAMOX-PAK	CED	PA; QL (160 per 365 days)
omeprazole oral capsule,delayed release(dr/ec)	1	QL (2 per 1 day)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	CED	PA
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	CED	PA; QL (1 per 1 day)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	CED	PA
pantoprazole oral granules dr for susp in packet	CED	PA; QL (1 per 1 day)
pantoprazole oral tablet,delayed release (dr/ec)	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	3	
PREVACID	3	QL (2 per 1 day)
PREVACID SOLUTAB	3	PA for age 8 and older; QL (1 per 1 day)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON	CED	PA; QL (1 per 1 day)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	CED	PA; QL (1 per 1 day)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	QL (2 per 1 day)
PYLERA	CED	PA; QL (240 per 365 days)
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE	CED	PA; QL (1 per 1 day)
rabeprazole oral tablet,delayed release (dr/ec)	2	QL (2 per 1 day)
sucralfate oral suspension	2	
sucralfate oral tablet	1	

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Drug Name	Drug Tier	Requirements / Limits
TALICIA	3	QL (336 per 365 days)
VOQUEZNA	3	ST; QL (1 per 1 day)
VOQUEZNA DUAL PAK	3	QL (2 per 365 days)
VOQUEZNA TRIPLE PAK	3	QL (2 per 365 days)
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
ARCALYST	4	PA; SP; QL (4 per 28 days)
ARMLUPEG	4	PA; SP
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; SP
FILKRI	4	PA; SP
FULPHILA	4	PA; SP
FYLNETRA	4	PA; SP
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	PA; SP; QL (3 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	4	PA; SP
MIRCERA	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)

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Drug Name	Drug Tier	Requirements / Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML	4	PA; SP; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; SP; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
NYPOZI INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
NYVEPRIA	4	PA; SP
PROCRIT	4	PA; SP
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
RETACRIT	4	PA; SP
ROLVEDON	4	PA; SP
RYZNEUTA	4	PA; SP
STIMUFEND	4	PA; SP
UDENYCA	4	PA; SP
UDENYCA AUTOINJECTOR	4	PA; SP
UDENYCA ONBODY	4	PA; SP
XOLREMDI	4	PA; SP; QL (4 per 1 day)
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; SP; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; SP; QL (2.4 per 1 day)
ZIEXTENZO	4	PA; SP
GROWTH HORMONES		
EGRIFTA SV	4	PA; SP; QL (1 per 1 day)
EGRIFTA WR	4	PA; SP; QL (1 per 28 days)
GENOTROPIN	4	PA; SP
GENOTROPIN MINIQUICK	4	PA; SP
HUMATROPE INJECTION CARTRIDGE	4	PA; SP

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Drug Name	Drug Tier	Requirements / Limits
NGENLA	4	PA; SP
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; SP
OMNITROPE	4	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG	4	PA; SP; QL (4 per 28 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG	4	PA; SP; QL (8 per 28 days)
SOGROYA	4	PA; SP; QL (3 per 28 days)
ZOMACTON	4	PA; SP
INTERFERONS		
ACTIMMUNE	4	PA; SP
ALFERON N	4	SP
BESREMI	4	PA; SP; QL (2 per 28 days)
BESREMI PEN	4	PA; SP; QL (1 per 28 days)
PEGASYS	4	SP; QL (4 per 28 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA
AREXVY (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA
BOTOX INJECTION RECON SOLN 100 UNIT	4	PA; SP; QL (2 per 63 days)
BOTOX INJECTION RECON SOLN 200 UNIT	4	PA; SP; QL (1 per 63 days)
CAPVAXIVE (PF)	9	ACA
COMIRNATY 2026-2027(5-11Y)(PF)	9	ACA
COMIRNATY 2026-27 (12Y UP)(PF)	9	ACA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA

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Drug Name	Drug Tier	Requirements / Limits
DAXXIFY	4	PA; SP; QL (3 per 63 days)
DENGVAXIA (PF)	9	ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	4	PA; SP; QL (1 per 63 days)
DYSPORT INTRAMUSCULAR RECON SOLN 500 UNIT	4	PA; SP; QL (3 per 63 days)
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
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	ACA
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
MFLUSIVA 2026-2027 (PF)	CED	ACA
M-M-R II (PF)	9	ACA
MNEXSPIKE 2026-2027 (PF)	9	ACA
MRESVIA (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
MYOBLOC	4	PA; SP; QL (1 per 63 days)

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Drug Name	Drug Tier	Requirements / Limits
NUVAXOVID 2026-2027 (PF)	9	ACA
ODACTRA	3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	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	ACA
