



**SENTARA HEALTH SMALL GROUP PLANS
STANDARD FORMULARY
PRESCRIPTION DRUG FORMULARY**

(October - December 2024)

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

This formulary was updated on 10/01/2024

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

2: Non-Preferred Generic - Preferred Brand

3: Non-Preferred Brand

4: Specialty Drugs

9: Zero Cost Share Preventative Drugs

ACA: Affordable Care Act.

CGM: Continuous Glucose Monitor

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

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

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

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

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		
BREXAFEMME	3	PA
<i>clotrimazole mucous membrane</i>	1	QL (5 per 1 day)
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	QL (40 per 1 day)
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	1	QL (10 per 1 day)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	1	QL (4 per 1 day)
<i>fluconazole oral tablet 150 mg</i>	1	QL (4 per 30 days)
<i>fluconazole oral tablet 50 mg</i>	1	QL (8 per 1 day)
<i>flucytosine</i>	2	PA
<i>griseofulvin microsize oral suspension</i>	1	QL (40 per 1 day)
<i>griseofulvin microsize oral tablet</i>	1	QL (2 per 1 day)
<i>griseofulvin ultramicrosize</i>	1	QL (3 per 1 day)
<i>itraconazole oral capsule</i>	2	QL (4 per 1 day)
<i>ketoconazole oral</i>	1	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA; QL (1 per 1 day)
<i>nystatin oral suspension</i>	1	QL (24 per 1 day)
<i>nystatin oral tablet</i>	1	QL (6 per 1 day)
<i>posaconazole oral suspension</i>	2	PA; QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	2	PA; QL (8 per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
VIVJOA	3	
<i>voriconazole oral tablet 200 mg</i>	2	QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	2	QL (4 per 1 day)
ANTIVIRALS		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	2	
<i>acyclovir oral capsule</i>	1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	4	PA; QL (1 per 1 day)
<i>amantadine hcl</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
APRETUDE	4	ACA; QL (3 per 30 days)
APTIVUS	4	
<i>atazanavir</i>	2	
BARACLUDE ORAL SOLUTION	4	QL (20 per 1 day)
BIKTARVY	4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	PA; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	PA; QL (6 per 28 days)
CIMDUO	4	
COMPLERA	4	
<i>darunavir</i>	4	
DELSTRIGO	4	
DESCOVY	4	ACA
DOVATO	4	QL (1 per 1 day)
EDURANT	4	
<i>efavirenz</i>	2	
<i>efavirenz-emtricitabin-tenofovir</i>	4	
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	1	
<i>emtricitabine</i>	2	
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	ACA
EMTRIVA ORAL SOLUTION	4	
<i>entecavir</i>	4	QL (1 per 1 day)
EPCLUSA	4	PA; QL (1 per 1 day)
<i>etravirine</i>	4	
EVOTAZ	4	
<i>famciclovir</i>	1	
<i>fosamprenavir</i>	2	
FUZEON SUBCUTANEOUS RECON SOLN	4	
GENVOYA	4	
HARVONI	4	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
INTELENCE ORAL TABLET 25 MG	4	
ISENTRESS	4	
ISENTRESS HD	4	
JULUCA	4	
LAGEVRIO (EUA)	3	8 caps per day; 80 caps in 365 days
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 100 mg</i>	4	QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine</i>	2	
LEDIPASVIR-SOFOSBUVIR	4	PA
LIVTENCITY	4	PA; QL (4 per 1 day)
<i>lopinavir-ritonavir oral solution</i>	2	
<i>lopinavir-ritonavir oral tablet</i>	4	
<i>maraviroc</i>	4	
MAVYRET ORAL PELLETS IN PACKET	4	PA; QL (6 per 1 day)
MAVYRET ORAL TABLET	4	PA; QL (3 per 1 day)
<i>nevirapine</i>	2	
NORVIR ORAL POWDER IN PACKET	4	
ODEFSEY	4	
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	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	
PREVYMIS ORAL	4	PA; QL (1 per 1 day)
PREZCOBIX	4	
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 75 MG	4	
RELENZA DISKHALER	3	QL (20 per 180 days)
REYATAZ ORAL POWDER IN PACKET	4	
<i>ribavirin inhalation</i>	4	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	4	PA; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
SELZENTRY ORAL SOLUTION	4	
SOFOSBUVIR-VELPATASVIR	4	PA; QL (1 per 1 day)
SOVALDI	4	PA
STRIBILD	4	
SUNLENCA ORAL	4	PA; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	4	PA; QL (3 per 126 days)
SYMTUZA	4	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML	4	PA; LA; QL (1 per 28 days)
SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
<i>tenofovir disoproxil fumarate</i>	2	QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD	4	QL (6 per 1 day)
TRIUMEQ	4	
TRIUMEQ PD	4	
TYBOST	4	
<i>valacyclovir</i>	1	
<i>valganciclovir oral recon soln</i>	4	PA for Age greater than or equal to 9 year(s)
<i>valganciclovir oral tablet</i>	4	
VEMLIDY	4	PA; QL (1 per 1 day)
VIRACEPT ORAL TABLET	4	
VIREAD ORAL POWDER	4	QL (8 per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	QL (1 per 1 day)
VOSEVI	4	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per 183 days)
ZEPATIER	4	PA
<i>zidovudine</i>	1	
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	2	
<i>cefadroxil oral capsule</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime</i>	2	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral capsule 750 mg</i>	2	
<i>cephalexin oral suspension for reconstitution</i>	1	
ERYTHROMYCINS & OTHER MACROLIDES		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 mL per fill
DIFICID ORAL TABLET	3	PA; 20 tabs per fill
<i>e.e.s. 400 oral tablet</i>	1	
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	2	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	2	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	2	PA for Age greater than or equal to 9 year(s)
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	1	
<i>erythromycin oral tablet</i>	2	
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	2	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	2	4 tabs per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (180 per 1 day)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	4	PA; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	2	
<i>atovaquone-proguanil</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
BENZNIDAZOLE	3	PA
CAYSTON	4	LA
<i>chloroquine phosphate</i>	1	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	3	
CYCLOSERINE	2	
<i>dapsone oral</i>	1	
EMVERM	3	PA; 2 tabs per fill
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
IMPAVIDO	3	
<i>isoniazid oral</i>	1	
<i>ivermectin oral</i>	1	PA; QL (20 per 90 days)
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
<i>linezolid</i>	1	
<i>mefloquine</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	4	
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	4	
<i>metronidazole oral tablet</i>	1	
<i>neomycin</i>	1	
<i>nitazoxanide</i>	2	PA; QL (6 per 1 day)
<i>paromomycin</i>	1	
PASER	3	
<i>pentamidine inhalation</i>	2	
<i>praziquantel</i>	2	
PRETOMANID	3	PA; QL (1 per 1 day)
PRIFTIN	3	
<i>primaquine</i>	1	
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA; QL (3 per 1 day)
<i>quinine sulfate</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
<i>rifabutin</i>	2	
<i>rifampin oral</i>	1	
SIVEXTRO ORAL	4	
<i>tinidazole</i>	1	
TOBI PODHALER	4	ST
<i>tobramycin in 0.225 % nacl</i>	4	
<i>tobramycin inhalation</i>	4	
TOBRAMYCIN WITH NEBULIZER	4	
TRECTOR	3	
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (42 per 120 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
QUINOLONES		
BAXDELA ORAL	3	
<i>ciprofloxacin hcl oral</i>	1	
<i>levofloxacin oral solution</i>	2	
<i>levofloxacin oral tablet</i>	1	
<i>moxifloxacin oral</i>	2	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
SULFA'S & RELATED AGENTS		
<i>sulfadiazine</i>	2	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
TETRACYCLINES		
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
<i>doxycycline hyclate oral capsule</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral capsule</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	
URINARY TRACT AGENTS		
<i>fosfomicin tromethamine</i>	2	
<i>methenamine hippurate</i>	2	
<i>methenamine mandelate</i>	2	QL (4 per 1 day)
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	2	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	2	
<i>trimethoprim</i>	1	
VANCOMYCIN		
<i>vancomycin oral capsule</i>	2	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg</i>	2	
<i>leucovorin calcium oral tablet 5 mg</i>	1	
MESNEX ORAL	4	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (4 per 1 day)
AKEEGA	4	PA; QL (2 per 1 day)
ALECENSA	4	PA; QL (8 per 1 day)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (1 per 1 day)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 365 days)
<i>anastrozole</i>	1	ACA
AUGTYRO	4	PA; QL (8 per 1 day)
AYVAKIT	4	PA; LA; QL (1 per 1 day)
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	4	PA; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	4	PA; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	4	PA; LA; QL (1 per 1 day)
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	4	PA; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (1 per 1 day)
BRAFTOVI	4	PA; LA; QL (6 per 1 day)
BRUKINSA	4	PA; LA; QL (4 per 1 day)
CABOMETYX	4	PA; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (2 per 1 day)
<i>capecitabine oral tablet 150 mg</i>	4	PA; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	4	PA; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (1 per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 per 28 days)
COPIKTRA	4	PA; LA; QL (2 per 1 day)
COTELLIC	4	PA; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	4	
CYCLOPHOSPHAMIDE ORAL TABLET	4	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DAURISMO ORAL TABLET 100 MG	4	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
DAURISMO ORAL TABLET 25 MG	4	PA; QL (2 per 1 day)
DROXIA	2	
ELIGARD	4	PA; QL (1 per 28 days)
ELIGARD (3 MONTH)	4	PA; QL (1 per 63 days)
ELIGARD (4 MONTH)	4	PA; QL (1 per 112 days)
ELIGARD (6 MONTH)	4	PA; QL (1 per 126 days)
ENSPRYNG	4	PA; QL (1 per 28 days)
ERIVEDGE	4	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 240 MG	4	PA; QL (1 per 1 day)
ERLEADA ORAL TABLET 60 MG	4	PA; QL (4 per 1 day)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	4	PA; QL (3 per 1 day)
<i>etoposide oral</i>	4	
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA
<i>everolimus (immunosuppressive)</i>	4	
<i>exemestane</i>	1	ACA
FENSOLVI	4	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; QL (1 per 30 days)
FOTIVDA	4	PA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days)
GAVRETO	4	PA; LA; QL (4 per 1 day)
<i>gefitinib</i>	4	PA; QL (1 per 1 day)
<i>gengraf</i>	1	
GILOTRIF	4	PA; QL (1 per 1 day)
GLEOSTINE	4	
HYCAMTIN ORAL	4	
<i>hydroxyurea</i>	1	
IBRANCE	4	PA; QL (1 per 1 day)
ICLUSIG	4	PA; QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
IDHIFA	4	PA; LA; QL (1 per 1 day)
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	4	
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (1 per 1 day)
INLYTA ORAL TABLET 1 MG	4	PA; QL (6 per 1 day)
INLYTA ORAL TABLET 5 MG	4	PA; QL (4 per 1 day)
INQOVI	4	PA; QL (5 per 28 days)
INREBIC	4	PA; LA; QL (4 per 1 day)
IWILFIN	4	PA; LA; QL (8 per 1 day)
JAKAFI	4	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 100 MG	4	PA; QL (2 per 1 day)
JAYPIRCA ORAL TABLET 50 MG	4	PA; QL (1 per 1 day)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (21 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; QL (42 per 30 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; QL (63 per 30 days)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	4	PA; QL (4 per 1 day)
KRAZATI	4	PA; QL (6 per 1 day)
<i>lapatinib</i>	4	PA; QL (6 per 1 day)
<i>lenalidomide</i>	4	PA; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 per 30 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; QL (60 per 30 days)
<i>letrozole</i>	1	
LEUKERAN	4	