PENBRAYA (PF)	9	ACA
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	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	3	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	9	ACA
SPIKEVAX 2026-2027(12Y UP)(PF)	9	ACA
SPIKEVAX 2026-27 (6M-11Y) (PF)	9	ACA
TENIVAC (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
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	9	ACA
VAXNEUVANCE (PF)	9	ACA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA; SP; QL (1 per 63 days)
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PA; SP; QL (2 per 63 days)
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
allopurinol oral tablet 200 mg	CED	PA
colchicine oral capsule	CED	PA
colchicine oral tablet	1	
febuxostat	1	ST
GLOPERBA	CED	PA
MITIGARE	CED	PA
probenecid	1	
probenecid-colchicine	1	
ULORIC	3	ST
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	QL (1 per 28 days)
ACTONEL ORAL TABLET 35 MG	3	QL (4 per 28 days)
alendronate oral solution	CED	PA; QL (300 per 30 days)
alendronate oral tablet 10 mg	1	QL (1 per 1 day)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
ATELVIA	CED	PA; QL (4 per 28 days)
BINOSTO	CED	PA; QL (4 per 28 days)
BONSITY	CED	PA; SP; QL (1 per 28 days)
EVISTA	3	
FORTEO	4	PA; SP; 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
FOSAMAX ORAL TABLET 70 MG	3	QL (4 per 28 days)
FOSAMAX PLUS D	2	QL (4 per 28 days)
ibandronate oral	1	QL (1 per 28 days)
raloxifene	1	ACA
risedronate oral tablet 150 mg	2	QL (1 per 28 days)
risedronate oral tablet 35 mg	2	QL (4 per 28 days)
risedronate oral tablet 5 mg	2	QL (1 per 1 day)
risedronate oral tablet,delayed release (dr/ec)	CED	PA; QL (4 per 28 days)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; SP; QL (1 per 28 days)
TYMLOS	4	PA; SP; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF)	CED	PA; SP; QL (2 per 28 days)
ABRILADA(CF) PEN	CED	PA; SP; QL (2 per 28 days)
ACTEMRA ACTPEN	4	PA; SP; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; SP; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS	CED	PA; SP; QL (3 per 365 days)
ADALIMUMAB-AACF(CF) PEN PS-UV	CED	PA; SP; QL (2 per 365 days)
ADALIMUMAB-AATY	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-AATY(CF) AI CROHNS	CED	PA; SP; QL (3 per 365 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-ADBM	4	PA; SP; QL (2 per 28 days)
ADALIMUMAB-BWWD	CED	PA; SP; QL (0.8 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; 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
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; QL (2 per 28 days)
ADALIMUMAB-RYVK	CED	PA; SP; QL (2 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML, 80 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	CED	PA; SP; QL (0.4 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	CED	PA; SP; QL (0.8 per 28 days)
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	CED	PA; SP; QL (1.6 per 28 days)
ARAVA	3	
AURANOFIN	3	PA; SP; QL (3 per 1 day)
AVTOZMA AUTOINJECTOR	CED	PA; SP; QL (3.6 per 28 days)
AVTOZMA SUBCUTANEOUS	CED	PA; SP; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS	4	PA; SP; QL (4 per 28 days)
CUPRIMINE	4	PA; SP; QL (16 per 1 day)
CYLTEZO(CF)	CED	PA; SP; QL (2 per 28 days)
CYLTEZO(CF) PEN	CED	PA; SP; QL (2 per 28 days)
DEPEN TITRATABS	4	PA; SP; QL (16 per 1 day)
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)
HADLIMA	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA PUSHTOUCH	CED	PA; SP; QL (1.6 per 28 days)
HADLIMA(CF)	CED	PA; SP; QL (0.8 per 28 days)
HADLIMA(CF) PUSHTOUCH	CED	PA; SP; QL (0.8 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	CED	PA; SP; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT	CED	PA; SP; 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
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	CED	PA; SP; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN CROHN'S-UC STARTER	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF)	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	CED	PA; SP; QL (3 per 365 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	CED	PA; SP; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	CED	PA; SP; QL (1.6 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)
leflunomide	1	
LEQSELVI	4	PA; SP; QL (2 per 1 day)
milnacipran oral tablet	2	ST; QL (2 per 1 day)
milnacipran oral tablets,dose pack	2	ST; QL (55 per 365 days)
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)
OTEZLA	4	PA; SP; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; SP; QL (55 per 365 days)