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Drug Name	Drug Tier	Requirements / Limits
LEUPROLIDE (3 MONTH)	4	PA; QL (1 per 63 days)
<i>leuprolide subcutaneous kit</i>	4	QL (2 per 28 days)
LONSURF ORAL TABLET 15-6.14 MG	4	PA; QL (6 per 1 day)
LONSURF ORAL TABLET 20-8.19 MG	4	PA; QL (8 per 1 day)
LORBRENA ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
LORBRENA ORAL TABLET 25 MG	4	PA; QL (3 per 1 day)
LUMAKRAS ORAL TABLET 120 MG	4	PA; QL (4 per 1 day)
LUMAKRAS ORAL TABLET 320 MG	4	PA; QL (3 per 1 day)
LUPKYNIS	4	PA; QL (6 per 1 day)
LUPRON DEPOT	4	PA; QL (1 per 28 days)
LUPRON DEPOT (3 MONTH)	4	PA; QL (1 per 63 days)
LUPRON DEPOT (4 MONTH)	4	PA; QL (1 per 84 days)
LUPRON DEPOT (6 MONTH)	4	PA; QL (1 per 126 days)
LUPRON DEPOT-PED (3 MONTH)	4	PA; QL (1 per 63 days)
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; QL (1 per 28 days)
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; QL (1 per 126 days)
LYNPARZA	4	PA; QL (4 per 1 day)
LYSODREN	4	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; 4 packs per 28 days; LA
MATULANE	4	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	PA; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (1 per 1 day)
MEKTOVI	4	PA; LA; QL (6 per 1 day)
<i>mercaptopurine</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MYCAPSSA	4	PA; LA; QL (4 per 1 day)
<i>mycophenolate mofetil oral capsule</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	2	
<i>mycophenolate mofetil oral tablet</i>	1	
<i>mycophenolate sodium</i>	1	
MYHIBBIN	4	
MYLERAN	4	
NERLYNX	4	PA; LA; QL (6 per 1 day)
<i>nilutamide</i>	1	QL (1 per 1 day)
NINLARO	4	PA; QL (3 per 30 days)
NUBEQA	4	PA; LA; QL (4 per 1 day)
ODOMZO	4	PA; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (2 per 1 day)
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (6 per 1 day)
OJEMDA	4	
OJJAARA	4	PA; QL (1 per 1 day)
ONIVYDE	4	
ONUREG	4	PA; QL (14 per 28 days)
ORGOVYX	4	PA; LA; QL (1 per 1 day)
ORSERDU ORAL TABLET 345 MG	4	PA; QL (1 per 1 day)
ORSERDU ORAL TABLET 86 MG	4	PA; QL (3 per 1 day)
<i>pazopanib</i>	4	PA; QL (4 per 1 day)
PEMAZYRE	4	PA; LA; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 30 days)
PIQRAY ORAL TABLET 300 MG/DAY (150 MG X 2)	4	PA; QL (56 per 28 days)
POMALYST	4	PA; LA; QL (1 per 1 day)
QINLOCK	4	PA; LA; QL (3 per 1 day)
RETEVMO ORAL CAPSULE 40 MG	4	PA; LA; QL (6 per 1 day)
RETEVMO ORAL CAPSULE 80 MG	4	PA; LA; QL (4 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	4	PA; QL (3 per 1 day)
REVLIMID	4	PA; LA; 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
REZLIDHIA	4	PA; QL (2 per 1 day)
REZUROCK	4	PA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; LA; QL (1 per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; LA; QL (3 per 1 day)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; LA; QL (12 per 1 day)
RUBRACA	4	PA; LA; QL (4 per 1 day)
RYDAPT	4	PA; QL (8 per 1 day)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	PA
SCSEMBLIX ORAL TABLET 100 MG	4	PA; QL (4 per 1 day)
SCSEMBLIX ORAL TABLET 20 MG	4	PA; QL (2 per 1 day)
SCSEMBLIX ORAL TABLET 40 MG	4	PA; QL (10 per 1 day)
SIGNIFOR	4	PA
<i>sirolimus</i>	2	
SOLTAMOX	3	
<i>sorafenib</i>	4	PA; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	4	PA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	4	PA; QL (3 per 1 day)
STIVARGA	4	PA; QL (84 per 30 days)
<i>sunitinib malate</i>	4	PA; QL (1 per 1 day)
SUPPRELIN LA	4	PA; QL (1 per 365 days)
TABLOID	4	
TABRECTA	4	PA; QL (4 per 1 day)
<i>tacrolimus oral capsule</i>	1	
TAFINLAR ORAL CAPSULE	4	PA; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; QL (30 per 1 day)
TAGRISSE	4	PA; LA; QL (1 per 1 day)
TALZENNA	4	PA; QL (1 per 1 day)
<i>tamoxifen</i>	1	ACA
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; QL (4 per 1 day)
TASIGNA ORAL CAPSULE 50 MG	4	PA; QL (2 per 1 day)
TAZVERIK	4	PA; LA; QL (8 per 1 day)
<i>temozolomide</i>	4	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
TEPMETKO	4	PA; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	QL (1 per 1 day)
TIBSOVO	4	PA; QL (2 per 1 day)
<i>toremifene</i>	2	QL (1 per 1 day)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG	4	PA; QL (1 per 63 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG	4	PA; QL (1 per 126 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 3.75 MG	4	PA; QL (1 per 28 days)
<i>tretinoin (antineoplastic)</i>	4	
TRIPTODUR	4	PA; QL (1 per 126 days)
TRUQAP	4	PA; QL (64 per 28 days)
TUKYSA	4	PA; LA; QL (4 per 1 day)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (4 per 1 day)
VANFLYTA	4	PA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	4	PA; QL (42 per 365 days)
VERZENIO	4	PA; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	4	QL (1 per 1 day)
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; QL (1 per 1 day)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; QL (56 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	4	PA; LA; QL (2 per 1 day)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; LA; QL (6 per 1 day)
VITRAKVI ORAL SOLUTION	4	PA; LA; QL (10 per 1 day)
VIZIMPRO	4	PA; QL (1 per 1 day)
VONJO	4	PA; QL (4 per 1 day)
VOTRIENT	4	PA; QL (4 per 1 day)
WELIREG	4	PA; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	4	PA; QL (4 per 1 day)
XALKORI ORAL PELLETT 150 MG	4	PA; QL (6 per 1 day)
XALKORI ORAL PELLETT 20 MG, 50 MG	4	PA; 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
XOSPATA	4	PA; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2)	4	PA; LA; QL (8 per 30 days)
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (40 MG X 2)	4	PA; LA; QL (4 per 30 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 40 MG	4	PA; QL (4 per 1 day)
XTANDI ORAL TABLET 80 MG	4	PA; QL (2 per 1 day)
YONDELIS	4	
YONSA	4	PA; QL (4 per 1 day)
ZEJULA ORAL TABLET	4	PA; LA; QL (1 per 1 day)
ZELBORAF	4	PA; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	PA; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA; QL (1 per 28 days)
ZOLINZA	4	PA; QL (4 per 1 day)
ZYDELIG	4	PA; QL (2 per 1 day)
ZYKADIA	4	PA; QL (3 per 1 day)

AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH

ANTICONVULSANTS

APTIOM	3	PA
BRIVIACT ORAL	3	PA
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable</i>	1	
<i>clobazam oral suspension</i>	2	PA
<i>clobazam oral tablet</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>clonazepam oral tablet</i>	1	
<i>clonazepam oral tablet, disintegrating</i>	2	
DIACOMIT ORAL CAPSULE 250 MG	4	PA; QL (12 per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	4	PA; QL (6 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 250 MG	4	PA; QL (12 per 1 day)
DIACOMIT ORAL POWDER IN PACKET 500 MG	4	PA; QL (6 per 1 day)
<i>diazepam rectal</i>	1	
DILANTIN	2	
<i>divalproex</i>	1	
EPIDIOLEX	4	PA; LA
<i>epitol</i>	1	
EQUETRO	3	PA
<i>ethosuximide</i>	1	
<i>felbamate</i>	2	
FINTEPLA	4	PA; LA; QL (12 per 1 day)
FYCOMPA	3	PA
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>lacosamide oral</i>	2	PA
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet extended release 24hr</i>	2	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral</i>	1	
LIBERVANT	3	
<i>methsuximide</i>	2	
NAYZILAM	3	PA; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	
OXTELLAR XR	3	
<i>phenobarbital</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	2	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide</i>	2	PA
<i>subvenite</i>	1	
<i>tiagabine</i>	2	
<i>topiramate oral capsule, sprinkle</i>	1	
<i>topiramate oral tablet</i>	1	
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	PA; QL (10 per 30 days)
<i>vigabatrin</i>	4	PA; LA
<i>vigadrone oral powder in packet</i>	4	PA
<i>vigpoder</i>	4	PA
XCOPRI MAINTENANCE PACK	3	QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	3	QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	QL (2 per 1 day)
XCOPRI TITRATION PACK	3	1 tab per day; 28 tabs in 365 days
<i>zonisamide</i>	1	
ZTALMY	3	LA
ANTIPARKINSONISM AGENTS		
<i>apomorphine</i>	4	PA; QL (3 per 1 day)
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	2	
<i>carbidopa-levodopa</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
<i>entacapone</i>	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	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
NEUPRO	3	ST
NOURIANZ	3	PA; LA; QL (1 per 1 day)
ONGENTYS	3	QL (1 per 1 day)
<i>pramipexole oral tablet</i>	1	
<i>rasagiline</i>	2	
<i>ropinirole oral tablet</i>	1	
<i>ropinirole oral tablet extended release 24 hr</i>	2	
<i>selegiline hcl</i>	1	
<i>tolcapone</i>	2	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
XADAGO	3	ST
MIGRAINE & CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	2	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	2	PA; QL (8 per 30 days)
<i>dihydroergotamine nasal</i>	2	QL (8 per 28 days)
<i>eletriptan</i>	2	QL (12 per 30 days)
EMGALITY PEN	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; QL (1 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; QL (3 per 30 days)
ERGOMAR	3	QL (20 per 28 days)
<i>ergotamine-caffeine</i>	2	
<i>frovatriptan</i>	2	QL (12 per 30 days)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	2	PA; QL (8 per 30 days)
QULIPTA	2	PA; QL (1 per 1 day)
REYVOW	3	PA; QL (4 per 30 days)
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; QL (1 per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	2	ST; QL (12 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO	2	PA; LA; QL (4 per 1 day)
AUSTEDO XR	2	PA; 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; QL (28 per 365 days)
<i>dalfampridine</i>	4	QL (2 per 1 day)
DAYBUE	4	PA; QL (120 per 1 day)
<i>dichlorphenamide</i>	4	QL (4 per 1 day)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	
<i>donepezil oral tablet 23 mg</i>	2	
<i>donepezil oral tablet,disintegrating</i>	1	
EVRYSDI	4	PA; LA; QL (6.7 per 1 day)
FIRDAPSE	4	PA; LA; QL (8 per 1 day)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	2	
<i>galantamine oral tablet</i>	2	
INGREZZA	2	PA; LA; QL (1 per 1 day)
INGREZZA INITIATION PK(TARDIV)	2	PA; QL (28 per 365 days)
INGREZZA SPRINKLE	2	PA; LA; QL (1 per 1 day)
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
NUEDEXTA	4	PA; QL (2 per 1 day)
NULIBRY	4	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
RADICAVA ORS STARTER KIT SUSP	4	PA
RELYVRIO	4	PA; QL (2 per 1 day)
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	4	PA; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (4 per 1 day)
WAINUA	4	PA; QL (1 per 28 days)
ZEPOSIA	4	PA; QL (1 per 1 day)
ZEPOSIA STARTER KIT (28-DAY)	4	PA; QL (28 per 365 days)
ZEPOSIA STARTER PACK (7-DAY)	4	PA; QL (7 per 365 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY		
<i>atracurium</i>	4	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet</i>	1	
<i>dantrolene oral</i>	1	
<i>meprobamate</i>	1	
<i>metaxalone oral tablet 800 mg</i>	2	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>neostigmine methylsulfate intravenous syringe 3 mg/3 ml (1 mg/ml), 5 mg/5 ml (1 mg/ml)</i>	4	
<i>orphenadrine citrate oral</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>tizanidine oral capsule</i>	2	
<i>tizanidine oral tablet</i>	1	
ZILBRYSQ	4	PA; LA; QL (1 per 1 day)
NARCOTIC ANALGESICS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	PA; QL (150 per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	PA; QL (12 per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	PA; QL (6 per 1 day)
<i>ascomp with codeine</i>	1	PA; QL (6 per 1 day)
BELBUCA	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; QL (0.36 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 16 MG/0.32 ML	4	PA; QL (1.28 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 24 MG/0.48 ML	4	PA; QL (1.92 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 32 MG/0.64 ML	4	PA; QL (2.56 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 64 MG/0.18 ML	4	PA; QL (0.18 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 8 MG/0.16 ML	4	PA; QL (0.64 per 28 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 96 MG/0.27 ML	4	PA; QL (0.27 per 28 days)
<i>buprenorphine</i>	2	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA; QL (6 per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
<i>codeine sulfate oral tablet 15 mg</i>	1	PA; QL (24 per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	PA; QL (12 per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	PA; QL (6 per 1 day)
<i>codeine-bitalbital-asa-caff</i>	1	PA; QL (6 per 1 day)
<i>diskets</i>	1	PA
<i>endocet oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	PA; 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
<i>fentanyl citrate buccal lozenge on a handle</i>	1	PA; QL (4 per 1 day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; QL (10 per 30 days)
FENTORA	3	PA; QL (4 per 1 day)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	PA; QL (2 per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	PA; QL (180 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	PA; QL (9 per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg</i>	2	PA; QL (5 per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral liquid</i>	1	PA; QL (22 per 1 day)
<i>hydromorphone oral tablet 2 mg</i>	1	PA; QL (11 per 1 day)
<i>hydromorphone oral tablet 4 mg</i>	1	PA; QL (5 per 1 day)
<i>hydromorphone oral tablet 8 mg</i>	1	PA; QL (2 per 1 day)
<i>hydromorphone oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>hydromorphone rectal</i>	1	PA; QL (4 per 1 day)
<i>meperidine oral solution</i>	1	PA; QL (90 per 1 day)
<i>meperidine oral tablet 50 mg</i>	1	PA; QL (18 per 1 day)
<i>methadone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; QL (15 per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; QL (30 per 1 day)
<i>methadone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>methadone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>methadone oral tablet,soluble</i>	1	PA
<i>methadose oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>methadose oral tablet,soluble</i>	1	PA
<i>morphine concentrate oral solution</i>	1	PA; QL (4 per 1 day)
<i>morphine oral solution 10 mg/5 ml</i>	1	PA; QL (45 per 1 day)
<i>morphine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	PA; QL (22 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>morphine oral tablet 15 mg</i>	1	PA; QL (6 per 1 day)
<i>morphine oral tablet 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; QL (2 per 1 day)
<i>morphine oral tablet extended release 15 mg, 30 mg</i>	1	PA; QL (3 per 1 day)
<i>morphine rectal suppository 10 mg, 5 mg</i>	2	PA; QL (6 per 1 day)
<i>morphine rectal suppository 20 mg</i>	2	PA; QL (4 per 1 day)
<i>morphine rectal suppository 30 mg</i>	2	PA; QL (3 per 1 day)
<i>oxycodone oral capsule</i>	1	PA; QL (12 per 1 day)
<i>oxycodone oral concentrate</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral solution</i>	1	PA; QL (60 per 1 day)
<i>oxycodone oral tablet 10 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone oral tablet 15 mg</i>	1	PA; QL (4 per 1 day)
<i>oxycodone oral tablet 20 mg</i>	1	PA; QL (3 per 1 day)
<i>oxycodone oral tablet 30 mg</i>	1	PA; QL (2 per 1 day)
<i>oxycodone oral tablet 5 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	PA; QL (6 per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	1	PA; QL (12 per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	PA; QL (8 per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR	2	PA; QL (2 per 1 day)
<i>oxymorphone oral tablet 10 mg</i>	1	PA; QL (3 per 1 day)
<i>oxymorphone oral tablet 5 mg</i>	1	PA; QL (6 per 1 day)
<i>oxymorphone oral tablet extended release 12 hr</i>	2	PA; QL (2 per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 300 MG/1.5 ML	4	PA; QL (1.5 per 28 days)
<i>tencon</i>	1	QL (6 per 1 day)
XTAMPZA ER	3	PA; QL (2 per 1 day)
NON-NARCOTIC ANALGESICS		
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	2	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	2	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA; QL (5 per 30 days)
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	QL (2 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	2	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical drops</i>	1	QL (300 per 30 days)
<i>diclofenac-misoprostol</i>	2	PA; QL (4 per 1 day)
<i>diflunisal</i>	2	QL (3 per 1 day)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	2	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	2	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	2	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	2	QL (1 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	2	PA; QL (4 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill
<i>mefenamic acid</i>	2	PA; 29 caps per fill
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naloxone nasal</i>	2	2 sprays per fill
<i>naltrexone</i>	1	
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	
NUCYNTA	3	PA; QL (4 per 1 day)
NUCYNTA ER	3	PA; QL (2 per 1 day)
OPVEE	3	2 units per fill
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	2	PA; QL (4 per 1 day)
<i>piroxicam</i>	1	QL (1 per 1 day)
REXTOVY	3	2 sprays per fill
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>sulindac</i>	1	QL (2 per 1 day)
<i>tramadol oral tablet 50 mg</i>	1	PA; QL (8 per 1 day)
<i>tramadol oral tablet extended release 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol oral tablet, er multiphase 24 hr</i>	2	PA; QL (1 per 1 day)
<i>tramadol-acetaminophen</i>	1	PA; QL (8 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
VIVITROL	4	
ZIMHI	3	2 syringes per fill
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
ADDERALL XR	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
ADDYI	3	PA; QL (1 per 1 day)
<i>alprazolam</i>	1	
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	2	
<i>amoxapine</i>	1	
<i>aripiprazole oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
ARISTADA INITIO	2	PA for Age less than or equal to 17 year(s); QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA for Age less than or equal to 17 year(s); QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for Age less than or equal to 17 year(s); QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for Age less than or equal to 17 year(s); QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA for Age less than or equal to 17 year(s); QL (3.2 per 28 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	2	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	2	QL (2 per 1 day)
<i>asenapine maleate</i>	2	PA; QL (2 per 1 day)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
BELSOMRA	3	ST; QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>bupirone</i>	1	
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>citalopram oral solution</i>	2	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	2	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet 100 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>desipramine</i>	2	
<i>desvenlafaxine succinate</i>	2	QL (1 per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
<i>diazepam intensol</i>	2	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
<i>ergoloid</i>	2	
<i>escitalopram oxalate oral solution</i>	2	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	
<i>eszopiclone</i>	1	QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral solution</i>	2	QL (20 per 1 day)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	2	QL (1 per 1 day)
<i>fluphenazine decanoate</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	2	PA for Age less than or equal to 17 year(s); QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	2	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	2	PA for Age less than or equal to 17 year(s); QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	2	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
FOCALIN	3	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
FOCALIN XR	3	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>guanfacine oral tablet extended release 24 hr</i>	1	
<i>haloperidol decanoate</i>	2	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate injection</i>	1	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate intramuscular</i>	1	PA for Age less than or equal to 17 year(s)
<i>haloperidol lactate oral</i>	1	PA for Age less than or equal to 17 year(s); QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (1.5 per 1 day)
HETLIOZ LQ	4	PA
<i>imipramine hcl</i>	1	
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	2	PA for Age less than or equal to 17 year(s); QL (3.5 per 135 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	2	PA for Age less than or equal to 17 year(s); QL (5 per 135 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for Age less than or equal to 17 year(s); QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for Age less than or equal to 17 year(s); QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for Age less than or equal to 17 year(s); QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for Age less than or equal to 17 year(s); QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for Age less than or equal to 17 year(s); QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for Age less than or equal to 17 year(s); QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for Age less than or equal to 17 year(s); QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for Age less than or equal to 17 year(s); QL (2.63 per 63 days)
<i>lisdexamfetamine</i>	1	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>lithium carbonate</i>	1	
<i>lithium citrate</i>	1	
<i>lorazepam intensol</i>	2	
<i>lorazepam oral concentrate</i>	2	
<i>lorazepam oral tablet</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (5 per 1 day)
LUMRYZ	4	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	PA; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	2	PA; QL (2 per 1 day)
MARPLAN	3	PA
<i>methamphetamine</i>	2	PA for Age greater than or equal to 19 year(s); QL (5 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	2	PA for Age greater than or equal to 19 year(s); QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	2	PA for Age greater than or equal to 19 year(s); QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	2	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
MIDAZOLAM ORAL SYRUP 10 MG/5 ML (2 MG/ML)	1	
<i>midazolam oral syrup 2 mg/ml</i>	1	
<i>mirtazapine</i>	1	QL (1 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>modafinil</i>	2	QL (1 per 1 day)
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	2	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	2	QL (3 per 1 day)
<i>nortriptyline oral capsule</i>	1	
<i>nortriptyline oral solution</i>	2	
NUPLAZID	4	PA; QL (1 per 1 day)
<i>olanzapine oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>olanzapine-fluoxetine</i>	2	PA for Age less than or equal to 17 year(s)
<i>oxazepam</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	2	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	2	PA; QL (2 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	1	QL (1.5 per 1 day)
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
<i>perphenazine oral tablet 16 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	2	PA for Age less than or equal to 17 year(s)
PERSERIS	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	QL (5 per 1 day)
<i>protriptyline</i>	2	
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA; QL (2 per 1 day)
QUAZEPAM	2	ST
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>ramelteon</i>	2	ST; QL (1 per 1 day)
REXULTI ORAL TABLET	3	PA; QL (1 per 1 day)
<i>risperidone microspheres</i>	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>risperidone oral solution</i>	1	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>risperidone oral tablet</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
RYKINDO	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
<i>sertraline oral concentrate</i>	1	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
SODIUM OXYBATE	4	PA; LA; QL (18 per 1 day)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2)	4	PA; QL (8 per 28 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 84 MG (28 MG X 3)	4	PA; QL (12 per 28 days)
SUNOSI	3	PA; QL (1 per 1 day)
<i>tasimelteon</i>	4	PA; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (3 per 1 day)
<i>thiothixene oral capsule 10 mg</i>	2	PA for Age less than or equal to 17 year(s); QL (6 per 1 day)
<i>tranylcypromine</i>	2	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	2	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	1	PA for Age less than or equal to 17 year(s); QL (4 per 1 day)
<i>trimipramine</i>	2	
TRINTELLIX	3	ST; QL (1 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	2	PA for Age less than or equal to 17 year(s); QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	2	PA for Age less than or equal to 17 year(s); QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	2	PA for Age less than or equal to 17 year(s); QL (0.42 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	2	PA for Age less than or equal to 17 year(s); QL (0.56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	PA for Age less than or equal to 17 year(s); QL (0.7 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	2	PA for Age less than or equal to 17 year(s); QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	2	PA for Age less than or equal to 17 year(s); QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
<i>vilazodone</i>	2	ST; QL (1 per 1 day)
VYVANSE	2	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
WAKIX	4	PA; LA; QL (2 per 1 day)
XYWAV	4	PA; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for Age greater than or equal to 19 year(s); QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>ziprasidone hcl</i>	1	PA for Age less than or equal to 17 year(s); QL (2 per 1 day)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	2	QL (1 per 1 day)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; QL (14 per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	2	PA for Age less than or equal to 17 year(s); QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	2	PA for Age less than or equal to 17 year(s); QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION & LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg</i>	2	
<i>amiodarone oral tablet 200 mg, 400 mg</i>	1	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	2	
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	2	
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	
<i>propafenone oral capsule,extended release 12 hr</i>	2	
<i>propafenone oral tablet</i>	1	
<i>quinidine gluconate oral</i>	1	
<i>quinidine sulfate oral tablet</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	

ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	1	
<i>aliskiren</i>	2	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>amlodipine-olmesartan</i>	2	
<i>amlodipine-valsartan</i>	2	
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
<i>candesartan</i>	2	ST; QL (1 per 1 day)
<i>candesartan-hydrochlorothiazid</i>	2	ST
<i>captopril</i>	1	
<i>cartia xt</i>	1	
<i>carvedilol</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	2	
<i>clonidine hcl oral tablet</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	1	
DIURIL	2	
<i>doxazosin</i>	1	
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>ethacrynic acid</i>	2	PA
<i>felodipine</i>	1	
<i>fosinopril</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	3	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
<i>indapamide</i>	1	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
KERENDIA	3	PA; QL (1 per 1 day)
<i>labetalol oral</i>	1	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
<i>matzim la</i>	2	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	2	
<i>metoprolol tartrate oral</i>	1	
<i>metyrosine</i>	2	PA
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	
<i>nadolol</i>	1	
<i>nebivolol</i>	2	
<i>nicardipine oral</i>	2	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	1	
<i>nisoldipine</i>	2	
<i>olmesartan</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4	PA; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	4	PA; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	4	PA; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	4	PA; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	2	PA
<i>pindolol</i>	2	
<i>prazosin</i>	1	
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
<i>telmisartan</i>	1	
<i>terazosin</i>	1	
<i>tiadyt er</i>	1	
<i>timolol maleate oral</i>	2	
<i>torseamide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	2	
<i>triamterene</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI ORAL TABLET	4	PA; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL (200 per 365 days)
<i>valsartan oral tablet 160 mg, 80 mg</i>	1	
<i>valsartan oral tablet 320 mg, 40 mg</i>	2	
<i>valsartan-hydrochlorothiazide</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	

CARDIAC GLYCOSIDES

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

Drug Name	Drug Tier	Requirements / Limits
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	4	PA; QL (1 per 1 day)
ALVAIZ ORAL TABLET 36 MG, 54 MG	4	PA; QL (2 per 1 day)
<i>aminocaproic acid oral solution</i>	2	
<i>aminocaproic acid oral tablet</i>	1	
<i>aspirin-dipyridamole</i>	2	
BRILINTA	2	
CABLIVI INJECTION KIT	4	PA; LA; QL (59 per 365 days)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	2	
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	4	PA; LA; QL (2 per 1 day)
ELIQUIS	2	
ELIQUIS DVT-PE TREAT 30D START	2	
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin, porcine (pf) injection solution</i>	1	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	
<i>jantoven</i>	1	
MULPLETA	4	PA; QL (7 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
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
<i>prasugrel</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG	4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL TABLET 50 MG	4	PA; LA; QL (3 per 1 day)
PROMACTA ORAL TABLET 75 MG	4	PA; LA; QL (2 per 1 day)
TAVALISSE	4	PA; LA; QL (2 per 1 day)
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
ZONTIVITY	3	PA
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
<i>cholestyramine (with sugar)</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	2	
<i>colestipol</i>	1	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	2	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil</i>	1	
<i>icosapent ethyl</i>	2	PA; QL (4 per 1 day)
JUXTAPID	4	PA; 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
<i>lovastatin</i>	1	ACA
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	2	
NIACOR	1	
<i>omega-3 acid ethyl esters</i>	2	QL (4 per 1 day)
PRALUENT PEN	3	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (2 per 28 days)
REPATHA SYRINGE	2	PA; QL (2 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	4	PA; QL (1 per 1 day)
CORLANOR ORAL SOLUTION	3	PA; QL (15 per 1 day)
ENTRESTO	2	
FILSPARI	4	PA; QL (1 per 1 day)
<i>ivabradine</i>	2	QL (2 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)
<i>ranolazine</i>	2	
VERQUVO	3	PA; QL (1 per 1 day)
VYNDAMAX	4	PA; QL (1 per 1 day)
VYNDAQEL	4	PA; QL (4 per 1 day)
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	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
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	2	
BIMZELX	4	PA; QL (2 per 42 days)
BIMZELX AUTOINJECTOR	4	PA; QL (2 per 42 days)
<i>calcipotriene scalp</i>	1	
<i>calcipotriene topical cream</i>	1	
<i>calcipotriene topical ointment</i>	2	
<i>calcipotriene-betamethasone topical ointment</i>	2	ST
<i>calcitriol topical</i>	2	
COSENTYX (2 SYRINGES)	4	PA; QL (2 per 28 days)
COSENTYX PEN	4	PA; QL (1 per 28 days)
COSENTYX PEN (2 PENS)	4	PA; QL (2 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
COSENTYX UNOREADY PEN	4	PA; QL (2 per 28 days)
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	2	
ILUMYA	4	PA; QL (1 per 63 days)
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SILIQ	4	PA; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; QL (1 per 63 days)
SOTYKTU	4	PA; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS	4	PA
STELARA INTRAVENOUS	4	PA; QL (52 per 365 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 63 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
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 42 days)
TALTZ AUTOINJECTOR	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; QL (1 per 28 days)
TALTZ SYRINGE	4	PA; QL (1 per 28 days)
TREMFYA	4	PA; QL (1 per 42 days)
ZORYVE TOPICAL FOAM	3	PA
BURN THERAPY		
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
KERATOLYTICS		
SALVAX DUO PLUS	3	
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	4	PA; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
CIBINQO	4	PA; QL (1 per 1 day)
<i>diclofenac sodium topical gel 3 %</i>	1	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	2	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; QL (4 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; QL (4 per 28 days)
EUCRISA	3	ST; QL (1 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	4	
<i>methoxsalen</i>	4	
OPZELURA	4	PA; QL (60 per 30 days)
PANRETIN	4	PA
<i>pimecrolimus</i>	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
<i>podofilox topical solution</i>	1	
REGRANEX	3	QL (15 per 720 days)
<i>tacrolimus topical</i>	1	
<i>urea topical cream 40 %</i>	1	
VALCHLOR	4	PA; QL (60 per 30 days)
THERAPY FOR ACNE		
<i>accutane</i>	1	
<i>adapalene topical cream</i>	1	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	1	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene topical gel with pump</i>	1	PA for Age greater than or equal to 29 year(s); QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
ALTRENO	3	PA
<i>amnesteem</i>	1	
<i>azelaic acid</i>	2	
<i>brimonidine topical</i>	2	PA; QL (30 per 30 days)
<i>claravis</i>	1	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical gel</i>	2	
<i>clindamycin phosphate topical gel, once daily</i>	2	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel</i>	2	
<i>clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %</i>	2	ST
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	2	
<i>dapsone topical gel</i>	2	ST
<i>ery pads</i>	2	
<i>erygel</i>	2	
<i>erythromycin with ethanol topical gel</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	2	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>ivermectin topical cream</i>	2	PA
<i>metronidazole topical cream</i>	1	
<i>metronidazole topical gel 0.75 %</i>	2	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	2	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	2	QL (60 per 30 days)
<i>neuac</i>	2	
RHOFADE	3	PA; QL (30 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	2	QL (45 per 30 days)
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>sulfacetamide sodium-sulfur topical suspension 8-4 %</i>	1	
<i>sulfacleanse 8-4</i>	1	
<i>tazarotene topical cream 0.1 %</i>	2	ST
<i>tretinoin microspheres topical gel</i>	2	PA for Age greater than or equal to 29 year(s)
<i>tretinoin topical cream</i>	1	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	1	PA for Age greater than or equal to 29 year(s); QL (1 per 30 days)
<i>tretinoin topical gel 0.05 %</i>	2	PA for Age greater than or equal to 29 year(s)
<i>zenatane</i>	1	
TOPICAL ANESTHETICS		
<i>dermacinrx lidocan</i>	2	QL (3 per 1 day)
<i>lidocaine hcl laryngotracheal</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	
<i>lidocaine hcl topical cream 3 %</i>	1	
<i>lidocaine hcl-hydrocortison ac topical</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	2	QL (3 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	PA for Age less than or equal to 2 year(s)
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocan iii</i>	2	QL (3 per 1 day)
<i>lidocan iv</i>	2	QL (3 per 1 day)
<i>lidocan v</i>	2	QL (3 per 1 day)
<i>lidopin topical cream 3 %</i>	1	
<i>tridacaine ii</i>	2	QL (3 per 1 day)
TOPICAL ANTIBACTERIALS		
ALTABAX	3	PA; 30 grams per fill
<i>gentamicin topical</i>	1	
<i>mupirocin</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
SULFAMYLON TOPICAL CREAM	3	
XEPI	3	PA; 30 grams per fill
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	
<i>ciclopirox</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>econazole</i>	1	
ERTACZO	3	PA
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical shampoo</i>	1	
<i>klayesta</i>	1	
LULICONAZOLE	3	PA
<i>naftifine topical cream</i>	2	PA
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<i>oxiconazole</i>	2	PA
SULCONAZOLE TOPICAL SOLUTION	3	
TOPICAL ANTIVIRALS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>acyclovir topical ointment</i>	1	
DENAVIR	3	PA; 5 grams per fill
TOPICAL CORTICOSTEROIDS		
<i>alclometasone</i>	1	
<i>betamethasone dipropionate topical cream</i>	1	
<i>betamethasone dipropionate topical lotion</i>	1	
<i>betamethasone dipropionate topical ointment</i>	2	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical gel</i>	2	
<i>betamethasone, augmented topical lotion</i>	1	
<i>betamethasone, augmented topical ointment</i>	2	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream</i>	1	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical lotion</i>	2	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical spray,non-aerosol</i>	2	ST
<i>clobetasol-emollient topical cream</i>	2	
<i>clobetasol-emollient topical foam</i>	2	ST
<i>desonide topical cream</i>	1	
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream 0.05 %</i>	2	ST
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical gel</i>	2	ST
<i>desoximetasone topical ointment 0.05 %</i>	2	ST
<i>desoximetasone topical ointment 0.25 %</i>	1	
<i>desoximetasone topical spray,non-aerosol</i>	2	
<i>fluocinolone and shower cap</i>	2	
<i>fluocinolone topical cream</i>	1	
<i>fluocinolone topical oil</i>	2	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluocinolone topical ointment</i>	1	
<i>fluocinolone topical solution</i>	2	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical cream 0.1 %</i>	2	ST
<i>fluocinonide topical gel</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluocinonide-e</i>	1	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>halobetasol propionate topical ointment</i>	1	
<i>hydrocortisone butyrate topical cream</i>	2	
<i>hydrocortisone butyrate topical ointment</i>	2	
<i>hydrocortisone butyrate topical solution</i>	2	
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>hydrocortisone valerate topical ointment</i>	2	
<i>mometasone topical</i>	1	
<i>prednicarbate topical ointment</i>	2	
<i>tovet emollient</i>	2	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment</i>	1	
<i>triderm topical cream</i>	1	
TOPICAL ENZYMES		
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	QL (60 per 30 days)
<i>malathion</i>	1	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	2	QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
<i>benzphetamine</i>	1	PA
CONTRAVE	3	PA
<i>diethylpropion</i>	1	PA
IMCIVREE	4	PA; QL (9 per 30 days)
LOMAIRA	3	PA
ORLISTAT	3	PA
<i>phendimetrazine tartrate</i>	1	PA
<i>phentermine</i>	1	PA
QSYMIA	3	PA
SAXENDA	3	PA; QL (15 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 per 28 days)
XENICAL	3	PA
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	3	PA; QL (2 per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 5 MG/0.5 ML	3	PA; QL (2 per 28 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	2	
<i>anagrelide</i>	1	
<i>caffeine citrate oral</i>	1	
<i>carglumic acid</i>	4	
<i>cevimeline</i>	2	
CHEMET	3	PA for Age greater than or equal to 18 year(s)
CUVRIOR	4	PA; QL (10 per 1 day)
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	2	
<i>droxidopa</i>	4	PA
DUVYZAT	4	