OTEZLA XR	4	PA; SP; QL (1 per 1 day)
OTEZLA XR INITIATION	4	PA; SP; QL (41 per 365 days)
penicillamine	4	PA; SP; QL (16 per 1 day)
RASUVO (PF)	3	ST
RIDAURA	3	PA; SP; QL (3 per 1 day)
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)
SAVELLA ORAL TABLET	3	ST; QL (2 per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK	3	ST; QL (55 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)
tofacitinib oral solution	4	PA; SP; QL (10 per 1 day)
tofacitinib oral tablet	4	PA; SP; QL (2 per 1 day)
tofacitinib oral tablet extended release 24 hr	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)
XELJANZ ORAL SOLUTION	4	PA; SP; QL (10 per 1 day)
XELJANZ ORAL TABLET	4	PA; SP; QL (2 per 1 day)
XELJANZ XR	4	PA; SP; QL (1 per 1 day)
YUFLYMA(CF)	CED	PA; SP; QL (2 per 28 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	CED	PA; SP; QL (3 per 365 days)
YUFLYMA(CF) AUTOINJECTOR	CED	PA; SP; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
YUSIMRY(CF) PEN	CED	PA; SP; QL (1.6 per 28 days)
OBSTETRICS & GYNECOLOGY		
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES		
CAYA CONTOURED	9	ACA
DUREX AVANTI BARE REAL FEEL	9	ACA; OTC
DUREX TROPICAL CONDOM	9	ACA; OTC
FC2 FEMALE CONDOM	9	12 per fill; ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
ESTROGENS & PROGESTINS		
abigale	2	
abigale lo	2	
ACTIVELLA	3	
ANGELIQ	3	
BIJUVA	3	QL (1 per 1 day)
camila	1	ACA
CLIMARA	3	QL (4 per 28 days)
CLIMARA PRO	3	QL (4 per 28 days)
COMBIPATCH	3	
conjugated estrogens	2	
covaryx	2	
covaryx h.s.	2	
CRINONE	3	PA
deblitane	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	PA
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	PA
DIVIGEL	3	QL (1 per 1 day)
dotti	2	QL (8 per 28 days)
DUAVEE	3	PA
eemt	2	
eemt hs	2	
ELESTRIN	3	QL (52 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
emzahh	1	ACA
errin	1	ACA
ESTRACE VAGINAL	3	
estradiol oral	1	
estradiol transdermal gel in metered-dose pump	2	QL (37.5 per 30 days)
estradiol transdermal gel in packet	2	QL (1 per 1 day)
estradiol transdermal patch semiweekly	2	QL (8 per 28 days)
estradiol transdermal patch weekly	2	QL (4 per 28 days)
estradiol vaginal	2	
estradiol-norethindrone acet	2	
ESTRING	3	
ESTROGEL	3	QL (37.5 per 30 days)
estrogens-methyltestosterone	2	
EVAMIST	3	QL (16.2 per 30 days)
FEMRING	3	
fyavolv	2	
gallifrey	1	
heather	1	ACA
IMVEXXY MAINTENANCE PACK	3	QL (8 per 28 days)
IMVEXXY STARTER PACK	3	QL (18 per 365 days)
incassia	1	ACA
jencycla	1	ACA
jinteli	2	
lyleq	1	ACA
lyllana	2	QL (8 per 28 days)
lyza	1	ACA
medroxyprogesterone intramuscular	1	ACA
medroxyprogesterone oral	1	
meleya	1	ACA
MENOSTAR	3	QL (4 per 28 days)
mimvey	2	
MINIVELLE	3	QL (8 per 28 days)
nora-be	1	ACA
norethindrone (contraceptive)	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
norethindrone acetate	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	2	
OPILL	9	OTC
orquidea	1	ACA
PREMARIN ORAL	3	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone	1	
progesterone micronized oral	1	
PROMETRIUM	3	
PROVERA	3	
sharobel	1	ACA
tulana	1	ACA
VAGIFEM	3	
VIVELLE-DOT	3	QL (8 per 28 days)
yuvafem	2	
MISCELLANEOUS OB/GYN		
ANNOVERA	3	QL (1 per 365 days)
CLEOCIN VAGINAL	3	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
eluryng	1	ACA
enilloring	1	ACA
etonogestrel-ethinyl estradiol	1	ACA
GWYN LO	CED	PA
GYNAZOLE-1	2	
INTRAROSA	3	
LYNKUET	3	PA; QL (2 per 1 day)
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository	1	
MIFEPREX	3	
mifepristone oral tablet 200 mg	2	

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Drug Name	Drug Tier	Requirements / Limits
MYFEMBREE	3	PA; QL (1 per 1 day)
norelgestromin-ethin.estradiol	1	ACA
NUVARING	3	PA
NUVESSA	3	
ORIAHNN	3	PA; QL (2 per 1 day)
OSPHENA	3	PA
PHEXX	CED	PA
terconazole	1	
tranexamic acid oral	2	
TWIRLA	CED	PA
vandazole	1	
VCF CONTRACEPTIVE FILM	CED	PA; OTC
VCF CONTRACEPTIVE GEL	CED	PA; ACA; OTC
VEOZAH	3	PA; QL (1 per 1 day)
XACIATO	3	
xulane	1	ACA
zafemy	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle	1	ACA
after pill	9	ACA; OTC
AFTERA	CED	PA; OTC
altavera (28)	1	ACA
alyacen 1/35 (28)	1	ACA
alyacen 7/7/7 (28)	1	ACA
amethia	1	ACA
amethyst (28)	1	ACA
apri	1	ACA
aranelle (28)	1	ACA
ashlyna	1	ACA
aubra	1	ACA
aubra eq	1	ACA
aurovela 1.5/30 (21)	1	ACA
aurovela 1/20 (21)	1	ACA
aurovela 24 fe	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
aurovela fe 1.5/30 (28)	1	ACA
aurovela fe 1-20 (28)	1	ACA
AVERI	CED	PA
aviane	1	ACA
ayuna	1	ACA
azurette (28)	1	ACA
BALCOLTRA	3	PA
balziva (28)	1	ACA
BEYAZ	3	PA
blisovi 24 fe	1	ACA
blisovi fe 1.5/30 (28)	1	ACA
blisovi fe 1/20 (28)	1	ACA
briellyn	1	ACA
camrese	1	ACA
camrese lo	1	ACA
caziant (28)	1	ACA
charlotte 24 fe	1	ACA
chateal eq (28)	1	ACA
cryselle (28)	1	ACA
cyred	1	ACA
cyred eq	1	ACA
dasetta 1/35 (28)	1	ACA
dasetta 7/7/7 (28)	1	ACA
daysee	1	ACA
desog-e.estradiol/e.estradiol	1	ACA
dolishale	1	ACA
drospirenone-e.estradiol-lm.fa	1	ACA
drospirenone-ethinyl estradiol	1	ACA
econtra ez	9	ACA; OTC
econtra one-step	9	ACA; OTC
elinest	1	ACA
ELLA	3	ACA
enpresse	1	ACA
enskyce	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
estarylla	1	ACA
falmina (28)	1	ACA
feirza	1	ACA
FEMLYV	CED	PA
finzala	1	ACA
galbriela	1	ACA
gemmily	CED	PA; ACA
hailey	1	ACA
hailey 24 fe	1	ACA
hailey fe 1.5/30 (28)	1	ACA
hailey fe 1/20 (28)	1	ACA
iclevia	1	ACA
introvale	1	ACA
isibloom	1	ACA
jaimiess	1	ACA
jasmiel (28)	1	ACA
jolessa	1	ACA
joyeaux	1	ACA
juleber	1	ACA
junel 1.5/30 (21)	1	ACA
junel 1/20 (21)	1	ACA
junel fe 1.5/30 (28)	1	ACA
junel fe 1/20 (28)	1	ACA
junel fe 24	1	ACA
kaitlib fe	1	ACA
kalliga	1	ACA
kariva (28)	1	ACA
kelnor 1/35 (28)	1	ACA
kurvelo (28)	1	ACA
larin 1.5/30 (21)	1	ACA
larin 1/20 (21)	1	ACA
larin 24 fe	1	ACA
larin fe 1.5/30 (28)	1	ACA
larin fe 1/20 (28)	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
lessina	1	ACA
levonest (28)	1	ACA
levonorgest-eth.estradiol-iron	1	ACA
levonorgestrel	9	ACA; OTC
levonorgestrel-ethinyl estrad	1	ACA
levonorg-eth estrad triphasic	1	ACA
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	3	PA
LOESTRIN 1/20 (21)	3	PA
LOESTRIN FE 1.5/30 (28-DAY)	3	PA
LOESTRIN FE 1/20 (28-DAY)	3	PA
lojaimiess	1	ACA
loryna (28)	1	ACA
low-ogestrel (28)	1	ACA
lo-zumandimine (28)	1	ACA
luizza	1	ACA
lutera (28)	1	ACA
marlissa (28)	1	ACA
mibelas 24 fe	1	ACA
microgestin 1.5/30 (21)	1	ACA
microgestin 1/20 (21)	1	ACA
microgestin fe 1.5/30 (28)	1	ACA
microgestin fe 1/20 (28)	1	ACA
mili	1	ACA
minzoya	1	ACA
mono-linyah	1	ACA
my choice	9	ACA; OTC
my way	9	ACA; OTC
NATAZIA	3	
necon 0.5/35 (28)	1	ACA
new day	9	ACA; OTC
NEXTSTELLIS	3	
nikki (28)	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
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	ACA
norethindrone-e.estradiol-iron oral capsule	CED	PA; ACA
norethindrone-e.estradiol-iron oral tablet,chewable	1	ACA
norgestimate-ethinyl estradiol	1	ACA
nortrel 0.5/35 (28)	1	ACA
nortrel 1/35 (21)	1	ACA
nortrel 1/35 (28)	1	ACA
nortrel 7/7/7 (28)	1	ACA
nylia 1/35 (28)	1	ACA
nylia 7/7/7 (28)	1	ACA
ocella	1	ACA
opcicon one-step	9	ACA; OTC
option-2	9	ACA; OTC
philith	1	ACA
pimtrea (28)	1	ACA
PLAN B ONE-STEP	CED	PA; OTC
portia 28	1	ACA
reclipsen (28)	1	ACA
rivelsa	1	ACA
rosyrah	1	ACA
SAFYRAL	3	PA
setlakin	1	ACA
shewise	9	ACA; OTC
simliya (28)	1	ACA
simpesse	1	ACA
SLYND	3	
sprintec (28)	1	ACA
syeda	1	ACA
TAKE ACTION	CED	PA; OTC
tarina 24 fe	1	ACA
tarina fe 1/20 (28)	1	ACA
TAYTULLA	CED	PA
tilia fe	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
tri-estarylla	1	ACA
tri-legest fe	1	ACA
tri-linyah	1	ACA
tri-lo-estarylla	1	ACA
tri-lo-marzia	1	ACA
tri-lo-mili	1	ACA
tri-lo-sprintec	1	ACA
tri-mili	1	ACA
tri-sprintec (28)	1	ACA
tri-vylibra	1	ACA
tri-vylibra lo	1	ACA
turqoz (28)	1	ACA
TYBLUME	CED	PA
tydemy	1	ACA
valtya	1	ACA
velivet triphasic regimen (28)	1	ACA
vestura (28)	1	ACA
vienva	1	ACA
viorele (28)	1	ACA
volnea (28)	1	ACA
vyfemla (28)	1	ACA
vylibra	1	ACA
wera (28)	1	ACA
wymzya fe	1	ACA
xarah fe	1	ACA
xelria fe	1	ACA
YASMIN (28)	3	PA
YAZ (28)	3	PA
your choice	9	ACA; OTC
zarah	1	ACA
zovia 1-35 (28)	1	ACA
zumandimine (28)	1	ACA
OXYTOCICS		
methylergonovine oral	2	QL (8 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
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	
bacitracin ophthalmic (eye)	2	
bacitracin-polymyxin b	1	
BESIFLOXACIN	3	
BESIVANCE	CED	PA
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
ciprofloxacin hcl ophthalmic (eye)	1	
erythromycin ophthalmic (eye)	1	
gatifloxacin	2	
gentamicin ophthalmic (eye) drops	1	
levofloxacin ophthalmic (eye)	2	
moxifloxacin ophthalmic (eye) drops	1	
moxifloxacin ophthalmic (eye) drops, viscous	CED	PA
NATACYN	3	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
OCUFLOX	3	
ofloxacin ophthalmic (eye)	1	
polymyxin b sulf-trimethoprim	1	
tobramycin ophthalmic (eye)	1	
TOBREX OPHTHALMIC (EYE) OINTMENT	2	
VIGAMOX	3	
ANTIVIRALS		
trifluridine	1	
ZIRGAN	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	2	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	3	ST
carteolol	2	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol	2	ST

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