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

Drug Name	Drug Tier	Requirements / Limits
ENDARI	4	PA; QL (2 per 1 day)
FABHALTA	4	PA; QL (2 per 1 day)
FERRIPROX (2 TIMES A DAY)	4	PA
FERRIPROX ORAL SOLUTION	4	PA
<i>glutamine (sickle cell)</i>	4	PA; QL (2 per 1 day)
INCRELEX	4	PA; LA
JOENJA	4	PA; QL (2 per 1 day)
<i>levocarnitine (with sugar)</i>	2	
<i>levocarnitine oral solution 100 mg/ml</i>	2	
<i>levocarnitine oral tablet</i>	2	
LITFULO	4	PA; QL (1 per 1 day)
LITHOSTAT	3	
METOPIRONE	3	
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA
OLPRUVA	4	PA
ORFADIN ORAL SUSPENSION	4	PA; LA
OXBRYTA	4	PA; LA; QL (3 per 1 day)
PHEBURANE	4	PA
<i>pilocarpine hcl oral tablet 5 mg</i>	1	
PYRUKYND ORAL TABLET 20 MG, 50 MG	4	PA; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	4	PA; 2 tabs per day; 7 tabs in 365 days; LA
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 365 days)
RAVICTI	4	PA; QL (17.5 per 1 day)
REVCOVI	4	PA; LA
REZDIFFRA	4	PA; QL (1 per 1 day)
<i>riluzole</i>	2	
<i>risedronate oral tablet 30 mg</i>	2	
<i>sodium chlor 0.9% bacteriostat</i>	2	
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate oral powder</i>	4	PA
<i>sodium phenylbutyrate oral tablet</i>	4	

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

Drug Name	Drug Tier	Requirements / Limits
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	4	PA; LA; QL (2 per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	4	PA; LA; QL (1 per 1 day)
TAVNEOS	4	PA; QL (6 per 1 day)
<i>tiopronin</i>	4	PA
<i>trientine oral capsule 250 mg</i>	4	PA; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; QL (4 per 1 day)
VOYDEYA	4	
XURIDEN	4	
ZOKINVY	4	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex)</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL NS	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<i>quit 2</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 4</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>stop smoking aid</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline</i>	2	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	3	15 units per fill
<i>ipratropium bromide nasal</i>	1	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	2	
<i>oralone</i>	1	
ORAMAGICRX	3	
<i>paroex oral rinse</i>	1	
<i>periogard</i>	1	
<i>pilocarpine hcl oral tablet 7.5 mg</i>	1	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetamide dental</i>	1	
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	2	
<i>flac otic oil</i>	1	
<i>fluocinolone acetamide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	2	
CORTISPORIN-TC	3	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA
AGAMREE	3	PA; QL (200 per 20 days)
CORTROPHIN GEL	4	PA
<i>deflazacort</i>	4	PA

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

Drug Name	Drug Tier	Requirements / Limits
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
EMFLAZA ORAL SUSPENSION	4	PA; LA
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 8 mg</i>	2	
<i>methylprednisolone oral tablet 4 mg</i>	1	
<i>methylprednisolone oral tablets, dose pack</i>	1	
<i>prednisolone oral solution</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)</i>	2	
<i>prednisone</i>	1	
TARPEYO	4	PA; QL (4 per 1 day)
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
ONETOUCH ULTRA TEST	1	100 units per 30 days; OTC
ONETOUCH VERIO TEST STRIPS	1	100 units per 30 days; OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	1	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	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
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
<i>diazoxide</i>	2	
GLUCAGON (HCL) EMERGENCY KIT	2	
<i>glucagon emergency kit (human)</i>	2	
GVOKE	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
BD ULTRA-FINE NANO PEN NEEDLE	1	OTC
DEXCOM G6 RECEIVER	3	PA; CGM; QL (1 per 720 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 RECEIVER	3	PA; 1 rx per 720 days; CGM
DEXCOM G7 SENSOR	3	PA; CGM; QL (3 per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	3	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 READER	3	PA; CGM; QL (1 per 720 days)
FREESTYLE LIBRE 3 SENSOR	3	PA; CGM; QL (2 per 28 days)
GENTEEL VACUUM LANCING DEVICE	1	OTC
LANCETS 33 GAUGE	1	OTC; QL (210 per 30 days)
LANCING DEVICE	1	OTC
OMNIPOD 5 G6 INTRO KIT (GEN 5)	2	QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	2	QL (10 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
OMNIPOD CLASSIC PODS (GEN 3)	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)
OMNIPOD GO PODS 10 UNITS/DAY	2	QL (10 per 30 days)
ONETOUCH ULTRA CONTROL	1	OTC
ONETOUCH ULTRA2 METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO FLEX METER	9	OTC; QL (1 per 273 days)
ONETOUCH VERIO MID CONTROL	1	OTC
ONETOUCH VERIO REFLECT METER	9	OTC; QL (1 per 273 days)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	1	OTC
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		
APIDRA U-100 INSULIN	3	PA; 100 units per 30 days
FIASP U-100 INSULIN	3	PA; 100 units per 30 days
HUMALOG JUNIOR KWIKPEN U-100	1	100 units per 30 days
HUMALOG KWIKPEN INSULIN	1	100 units per 30 days
HUMALOG MIX 50-50 KWIKPEN	1	100 units per 30 days
HUMALOG MIX 75-25 KWIKPEN	1	100 units per 30 days
HUMALOG MIX 75-25(U-100)INSULN	1	100 units per 30 days
HUMALOG U-100 INSULIN	1	100 units per 30 days
HUMULIN 70/30 U-100 INSULIN	2	100 units per 30 days
HUMULIN 70/30 U-100 KWIKPEN	2	100 units per 30 days
HUMULIN N NPH INSULIN KWIKPEN	2	100 units per 30 days
HUMULIN N NPH U-100 INSULIN	2	100 units per 30 days
HUMULIN R REGULAR U-100 INSULN	2	100 units per 30 days
HUMULIN R U-500 (CONC) INSULIN	2	100 units per 30 days
HUMULIN R U-500 (CONC) KWIKPEN	2	100 units per 30 days
LANTUS SOLOSTAR U-100 INSULIN	2	100 units per 30 days
LANTUS U-100 INSULIN	2	100 units per 30 days
SOLIQUA 100/33	3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	2	100 units 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
TOUJEO SOLOSTAR U-300 INSULIN	2	100 units per 30 days
TRESIBA FLEXTOUCH U-100	2	100 units per 30 days
TRESIBA FLEXTOUCH U-200	2	100 units per 30 days
TRESIBA U-100 INSULIN	2	100 units per 30 days
XULTOPHY 100/3.6	3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; QL (2 per 1 day)
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 6,000 UNIT	4	PA
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	4	PA
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	2	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	2	PA; QL (4 per 1 day)
<i>clomiphene citrate</i>	2	QL (10 per 30 days)
<i>danazol</i>	2	
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
<i>desmopressin oral</i>	1	
<i>doxercalciferol oral</i>	2	
GALAFOLD	4	PA; LA; QL (14 per 28 days)
ISTURISA ORAL TABLET 1 MG, 5 MG	4	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLET	4	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL (56 per 28 days)
KYZATREX	3	PA; QL (2 per 1 day)
<i>methyltestosterone oral capsule</i>	2	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	4	PA; QL (4 per 1 day)
<i>miglustat</i>	4	PA; LA; QL (3 per 1 day)
MYALEPT	4	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	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
OPFOLDA	4	PA; QL (8 per 28 days)
ORILISSA	3	PA
OVIDREL	4	PA
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; LA; QL (0.5 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; LA; QL (0.15 per 1 day)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; LA; QL (3 per 1 day)
<i>paricalcitol oral</i>	2	
PREGNYL	4	PA
RECORLEV	4	PA; QL (8 per 1 day)
<i>sapropterin</i>	4	PA
SOMAVERT	4	PA
STRENSIQ	4	PA; LA
SYNAREL	4	PA; QL (8 per 28 days)
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal</i>	2	PA
<i>tolvaptan oral tablet 15 mg</i>	4	PA; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; LA; QL (60 per 365 days)
VOXZOGO	4	PA; QL (1 per 1 day)
NON-INSULIN HYPOGLYCEMIC AGENTS		
<i>acarbose</i>	1	
BYDUREON BCISE	2	
BYETTA	2	
CYCLOSET	3	
FARXIGA	2	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide micronized</i>	1	
<i>glyburide-metformin</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
GLYXAMBI	2	
JANUMET	2	
JANUMET XR	2	
JANUVIA	2	
JARDIANCE	2	
JENTADUETO	2	
JENTADUETO XR	2	
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>migliol</i>	2	
MOUNJARO	2	PA; QL (2 per 28 days)
<i>nateglinide</i>	2	
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML)	2	QL (9 per 63 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	
<i>repaglinide</i>	2	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	QL (30 per 365 days)
SYMLINPEN 120	3	
SYMLINPEN 60	3	
SYNJARDY	2	
SYNJARDY XR	2	
TRADJENTA	2	
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	QL (2 per 28 days)
VICTOZA 2-PAK	2	QL (9 per 28 days)
VICTOZA 3-PAK	2	QL (9 per 28 days)

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Drug Name	Drug Tier	Requirements / Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	2	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL (2 per 1 day)
THYROID HORMONES		
<i>euthyrox</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine oral</i>	1	
<i>np thyroid</i>	1	
SYNTHROID	3	
<i>unithroid</i>	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	2	
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	2	QL (40 per 1 day)
<i>dicyclomine oral tablet</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>glycopyrrolate oral solution</i>	2	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral elixir</i>	1	
<i>methscopolamine</i>	1	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
MISCELLANEOUS AGENTS		
<i>lanthanum</i>	2	ST; QL (3 per 1 day)
LOKELMA	3	PA; QL (3 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 per 1 day)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps (with sorbitol)</i>	1	
VELPHORO	3	ST; QL (6 per 1 day)
VELTASSA	3	PA; QL (1 per 1 day)
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
<i>alosetron</i>	2	PA; QL (2 per 1 day)
<i>alvimopan</i>	2	
<i>anucort-hc</i>	1	
ANZEMET ORAL TABLET 50 MG	3	
<i>aprepitant oral capsule 125 mg</i>	2	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	1 cap per fill
<i>aprepitant oral capsule 80 mg</i>	2	QL (10 per 28 days)
<i>aprepitant oral capsule, dose pack</i>	2	QL (15 per 28 days)
<i>balsalazide</i>	1	
<i>betaine</i>	4	
<i>budesonide oral capsule, delayed, extend. release</i>	1	
<i>budesonide oral tablet, delayed and ext. release</i>	2	PA
<i>budesonide rectal</i>	2	
BYLVAY ORAL CAPSULE 1,200 MCG	4	PA; LA; QL (5 per 1 day)
BYLVAY ORAL CAPSULE 400 MCG	4	PA; LA; QL (10 per 1 day)
BYLVAY ORAL PELLETT 200 MCG	4	PA; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	4	PA; LA; QL (4 per 1 day)
CHENODAL	4	LA
CHOLBAM ORAL CAPSULE 250 MG	4	QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	QL (4 per 1 day)
CIMZIA	4	PA; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; QL (2 per 28 days)
<i>citrate of magnesia</i>	9	ACA; OTC
<i>citroma</i>	9	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>clearlax oral powder</i>	9	ACA; OTC
<i>compro</i>	1	
<i>constulose</i>	1	
CREON	2	
<i>cromolyn oral</i>	1	
DIPENTUM	3	ST
<i>doxylamine-pyridoxine (vit b6)</i>	2	ST; QL (4 per 1 day)
<i>dronabinol</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	9	ACA; OTC
ENTYVIO PEN	4	PA; QL (1.36 per 28 days)
<i>enulose</i>	1	
EOHILIA	4	PA; QL (600 per 30 days)
GATTEX 30-VIAL	4	PA
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>hydrocortisone-pramoxine rectal cream 2.5-1 %, 2.5-1 % (4g)</i>	2	
IBSRELA	3	PA; QL (2 per 1 day)
IQIRVO	4	
<i>lactulose oral solution 10 gram/15 ml, 20 gram/30 ml</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; OTC
<i>laxative peg 3350</i>	9	ACA; OTC