timolol maleate (pf)	CED	PA
timolol maleate ophthalmic (eye) drops	1	
timolol maleate ophthalmic (eye) drops, once daily	CED	PA
timolol maleate ophthalmic (eye) gel forming solution	2	PA
TIMOPTIC OCUDOSE (PF)	CED	PA
CHOLINESTERASE INHIBITOR MIOTICS		
PHOSPHOLINE IODIDE	3	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	2	
ATROPINE SULFATE (PF)	CED	PA
CYCLOGYL	3	
cyclopentolate	1	
homatropaire	1	
MYDRIACYL	3	
tropicamide	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
pilocarpine hcl ophthalmic (eye) drops 1.25 %	CED	PA
QLOSI	CED	PA
VIZZ	CED	PA
MISCELLANEOUS OPHTHALMOLOGICS		
AKTEN (PF)	CED	PA; QL (1 per 30 days)
ALCAINE	3	
allergy eye (ketotifen)	1	OTC
altacaine	1	
azelastine ophthalmic (eye)	1	
bepotastine besilate	2	ST
CEQUA	3	ST; QL (2 per 1 day)
cromolyn ophthalmic (eye)	1	
cyclosporine ophthalmic (eye)	2	QL (2 per 1 day)
CYSTADROPS	4	PA; SP; QL (20 per 28 days)
CYSTARAN	4	PA; SP; QL (60 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
epinastine	2	
eye itch relief	1	OTC
ketotifen fumarate	1	OTC
MIEBO (PF)	3	PA; QL (3 per 30 days)
OXERVATE	4	PA; SP; QL (56 per 720 days)
proparacaine	1	
RESTASIS	3	QL (2 per 1 day)
RESTASIS MULTIDOSE	3	ST; QL (5.5 per 28 days)
tetracaine hcl	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
TRYPTYR	3	PA; QL (60 per 30 days)
TYRVAYA	3	ST; 8.4 ML IN 30 DAYS;183 DAY SUPPLY IN 365 DAYS
VERKAZIA	CED	PA; QL (120 per 30 days)
VEVYE	CED	PA; QL (2 per 30 days)
XDEMVY	4	PA; SP; QL (10 per 365 days)
XIIDRA	2	QL (2 per 1 day)
ZERVIATE	3	ST
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	3	
ACUVAIL (PF)	CED	PA
bromfenac	2	
BROMSITE	3	
diclofenac sodium ophthalmic (eye)	1	
flurbiprofen sodium	2	
ILEVRO	3	
ketorolac ophthalmic (eye)	1	
NEVANAC	3	
PROLENSA	3	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	
methazolamide	2	
OTHER GLAUCOMA DRUGS		

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
AZOPT	3	
bimatoprost ophthalmic (eye)	2	
brimonidine-timolol	2	
brinzolamide	2	
COMBIGAN	3	
COSOPT	3	
COSOPT (PF)	3	
dorzolamide	1	
dorzolamide-timolol	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	2	
IYUZEH (PF)	CED	PA
latanoprost	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
OMLONTI	3	ST
RHOPRESSA	3	ST
ROCKLATAN	3	ST
SIMBRINZA	3	ST
tafluprost (pf)	2	ST
TRAVATAN Z	3	ST
travoprost	2	ST
VYZULTA	3	ST; QL (5 per 30 days)
XALATAN	3	
YUVEZZI	CED	PA; QL (1 per 1 day)
ZIOPTAN (PF)	3	ST
ZOLYMBUS	CED	PA
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
neomycin-bacitracin-poly-hc	1	
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc ophthalmic (eye)	1	
TOBRADEX	CED	PA
TOBRADEX ST	CED	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
tobramycin-dexamethasone	1	
tobramycin-lotepred	3	
ZYLET	3	
STEROIDS		
BYQLOVI	CED	PA
CLOBETASOL OPHTHALMIC (EYE)	CED	PA
dexamethasone sodium phosphate ophthalmic (eye)	1	
difluprednate	2	
DUREZOL	3	
EYSUVIS	CED	PA; QL (16.6 per 30 days)
FLAREX	CED	PA
fluorometholone	1	
FML FORTE	CED	PA
FML LIQUIFILM	3	
INVELTYS	CED	PA
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	CED	PA
LOTEMAX OPHTHALMIC (EYE) OINTMENT	CED	PA
LOTEMAX SM	CED	PA
loteprednol etabonate ophthalmic (eye) drops,gel	CED	PA
loteprednol etabonate ophthalmic (eye) drops,suspension	2	
MAXIDEX	3	
PRED FORTE	3	
PRED MILD	CED	PA
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic (eye)	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops	2	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	ST

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
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
apraclonidine	1	
brimonidine ophthalmic (eye) drops 0.1 %	2	ST
brimonidine ophthalmic (eye) drops 0.15 %	2	
brimonidine ophthalmic (eye) drops 0.2 %	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	
VASOCONSTRICTOR DECONGESTANTS		
CYCLOMYDRIL	3	
phenylephrine hcl ophthalmic (eye)	2	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	3	PA
AUVI-Q INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	CED	PA
carbinoxamine maleate oral liquid	CED	PA; QL (40 per 1 day)
CARBINOXAMINE MALEATE ORAL SUSPENSION,EXTENDED REL 12 HR	CED	PA; QL (40 per 1 day)
carbinoxamine maleate oral tablet 4 mg	1	
carbinoxamine maleate oral tablet 6 mg	2	QL (4 per 1 day)
carbzah	CED	PA; QL (40 per 1 day)
cetirizine oral solution 1 mg/ml	1	
CLARINEX ORAL TABLET	3	
clemastine oral syrup	CED	PA; QL (60 per 1 day)
clemastine oral tablet	2	QL (3 per 1 day)
clemsza	2	QL (3 per 1 day)
corphena	CED	PA
cyproheptadine oral syrup	1	
cyproheptadine oral tablet	1	