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Drug Name	Drug Tier	Requirements / Limits
<i>lidocaine hcl-hydrocortison ac rectal cream</i>	1	
LINZESS	2	QL (1 per 1 day)
<i>lubiprostone</i>	2	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	2	
<i>mesalamine oral capsule, extended release</i>	2	
<i>mesalamine oral capsule,extended release 24hr</i>	2	
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	2	
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	2	ST
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	QL (1 per 1 day)
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOTEGRITY	3	ST; QL (1 per 1 day)
MOVANTIK	2	QL (1 per 1 day)
<i>natura-lax</i>	9	ACA; OTC
OCALIVA	4	PA; LA; QL (1 per 1 day)
OMVOH PEN	4	PA; QL (2 per 28 days)
OMVOH SUBCUTANEOUS	4	PA; QL (2 per 28 days)
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
<i>onelax magnesium citrate</i>	9	ACA; OTC
<i>oral saline laxative</i>	9	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
<i>peg 3350-electrolytes</i>	1	ACA

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Drug Name	Drug Tier	Requirements / Limits
<i>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PERTZYE	3	ST
<i>phosphate laxative</i>	9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCTOFOAM HC	2	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	
<i>proctozone-hc</i>	1	
<i>purelax oral powder</i>	9	ACA; OTC
RECTIV	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)
<i>scopolamine base</i>	1	QL (10 per 30 days)
SKYRIZI INTRAVENOUS	4	PA
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; QL (1.2 per 42 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; QL (2.4 per 42 days)
<i>smoothlax oral powder</i>	9	ACA; OTC
SUCRAID	4	PA; QL (8 per 1 day)
<i>sulfasalazine</i>	1	
SYMPROIC	2	QL (1 per 1 day)
SYNDROS	3	PA
<i>trimethobenzamide oral</i>	1	
TRULANCE	3	PA; QL (1 per 1 day)
<i>ursodiol oral capsule 300 mg</i>	2	
<i>ursodiol oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements / Limits
VARUBI	3	QL (4 per 28 days)
VELSIPITY	4	PA; QL (1 per 1 day)
VIBERZI	3	PA; QL (2 per 1 day)
VIOKACE	3	ST
VOWST	4	PA; 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; QL (2 per 28 days)
ULCER THERAPY		
<i>amoxicil-clarithromy-lansopraz</i>	2	QL (224 per 365 days)
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	2	PA for Age greater than or equal to 9 year(s); QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	2	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	2	PA for Age greater than or equal to 8 year(s); QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	PA for Age greater than or equal to 9 year(s); QL (2 per 1 day)
<i>nizatidine oral capsule</i>	2	
OMECLAMOX-PAK	3	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	QL (2 per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	2	QL (2 per 1 day)
<i>sucralfate oral suspension</i>	2	
<i>sucralfate oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements / Limits
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
ANTIVIRALS		
<i>ribavirin oral capsule</i>	4	
<i>ribavirin oral tablet 200 mg</i>	4	
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA
ARCALYST	4	PA; QL (4 per 28 days)
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
FULPHILA	4	PA
FYLNETRA	4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	PA; QL (4 per 1 day)
GRANIX SUBCUTANEOUS SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (2 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
LEUKINE INJECTION RECON SOLN	4	PA
MIRCERA	4	PA
NEULASTA	4	PA
NEULASTA ONPRO	4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PA; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
NIVESTYM INJECTION SOLUTION 300 MCG/ML	4	PA; QL (3 per 1 day)
NIVESTYM INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
NIVESTYM SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
NYVEPRIA	4	PA
PROCRIT	4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
RETACRIT	4	PA
ROLVEDON	4	PA
STIMUFEND	4	PA
UDENYCA	4	PA
UDENYCA AUTOINJECTOR	4	PA
UDENYCA ONBODY	4	PA
XOLREMDI	4	
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
ZARXIO INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
ZIEXTENZO	4	PA
GROWTH HORMONES		
EGRIFTA SV	4	PA
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
HUMATROPE INJECTION CARTRIDGE	4	PA
NGENLA	4	PA
NORDITROPIN FLEXPOR	4	PA
NUTROPIN AQ NUSPIN	4	PA
OMNITROPE	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA

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Drug Name	Drug Tier	Requirements / Limits
SKYTROFA	4	PA
SOGROYA	4	PA; QL (3 per 28 days)
ZOMACTON	4	PA
INTERFERONS		
ACTIMMUNE	4	PA
ALFERON N	4	
BESREMI	4	PA; QL (2 per 28 days)
PEGASYS	4	
MULTIPLE SCLEROSIS AGENTS		
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	
AVONEX INTRAMUSCULAR SYRINGE KIT	4	
BAFIERTAM	4	PA; QL (4 per 1 day)
BETASERON SUBCUTANEOUS KIT	4	
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	QL (2 per 1 day)
<i>fingolimod</i>	4	
<i>glatiramer</i>	4	
<i>glatopa</i>	4	
KESIMPTA PEN	4	PA; QL (0.4 per 28 days)
MAVENCLAD (10 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (4 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (5 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (6 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (7 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (8 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAVENCLAD (9 TABLET PACK)	4	PA; 2 tablets per day; 4 packs in 720 days; LA
MAYZENT ORAL TABLET 0.25 MG	4	PA; QL (12 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
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; QL (1 per 1 day)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; QL (7 per 365 days)
MAYZENT STARTER(FOR 2MG MAINT)	4	PA; QL (12 per 365 days)
PLEGRIDY INTRAMUSCULAR	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	QL (1 per 365 days)
PONVORY	4	PA; QL (1 per 1 day)
PONVORY 14-DAY STARTER PACK	4	PA; QL (28 per 365 days)
REBIF (WITH ALBUMIN)	4	QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	QL (4.2 per 365 days)
REBIF TITRATION PACK	4	QL (4.2 per 365 days)
<i>teriflunomide</i>	4	
VUMERITY	4	PA; QL (4 per 1 day)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for Age less than or equal to 59 year(s); ACA
AFLURIA TRIV 2024-2025	9	ACA
AFLURIA TRIV 2024-2025 (PF)	9	ACA
AREXVY (PF)	9	PA for Age less than or equal to 59 year(s); ACA
CAPVAXIVE	9	ACA
FLUAD TRIV 2024-25(65Y UP)(PF)	9	ACA
FLUARIX TRIV 2024-2025 (PF)	9	ACA
FLUBLOK TRIV 2024-2025 (PF)	9	ACA
FLUCELVAX TRIV 2024-2025	9	ACA
FLUCELVAX TRIV 2024-2025 (PF)	9	ACA
FLULAVAL TRIV 2024-2025 (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
FLUMIST TRIVALENT 2024-2025	9	ACA
FLUZONE HIGH-DOSE TRIV 24-25	9	ACA
FLUZONE TRIV 2024-2025	9	ACA
FLUZONE TRIV 2024-2025 (PF)	9	ACA
GRASTEK	3	PA; QL (1 per 1 day)
MRESVIA (PF)	9	PA for Age less than or equal to 59 year(s); 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; QL (45 per 365 days)
PALFORZIA (LEVEL 2)	4	PA; QL (90 per 365 days)
PALFORZIA (LEVEL 3)	4	PA; QL (45 per 365 days)
PALFORZIA (LEVEL 4)	4	PA; QL (15 per 365 days)
PALFORZIA (LEVEL 5)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 6)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 7)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 8)	4	PA; QL (60 per 365 days)
PALFORZIA (LEVEL 9)	4	PA; QL (30 per 365 days)
PALFORZIA (LEVEL 10)	4	PA; QL (60 per 365 days)
PALFORZIA INITIAL DOSE	4	PA; QL (15 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; QL (30 per 30 days)
PNEUMOVAX-23 INJECTION SYRINGE	9	ACA
PREVNAR 20 (PF)	9	ACA
RAGWITEK	3	PA; QL (1 per 1 day)
SHINGRIX (PF)	9	ACA
VAXNEUVANCE (PF)	9	ACA

IMMUNOLOGY

INTERLEUKINS

<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
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MUSCULOSKELETAL & RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>febuxostat</i>	1	ST
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	1	
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg, 35 mg, 70 mg</i>	1	
FOSAMAX PLUS D	2	
<i>ibandronate oral</i>	1	
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg, 35 mg, 5 mg</i>	2	
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; QL (1 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (1 per 28 days)
TYMLOS	4	PA; QL (1.56 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 per 28 days)
CYLTEZO(CF)	4	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN	4	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	4	PA; QL (6 per 365 days)
CYLTEZO(CF) PEN PSORIASIS-UV	4	PA; QL (4 per 365 days)
ENBREL MINI	4	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; QL (4 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; QL (4 per 28 days)
ENBREL SURECLICK	4	PA; QL (4 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	4	PA; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	4	PA; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; 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(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	4	PA; QL (4 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	4	PA; QL (3 per 365 days)
HYRIMOZ PEN CROHN'S-UC STARTER	4	PA; QL (3 per 365 days)
HYRIMOZ PEN PSORIASIS STARTER	4	PA; QL (3 per 365 days)
HYRIMOZ(CF)	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; QL (3 per 365 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; QL (1.6 per 28 days)
KEVZARA	4	PA; QL (2.28 per 28 days)
KINERET	4	PA; QL (18.76 per 28 days)
<i>leflunomide</i>	1	
OLUMIANT	4	PA; QL (1 per 1 day)
ORENCIA CLICKJECT	4	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; QL (2.8 per 28 days)
OTEZLA	4	PA; QL (2 per 1 day)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; QL (55 per 365 days)
OTREXUP (PF)	3	ST
<i>penicillamine</i>	4	PA; QL (16 per 1 day)
RASUVO (PF)	3	ST
RIDAURA	2	
RINVOQ LQ	4	PA; QL (12 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; QL (1 per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; QL (56 per 365 days)
SAVELLA	3	ST
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR	4	
TYENNE SUBCUTANEOUS	4	
XELJANZ ORAL SOLUTION	4	PA; QL (10 per 1 day)
XELJANZ ORAL TABLET	4	PA; QL (2 per 1 day)
XELJANZ XR	4	PA; QL (1 per 1 day)

OBSTETRICS & GYNECOLOGY

DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

CAYA CONTOURED	9	ACA
DUREX AVANTI BARE REAL FEEL	9	ACA; OTC
FC2 FEMALE CONDOM	9	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
WIDE-SEAL DIAPHRAGM	9	ACA

ESTROGENS & PROGESTINS

BIJUVA	3	QL (1 per 1 day)
<i>camila</i>	1	ACA
COMBIPATCH	3	
<i>covaryx</i>	2	
<i>covaryx h.s.</i>	2	
CRINONE	3	PA
<i>deblitane</i>	1	ACA
<i>dotti</i>	1	
DUAVEE	3	PA

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Drug Name	Drug Tier	Requirements / Limits
<i>eemt</i>	2	
<i>eemt hs</i>	2	
<i>emzahh</i>	1	ACA
<i>errin</i>	1	ACA
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	
<i>estradiol transdermal patch weekly</i>	1	
<i>estradiol vaginal</i>	2	
<i>estradiol-norethindrone acet</i>	1	
<i>estrogens-methyltestosterone</i>	2	
<i>fyavolv</i>	2	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	2	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	3	
<i>mimvey</i>	1	
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	2	
OPILL	9	OTC
PREMARIN ORAL	2	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	1	
<i>progesterone micronized</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
<i>yuvafem</i>	2	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL SUPPOSITORY	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>fem ph</i>	2	
GYNAZOLE-1	3	
<i>haloette</i>	1	ACA
INTRAROSA	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
<i>mifepristone oral tablet 200 mg</i>	2	PA
MYFEMBREE	3	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVESSA	3	
ORIAHNN	3	PA; QL (2 per 1 day)
OSPHENA	3	PA
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	2	
<i>vandazole</i>	1	
VCF CONTRACEPTIVE FILM	9	OTC
VCF CONTRACEPTIVE GEL	9	ACA; OTC
XACIATO	3	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
<i>afirmelle</i>	1	ACA
<i>after pill</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>altavera (28)</i>	1	ACA
<i>alyacen 1/35 (28)</i>	1	ACA
<i>alyacen 7/7/7 (28)</i>	1	ACA
<i>amethia</i>	1	ACA
<i>amethyst (28)</i>	1	ACA
<i>apri</i>	1	ACA
<i>aranelle (28)</i>	1	ACA
<i>ashlyna</i>	1	ACA
<i>aubra</i>	1	ACA
<i>aubra eq</i>	1	ACA
<i>aurovela 1.5/30 (21)</i>	1	ACA
<i>aurovela 1/20 (21)</i>	1	ACA
<i>aurovela 24 fe</i>	1	ACA
<i>aurovela fe 1.5/30 (28)</i>	1	ACA
<i>aurovela fe 1-20 (28)</i>	1	ACA
<i>aviane</i>	1	ACA
<i>ayuna</i>	1	ACA
<i>azurette (28)</i>	1	ACA
<i>balziva (28)</i>	1	ACA
<i>blisovi 24 fe</i>	1	ACA
<i>blisovi fe 1.5/30 (28)</i>	1	ACA
<i>blisovi fe 1/20 (28)</i>	1	ACA
<i>briellyn</i>	1	ACA
<i>camrese</i>	1	ACA
<i>camrese lo</i>	1	ACA
<i>caziant (28)</i>	1	ACA
<i>chateal (28)</i>	1	ACA
<i>chateal eq (28)</i>	1	ACA
<i>cryselle (28)</i>	1	ACA
<i>curae</i>	9	ACA; OTC
<i>cyred</i>	1	ACA
<i>cyred eq</i>	1	ACA
<i>dasetta 1/35 (28)</i>	1	ACA
<i>dasetta 7/7/7 (28)</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	3	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>finzala</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>her style</i>	9	ACA; OTC
<i>iclevia</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kelnor 1/50 (28)</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>leena 28</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
<i>levora-28</i>	1	ACA
LO LOESTRIN FE	2	
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin 24 fe</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
<i>nikki (28)</i>	1	ACA
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>nymyo</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>sronyx</i>	1	ACA
<i>syeda</i>	1	ACA
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>tri-estarylla</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
<i>tri-mili</i>	1	ACA
<i>tri-nymyo</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>trivora (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
TYBLUME	1	
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA
OXYTOCICS		
<i>methylergonovine oral</i>	2	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	3	
<i>bacitracin ophthalmic (eye)</i>	2	
<i>bacitracin-polymyxin b</i>	1	
BESIVANCE	3	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	2	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	2	
<i>gentamicin ophthalmic (eye) drops</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>povidone-iodine ophthalmic (eye)</i>	2	
<i>tobramycin ophthalmic (eye)</i>	1	
ANTIVIRALS		
<i>trifluridine</i>	1	
ZIRGAN	3	
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	2	
<i>carteolol</i>	2	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	
<i>atropine ophthalmic (eye) ointment</i>	2	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	1	
<i>homatropaire</i>	1	
<i>tropicamide</i>	1	
DIRECT ACTING MIOTICS		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
MISCELLANEOUS OPHTHALMOLOGICS		
<i>allergy eye (ketotifen)</i>	1	OTC
ALOCRIL	3	ST
ALOMIDE	2	ST
<i>azelastine ophthalmic (eye)</i>	1	
<i>bepotastine besilate</i>	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
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	2	QL (2 per 1 day)
CYSTADROPS	4	PA; QL (20 per 28 days)
CYSTARAN	4	PA; QL (60 per 28 days)
<i>epinastine</i>	2	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
<i>olopatadine ophthalmic (eye)</i>	1	
OXERVATE	4	PA; QL (56 per 720 days)
<i>proparacaine</i>	1	
RESTASIS MULTIDOSE	2	QL (5.5 per 28 days)
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
XDEMVIY	4	PA; QL (10 per 365 days)
XIIDRA	2	QL (2 per 1 day)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	2	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	2	
<i>ketorolac ophthalmic (eye)</i>	1	
NEVANAC	3	
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	2	
OTHER GLAUCOMA DRUGS		
<i>bimatoprost ophthalmic (eye)</i>	2	
<i>brimonidine-timolol</i>	2	
<i>brinzolamide</i>	2	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye)</i>	2	
<i>dropperette</i>		
<i>latanoprost</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
<i>travoprost</i>	2	ST
VYZULTA	3	ST; QL (5 per 30 days)
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	
ZYLET	3	
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>difluprednate</i>	2	
FLAREX	3	
<i>fluorometholone</i>	1	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	2	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
STEROID-SULFONAMIDE COMBINATIONS		
<i>sulfacetamide-prednisolone</i>	1	
SULFONAMIDES		
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	
VASOCONSTRICTOR DECONGESTANTS		
<i>phenylephrine hcl ophthalmic (eye)</i>	2	
UPNEEQ (PF)	3	PA
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHIISTAMINE & ANTIALLERGENIC AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>carbinoxamine maleate oral liquid</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
<i>clemastine oral tablet</i>	1	QL (3 per 1 day)
<i>cyproheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>diphenhydramine hcl injection syringe</i>	4	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	2	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
SYMJEPI	2	
COUGH & COLD THERAPY		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>benzonatate oral capsule 150 mg</i>	2	
<i>codeine-guaifenesin</i>	1	
<i>g tussin ac</i>	1	
<i>hydrocodone-chlorpheniramine</i>	1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine vc</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
TUXARIN ER	3	QL (24 per 30 days)
PULMONARY AGENTS		

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

Drug Name	Drug Tier	Requirements / Limits
<i>24 hour nasal allergy</i>	1	OTC
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; LA; QL (3 per 1 day)
ADVAIR HFA	2	
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	1	
ALVESCO	3	PA
<i>alyq</i>	4	PA; QL (2 per 1 day)
<i>ambrisentan</i>	4	PA; LA; QL (1 per 1 day)
ANORO ELLIPTA	2	
<i>arformoterol</i>	2	ST
ARNUIITY ELLIPTA	2	
ASMANEX HFA	2	
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	
ATROVENT HFA	3	
<i>bosentan</i>	4	PA; QL (2 per 1 day)
BREO ELLIPTA	2	
<i>brey-na</i>	2	
BRONCHITOL	4	PA; QL (20 per 1 day)
<i>budesonide inhalation</i>	1	
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	2	
CINRYZE	4	PA
COMBIVENT RESPIMAT	2	
<i>cromolyn inhalation</i>	1	
DULERA	2	
FASENRA	4	PA; QL (1 per 42 days)
FASENRA PEN	4	PA; QL (1 per 42 days)
<i>flunisolide</i>	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
<i>fluticasone propionate nasal</i>	1	
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	
HAEGARDA	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant</i>	4	PA; QL (9 per 28 days)
INCRUSE ELLIPTA	2	
<i>ipratropium bromide inhalation</i>	1	
<i>ipratropium-albuterol</i>	1	
KALYDECO	4	PA; QL (2 per 1 day)
<i>levalbuterol hcl</i>	2	
<i>mometasone nasal</i>	2	ST
<i>montelukast</i>	1	
<i>nasal allergy</i>	1	OTC
NUCALA	4	PA; LA; QL (1 per 28 days)
OFEV	4	PA; QL (2 per 1 day)
OPSUMIT	4	PA; LA; QL (1 per 1 day)
OPSYNVI	4	PA; QL (1 per 1 day)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; QL (2 per 1 day)
ORKAMBI ORAL TABLET	4	PA; QL (4 per 1 day)
ORLADEYO	4	PA; LA; QL (1 per 1 day)
<i>pirfenidone oral capsule</i>	4	QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA
<i>pirfenidone oral tablet 801 mg</i>	4	PA; QL (3 per 1 day)
PROAIR DIGIHALER	3	PA
PROAIR RESPICLICK	1	
PULMOZYME	4	PA; QL (5 per 1 day)
QVAR REDIHALER	2	
<i>roflumilast</i>	2	QL (1 per 1 day)
RUCONEST	4	PA; 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
<i>sajazir</i>	4	PA; QL (9 per 28 days)
SEREVENT DISKUS	2	
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; QL (3 per 1 day)
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	
STIOLTO RESPIMAT	2	
STRIVERDI RESPIMAT	2	
SYMDEKO	4	PA; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (2 per 1 day)
TADLIQ	4	PA; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; LA; QL (2 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	4	PA; QL (1.91 per 28 days)
THEO-24	3	
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	1	
<i>tiotropium bromide</i>	2	
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	2	
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; QL (3 per 1 day)
TYVASO	4	PA; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG (112)- 32 MCG (84), 16(112)-32(112) -48(28) MCG	4	PA; QL (1 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	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
TYVASO REFILL KIT	4	PA; QL (81.2 per 28 days)
TYVASO STARTER KIT	4	PA; QL (1 per 365 days)
VENTAVIS	4	PA; QL (9 per 1 day)
VENTOLIN HFA	1	
WINREVAIR	4	PA; QL (1 per 20 days)
<i>wixela inhub</i>	1	
XHANCE	3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	4	PA; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; LA; QL (2 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; LA; QL (0.5 per 28 days)
<i>zafirlukast</i>	1	
ZYFLO	3	PA; QL (4 per 1 day)

UROLOGICALS

ANTICHOLINERGICS & ANTISPASMODICS

<i>darifenacin</i>	2	
<i>fesoterodine</i>	2	ST
<i>flavoxate</i>	1	
<i>mirabegron</i>	2	ST
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	2	
<i>tropium oral capsule, extended release 24hr</i>	2	
<i>tropium oral tablet</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
<i>alfuzosin</i>	1	
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	2	
<i>finasteride oral tablet 5 mg</i>	1	
<i>silodosin</i>	2	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	PA; QL (1 per 1 day)
<i>tamsulosin</i>	1	
CHOLINERGIC STIMULANTS		
<i>bethanechol chloride</i>	1	
MISCELLANEOUS UROLOGICALS		
CYSTAGON	4	LA
ELMIRON	3	
<i>methen-sod phos-meth blue-hyos</i>	1	
ORACIT	3	
OXLUMO	4	PA
<i>potassium citrate oral tablet extended release</i>	1	
<i>potassium citrate-citric acid</i>	1	OTC
PROCYSBI	4	PA
RIVFLOZA	4	PA; QL (1 per 28 days)
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	OTC
URELLE	3	
<i>urimar-t oral tablet</i>	2	
<i>uro-458</i>	2	
<i>uro-mp</i>	2	
URINARY ANESTHETICS		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>klor-con m10</i>	1	
<i>klor-con m20</i>	1	
<i>klor-con/ef</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid 20 meq/15 ml</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	1	
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
DOJOLVI	4	PA; LA
VITAMINS & HEMATINICS		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>balanced b-100 oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit)</i>	1	OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>c-nate dha</i>	1	
<i>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	1	OTC
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	1	
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>ferocon</i>	9	ACA; OTC
<i>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet,chewable</i>	9	ACA; OTC
<i>folbee</i>	1	OTC
<i>folic acid oral tablet 1 mg</i>	1	