DESLORATADINE ORAL SOLUTION	CED	PA; QL (10 per 1 day)
desloratadine oral tablet	1	
desloratadine oral tablet,disintegrating	CED	PA
dexchlorpheniramine maleate oral solution	CED	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
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	CED	PA
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	2	
EPIPEN	3	
EPIPEN JR	3	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate	1	
KARBINAL ER	CED	PA
levocetirizine	1	
NEFFY	CED	PA
promethazine oral	1	
promethazine rectal	1	
promethegan	1	
RYCLORA	CED	PA
RYVENT	CED	PA; QL (4 per 1 day)
COUGH & COLD THERAPY		
benzonatate oral capsule 100 mg, 200 mg	1	
benzonatate oral capsule 150 mg	2	
BROMFED DM	3	
brompheniramine-pseudoeph-dm	1	
CLARINEX-D 12 HOUR	CED	PA; QL (2 per 1 day)
codeine-guaifenesin	1	
DURATUSS AC	CED	PA
g tussin ac	1	
HYCODAN (WITH HOMATROPINE)	3	
hydrocodone-chlorpheniramine	1	QL (120 per 30 days)
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet	1	
maxi-tuss ac	1	
promethazine-codeine	1	
promethazine-dm	1	
promethazine-phenylephrine	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
TUXARIN ER	3	QL (24 per 30 days)
PULMONARY AGENTS		
24 hour nasal allergy	1	OTC
acetylcysteine	1	
ADEMPAS	4	PA; SP; LA; QL (3 per 1 day)
ADVAIR DISKUS	3	PA; QL (1 per 30 days)
ADVAIR HFA	2	QL (1 per 30 days)
AIRSUPRA	CED	PA
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	PA; QL (2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	PA; QL (1 per 30 days)
ALYFTREK ORAL TABLET 10-50-125 MG	4	PA; SP; QL (2 per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; SP; QL (3 per 1 day)
alyq	4	PA; SP; QL (2 per 1 day)
ambrisentan	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)
arformoterol	2	QL (120 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)
ATROVENT HFA	3	QL (2 per 30 days)
azelastine-fluticasone	CED	PA; QL (1 per 30 days)
BEVESPI AEROSPHERE	3	ST; QL (10.7 per 30 days)
bosentan oral tablet	4	PA; SP; LA; QL (2 per 1 day)
bosentan oral tablet for suspension	4	PA; SP; LA; QL (4 per 1 day)
BREO ELLIPTA	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
breyna	2	QL (1 per 30 days)
BREZTRI AEROSPHERE	3	ST; QL (1 per 30 days)
BRINSUPRI	4	PA; SP; QL (1 per 1 day)
BRONCHITOL	4	PA; 20 capsules per day; 10 capsules per 365 days; SP
BROVANA	3	QL (120 per 30 days)
budesonide inhalation	1	QL (120 per 30 days)
budesonide nasal	1	OTC
budesonide-formoterol	2	QL (1 per 30 days)
CINRYZE	4	PA; SP
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
cromolyn inhalation	1	
DALIRESP	3	PA; QL (1 per 1 day)
DAWNZERA	4	PA; SP; LA; QL (0.8 per 28 days)
DUAKLIR PRESSAIR	3	ST; QL (1 per 30 days)
DULERA	2	QL (13 per 30 days)
DYMISTA	CED	PA; QL (1 per 30 days)
EKTERLY	4	PA; SP; QL (4 per 1 day)
ESBRIET ORAL TABLET 267 MG	4	PA; SP; QL (6 per 1 day)
ESBRIET ORAL TABLET 801 MG	4	PA; SP; QL (3 per 1 day)
FASENRA	4	PA; SP; QL (1 per 42 days)
FASENRA PEN	4	PA; SP; QL (1 per 42 days)
FIRAZYR	4	PA; SP; QL (9 per 28 days)
flunisolide	2	ST
FLUTICASONE FUROATE	CED	PA; QL (1 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	3	PA; QL (1 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; QL (1 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	ST; QL (4 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; 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
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; QL (2 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	2	ST; QL (1 per 30 days)
fluticasone propionate nasal	1	QL (1 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	CED	PA; QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	QL (1 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	3	PA; QL (1 per 30 days)
formoterol fumarate	2	QL (120 per 30 days)
HAEGARDA	4	PA; SP; LA
HYPER-SAL	3	
icatibant	4	PA; SP; QL (9 per 28 days)
INCRUSE ELLIPTA	2	QL (1 per 30 days)
ipratropium bromide inhalation hfa aerosol inhaler	2	QL (2 per 30 days)
ipratropium bromide inhalation solution	1	
ipratropium-albuterol	1	QL (540 per 30 days)
JASCAYD	4	PA; SP; QL (2 per 1 day)
KALYDECO	4	PA; SP; QL (2 per 1 day)
LETAIRIS	4	PA; SP; LA; QL (1 per 1 day)
levalbuterol hcl	2	
LEVALBUTEROL TARTRATE	2	PA
macitentan	4	PA; SP; QL (1 per 1 day)
mometasone nasal	2	ST; QL (17 per 30 days)
montelukast	1	
nasal allergy	1	OTC
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 %	3	
nintedanib	4	PA; SP; QL (2 per 1 day)
NUCALA	4	PA; SP; LA; QL (1 per 28 days)
OFEV	4	PA; 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
OHTUVAYRE	4	PA; SP; QL (5 per 1 day)
OMNARIS	3	ST; QL (1 per 30 days)
OPSUMIT	4	PA; SP; LA; QL (1 per 1 day)
OPSYNVI	4	PA; SP; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; SP; QL (2 per 1 day)
ORKAMBI ORAL TABLET	4	PA; SP; QL (4 per 1 day)
ORLADEYO	4	PA; SP; LA; QL (1 per 1 day)
PERFOROMIST	3	QL (120 per 30 days)
pirfenidone oral capsule	4	PA; SP; QL (6 per 1 day)
pirfenidone oral tablet 267 mg	4	PA; SP; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; SP; QL (3 per 1 day)
pirfenidone oral tablet 801 mg	4	PA; SP; QL (3 per 1 day)
PROAIR RESPICLICK	CED	PA
PULMICORT	3	QL (120 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	ST; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	ST; QL (1 per 30 days)
pulmosal	1	
PULMOZYME	4	PA; SP; QL (5 per 1 day)
QNASL	3	ST; QL (1 per 30 days)
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)
REVATIO ORAL TABLET	4	PA; SP; QL (3 per 1 day)
roflumilast	2	PA; QL (1 per 1 day)
RUCONEST	4	PA; SP; QL (2 per 28 days)
RYALTRIS	CED	PA; QL (3 per 90 days)
sajazir	4	PA; SP; QL (9 per 28 days)
SEREVENT DISKUS	2	QL (1 per 30 days)
sildenafil (pulm.hypertension) oral suspension for reconstitution	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
sildenafil (pulm.hypertension) oral tablet	4	PA; SP; QL (3 per 1 day)
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET,CHEWABLE	3	
sodium chloride inhalation	1	
SPIRIVA RESPIMAT	2	QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	CED	PA; QL (1 per 1 day)
STIOLTO RESPIMAT	2	QL (4 per 30 days)
STRIVERDI RESPIMAT	2	QL (4 per 30 days)
SYMBICORT	3	PA; QL (1 per 30 days)
SYMDEKO	4	PA; SP; QL (2 per 1 day)
tadalafil (pulm. hypertension)	4	PA; SP; QL (2 per 1 day)
TADLIQ	4	PA; SP; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; SP; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; SP; LA; QL (2 per 28 days)
terbutaline oral	1	
TEZSPIRE	4	PA; SP; QL (1.91 per 28 days)
THEO-24	3	
theophylline oral elixir	CED	PA
theophylline oral solution	CED	PA
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
tiotropium bromide	CED	PA; QL (1 per 1 day)
TRACLEER ORAL TABLET	4	PA; SP; LA; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; SP; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	2	QL (1 per 30 days)
triamcinolone acetonide nasal	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; SP; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; SP; QL (3 per 1 day)
TUDORZA PRESSAIR	3	ST; QL (1 per 30 days)
TYVASO	4	PA; SP; QL (11.6 per 365 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
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG, 80 MCG	4	PA; SP; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	4	PA; SP; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG	4	PA; SP; QL (224 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 48-80 MCG	4	PA; SP; QL (224 per 28 days)
TYVASO REFILL KIT	4	PA; SP; QL (81.2 per 28 days)
TYVASO STARTER KIT	4	PA; SP; QL (1 per 365 days)
UMECLIDINIUM	CED	PA; QL (1 per 30 days)
UMECLIDINIUM-VILANTEROL	CED	PA; QL (1 per 30 days)
VENTOLIN HFA	3	PA
WINREVAIR	4	PA; SP; QL (1 per 20 days)
wixela inhub	1	QL (1 per 30 days)
XHANCE	3	PA; QL (32 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)
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)
XOPENEX HFA	3	PA
YUPELRI	3	ST; QL (3 per 1 day)
YUTREPIA	4	PA; SP; QL (112 per 28 days)
zafirlukast	2	
zileuton	2	PA; QL (4 per 1 day)
PULMONARY DEVICES		
AEROCHAMBER MECHANICAL VENT	2	

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

Drug Name	Drug Tier	Requirements / Limits
AEROCHAMBER 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		
darifenacin	2	
fesoterodine	2	ST; QL (1 per 1 day)
flavoxate	1	
GEMTESA	3	ST; QL (1 per 1 day)
mirabegron oral suspension,extended rel recon	CED	PA
mirabegron oral tablet extended release 24 hr	2	ST; QL (1 per 1 day)
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	CED	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL (1 per 1 day)
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 2.5 mg	CED	PA
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr	1	
OXYTROL	CED	PA; QL (8 per 28 days)
solifenacin	1	
tolterodine	2	
TOVIAZ	3	ST; 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
trospium oral capsule,extended release 24hr	2	
trospium oral tablet	1	
VESICARE	3	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin	1	
AVODART	3	
dutasteride	1	
dutasteride-tamsulosin	2	
ENTADFI	CED	PA; QL (1 per 1 day)
finasteride oral tablet 5 mg	1	
JALYN	3	
PROSCAR	3	
silodosin	2	
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; QL (1 per 1 day)
tamsulosin	1	
UROXATRAL	3	
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	SP; LA
ELMIRON	3	
K-PHOS NO 2	3	
OXLUMO	4	PA; SP
potassium citrate oral tablet extended release	1	
PROCYSBI	4	PA; SP
RIVFLOZA	4	PA; SP; QL (1 per 28 days)
UROCIT-K 10	3	
UROCIT-K 15	3	
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
AURYXIA	3	PA; 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
calcium acetate(phosphat bind)	1	QL (12 per 1 day)
effer-k oral tablet, effervescent 25 meq	1	
ferric citrate	2	ST; QL (12 per 1 day)
FOSRENOL ORAL POWDER IN PACKET	CED	PA; QL (3 per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; QL (3 per 1 day)
GALZIN	4	SP; QL (3 per 1 day)
kionex oral suspension	2	
klor-con	CED	PA
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
lanthanum	2	ST; QL (3 per 1 day)
LOKELMA	3	PA; QL (3 per 1 day)
POKONZA ORAL LIQUID	CED	PA; QL (15 per 1 day)
POKONZA ORAL PACKET	CED	PA; QL (1 per 1 day)
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	1	
potassium chloride oral packet 20 meq	CED	PA
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	CED	PA
potassium chloride oral tablet,er particles/crystals	1	
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	CED	PA; QL (17 per 1 day)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	CED	PA; QL (5 per 1 day)
RENVELA ORAL TABLET	3	QL (17 per 1 day)
sevelamer carbonate oral powder in packet 0.8 gram	CED	PA; QL (17 per 1 day)
sevelamer carbonate oral powder in packet 2.4 gram	CED	PA; QL (5 per 1 day)
sevelamer carbonate oral tablet	1	QL (17 per 1 day)
sevelamer hcl oral tablet 400 mg	CED	PA; QL (32 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
sevelamer hcl oral tablet 800 mg	CED	PA; QL (16 per 1 day)
sodium polystyrene sulfonate oral powder	1	
sodium polystyrene sulfonate oral suspension	2	
sps (with sorbitol)	2	
VELPHORO	3	ST; QL (6 per 1 day)
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)
XPHOZAH	3	PA; QL (2 per 1 day)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA	4	PA; SP; LA; QL (4 per 1 day)
DOJOLVI	4	PA; SP; LA
VITAMINS & HEMATINICS		
b complex 1 (with folic acid)	9	ACA; OTC
b complex-vitamin c-folic acid oral tablet	9	ACA; OTC
bal-care dha	1	
b-complex with vitamin c oral tablet 400-500 mcg-mg	9	ACA; OTC
classic prenatal	9	ACA; OTC
complete natal dha	1	
cyanocobalamin (vitamin b-12) injection	1	
dialyvite 800 oral tablet	9	ACA; OTC
elite-ob	1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
flotrex	9	ACA; OTC
fluoride (sodium) oral drops	9	ACA; OTC
fluoride (sodium) oral tablet,chewable	9	ACA; OTC
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	9	ACA; OTC
folitab	9	ACA; OTC
folivane-ob	1	
foltabs 800	9	ACA; OTC
full spectrum b-vitamin c	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
kobee	9	ACA; OTC
ludent fluoride	9	ACA; OTC
m-natal plus	1	
multi-vitamin with fluoride	9	ACA; OTC
multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride	9	ACA; OTC
mvc-fluoride	9	ACA; OTC
mynatal	1	
mynatal plus	1	
mynatal-z	1	
nephro vitamins	9	ACA; OTC
newgen	1	
pnv-dha	1	
pnv-omega	1	
pnv-select	1	
pr natal 400	1	
pr natal 400 ec	1	
pr natal 430	1	
pr natal 430 ec	1	
prenatabs fa	1	
prenatabs rx	1	
prenatal complete	9	ACA; OTC
prenatal multi-dha (algal oil)	9	ACA; OTC
prenatal multivitamins	9	ACA; OTC
prenatal one daily	9	ACA; OTC
prenatal oral tablet 28 mg iron- 800 mcg	9	ACA; OTC
prenatal plus	1	
prenatal plus (calcium carb)	1	
prenatal vit no.179-iron-folic	9	ACA; OTC
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	9	ACA; OTC
prenatal vitamin with minerals	9	ACA; OTC
prenatal-u	1	
purevita folic acid oral tablet	9	ACA; OTC
renal vitamin	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
renal-vite	9	ACA; OTC
rena-vite	9	ACA; OTC
soluvita a,c,d with fluoride	9	ACA; OTC
stress formula with iron(sulf)	9	ACA; OTC
super b-50 complex	9	ACA; OTC
super quints	9	ACA; OTC
taron-c dha	1	
tricon	9	ACA; OTC
trinatal rx 1	1	
trinate	1	
tri-vitamin with fluoride	9	ACA; OTC
westab plus	1	
zatean-pn dha	1	
zatean-pn plus	1	

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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 quí vị cần thông dịch viên xin gọi 1-800-882-8633 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. 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ございます。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。

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