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

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

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

Drug Name	Drug Tier	Requirements / Limits
<i>prenatal vitamin with minerals</i>	9	ACA; OTC
<i>prenatal-u</i>	1	
<i>rena-vite</i>	9	ACA; OTC
<i>reno caps</i>	1	OTC
<i>se-natal 19 chewable</i>	1	
<i>se-natal-19</i>	1	
<i>soluvita</i>	9	ACA; OTC
<i>soluvita a,c,d with fluoride</i>	9	ACA; OTC
<i>stress formula with iron</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b maxi complex</i>	9	ACA; OTC
<i>super b-50 complex</i>	9	ACA; OTC
<i>super quintis</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>tricon</i>	9	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	9	ACA; OTC
<i>vitamins a,c,d and fluoride</i>	9	ACA; OTC
<i>wescap-c dha</i>	1	
<i>wesnatal dha complete</i>	1	
<i>westab plus</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	

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

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<i>folic acid</i>	91, 92	<i>generlac</i>	63	<i>haloperidol lactate</i>	32
<i>folivane-ob</i>	92	<i>gengraf</i>	12	HARVONI	4
<i>foltabs 800</i>	92	GENOTROPIN	68	<i>heather</i>	75
<i>fondaparinux</i>	41	GENOTROPIN MINIQUICK		HEMANGEOL	39
FOSAMAX PLUS D	72	68	<i>hematinic/folic acid</i>	92
<i>fosamprenavir</i>	4	<i>gentamicin</i>	48, 81	<i>hemmorex-hc</i>	63
<i>fosfomycin tromethamine</i>	10	GENTEEL VACUUM		HEMOCYTE-F	92
<i>fosinopril</i>	38	LANCING DEVICE	56	<i>heparin (porcine)</i>	41
<i>fosinopril-hydrochlorothiazide</i>	39	<i>gentle laxative (bisacodyl)</i>	63	HEPARIN(PORCINE) IN	
FOTIVDA	12	<i>gentlelax</i>	63	0.45% NACL	41
FRAGMIN	41	GENVOYA	4	<i>heparin, porcine (pf)</i>	41
FREESTYLE LIBRE 14 DAY		GILOTRIF	12	HEPARIN, PORCINE (PF)	41
READER	56	<i>glatiramer</i>	69	<i>her style</i>	78
FREESTYLE LIBRE 14 DAY		<i>glatopa</i>	69	HETLIOZ LQ	32
SENSOR	56	GLEOSTINE	12	<i>homatropaire</i>	82
FREESTYLE LIBRE 2		<i>glimepiride</i>	59	HUMALOG JUNIOR	
READER	56	<i>glipizide</i>	59	KWIKPEN U-100	57
FREESTYLE LIBRE 2		<i>glipizide-metformin</i>	59	HUMALOG KWIKPEN	
SENSOR	56	GLUCAGON (HCL)		INSULIN	57
FREESTYLE LIBRE 3		EMERGENCY KIT	56	HUMALOG MIX 50-50	
READER	56	<i>glucagon emergency kit</i>		KWIKPEN	57
		(<i>human</i>)	56	HUMALOG MIX 75-25	
		<i>glutamine (sickle cell)</i>	52	KWIKPEN	57
		<i>glyburide</i>	59		

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

HUMALOG MIX 75-25(U-100)INSULN.....	57	<i>hydrocodone-homatropine</i> ...	85	<i>indomethacin</i>	27, 28
HUMALOG U-100 INSULIN	57	<i>hydrocodone-ibuprofen</i>	25	INGREZZA	22
HUMATROPE	68	<i>hydrocortisone</i>	50, 55, 63	INGREZZA INITIATION	
HUMIRA (ONLY NDCS STARTING WITH 00074)	72	<i>hydrocortisone acetate</i>	63	PK(TARDIV)	22
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	72	<i>hydrocortisone butyrate</i>	50	INGREZZA SPRINKLE	22
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	72	<i>hydrocortisone valerate</i>	50	INLYTA	13
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074).....	72	<i>hydrocortisone-acetic acid</i> ...54		INQOVI.....	13
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074).....	73	<i>hydrocortisone-pramoxine</i> ..44, 63		INREBIC	13
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074).....	73	<i>hydromet</i>	85	INSULIN SYRINGE-NEEDLE U-100	55
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074).....	73	<i>hydromorphone</i>	25	INTELENCE	5
HUMULIN 70/30 U-100 INSULN.....	57	<i>hydroxychloroquine</i>	8	INTRAROSA	76
HUMULIN 70/30 U-100 KWIKPEN	57	<i>hydroxyurea</i>	12	INVEGA HAFYERA	32
HUMULIN N NPH INSULIN KWIKPEN	57	<i>hydroxyzine hcl</i>	85	INVEGA SUSTENNA	32
HUMULIN N NPH U-100 INSULN.....	57	<i>hydroxyzine pamoate</i>	85	INVEGA TRINZA	32
HUMULIN R REGULAR U-100 INSULN	57	HYFTOR.....	45	<i>ipratropium bromide</i>	54, 87
HUMULIN R U-500 (CONC) INSULN.....	57	<i>hyoscyamine sulfate</i>	61	<i>ipratropium-albuterol</i>	87
HUMULIN R U-500 (CONC) KWIKPEN	57	<i>hyosyne</i>	61	IQIRVO	63
HYCAMTIN	12	HYPER-SAL	87	<i>irbesartan</i>	39
<i>hydralazine</i>	39	HYRIMOZ PEN CROHN'S-UC STARTER.....	73	<i>irbesartan-hydrochlorothiazide</i>	39
<i>hydrochlorothiazide</i>	39	HYRIMOZ PEN PSORIASIS STARTER	73	ISENTRESS	5
<i>hydrocodone bitartrate</i>	25	HYRIMOZ(CF).....	73	ISENTRESS HD	5
<i>hydrocodone-acetaminophen</i>	25	HYRIMOZ(CF) PEDI CROHN STARTER	73	<i>isibloom</i>	78
<i>hydrocodone-chlorpheniramine</i>	85	HYRIMOZ(CF) PEN	73	<i>isoniazid</i>	8
		I		<i>isosorbide dinitrate</i>	43
		<i>ibandronate</i>	72	<i>isosorbide mononitrate</i>	43
		IBRANCE	12	<i>isotretinoin</i>	47
		IBSRELA	63	<i>isradipine</i>	39
		<i>ibu</i>	27	ISTURISA	58
		<i>ibuprofen</i>	27	<i>itraconazole</i>	3
		<i>icatibant</i>	87	<i>ivabradine</i>	43
		<i>iclevia</i>	78	<i>ivermectin</i>	8, 47
		ICLUSIG	12	IWILFIN.....	13
		<i>icosapent ethyl</i>	42	J	
		IDHIFA	13	<i>jaimiess</i>	78
		ILUMYA	44	JAKAFI	13
		<i>imatinib</i>	13	<i>jantoven</i>	41
		IMBRUVICA	13	JANUMET	60
		IMCIVREE.....	51	JANUMET XR.....	60
		<i>imipramine hcl</i>	32	JANUVIA.....	60
		<i>imiquimod</i>	71	JARDIANCE.....	60
		IMPAVIDO	8	<i>jasmiel (28)</i>	78
		INBRIJA.....	20	JAYPIRCA	13
		<i>incassia</i>	75	<i>jencycla</i>	75
		INCRELEX	52	JENTADUETO	60
		INCRUSE ELLIPTA.....	87	JENTADUETO XR.....	60
		<i>indapamide</i>	39	<i>jinteli</i>	75
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				<i>jolessa</i>	78

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JULUCA.....	5	<i>lanthanum</i>	62	<i>lidocan v</i>	48
<i>junel 1.5/30 (21)</i>	78	LANTUS SOLOSTAR U-100		<i>lidopin</i>	48
<i>junel 1/20 (21)</i>	78	INSULIN	57	<i>linezolid</i>	8
<i>junel fe 1.5/30 (28)</i>	78	LANTUS U-100 INSULIN ..	57	LINZESS	64
<i>junel fe 1/20 (28)</i>	78	<i>lapatinib</i>	13	<i>liothyronine</i>	61
<i>junel fe 24</i>	78	<i>larin 1.5/30 (21)</i>	79	<i>lisdexamfetamine</i>	32
JUXTAPID.....	42	<i>larin 1/20 (21)</i>	79	<i>lisinopril</i>	39
JYNARQUE.....	58	<i>larin 24 fe</i>	79	<i>lisinopril-hydrochlorothiazide</i>	
K		<i>larin fe 1.5/30 (28)</i>	79	.....	39
<i>kalliga</i>	78	<i>larin fe 1/20 (28)</i>	79	LITFULO	52
KALYDECO.....	87	<i>latanoprost</i>	83	<i>lithium carbonate</i>	33
<i>kariva (28)</i>	78	<i>laxative (bisacodyl)</i>	63	<i>lithium citrate</i>	33
<i>kelnor 1/35 (28)</i>	78	<i>laxative peg 3350</i>	63	LITHOSTAT	52
<i>kelnor 1/50 (28)</i>	78	LEDIPASVIR-SOFOSBUVIR		LIVTENCITY	5
KERENDIA	39	.....	5	LO LOESTRIN FE.....	79
KESIMPTA PEN	69	<i>leena 28</i>	79	LODOCO	43
<i>ketoconazole</i>	3, 48	<i>leflunomide</i>	73	<i>lojaimiess</i>	79
<i>ketoprofen</i>	28	<i>lenalidomide</i>	13	LOKELMA.....	62
<i>ketorolac</i>	28, 83	LENVIMA.....	13	LOMAIRA	51
<i>ketotifen fumarate</i>	83	<i>lessina</i>	79	LONSURF	14
KEVZARA.....	73	<i>letrozole</i>	13	<i>lopinavir-ritonavir</i>	5
KINERET	73	<i>leucovorin calcium</i>	10	<i>lorazepam</i>	33
KISQALI.....	13	LEUKERAN	13	<i>lorazepam intensol</i>	33
<i>klayesta</i>	48	LEUKINE.....	67	LORBRENA.....	14
<i>klor-con 10</i>	90	<i>leuprolide</i>	14	<i>loryna (28)</i>	79
<i>klor-con 8</i>	90	LEUPROLIDE (3 MONTH) 14		<i>losartan</i>	39
<i>klor-con m10</i>	91	<i>levalbuterol hcl</i>	87	<i>losartan-hydrochlorothiazide</i>	
<i>klor-con m20</i>	91	<i>levetiracetam</i>	19	.....	39
<i>klor-con/ef</i>	91	<i>levobunolol</i>	82	<i>loteprednol etabonate</i>	84
KLOXXADO	28	<i>levocarnitine</i>	52	<i>lovastatin</i>	43
<i>kobee</i>	92	<i>levocarnitine (with sugar)</i>	52	<i>low-ogestrel (28)</i>	79
KOSELUGO	13	<i>levocetirizine</i>	85	<i>loxapine succinate</i>	33
<i>kourzeq</i>	54	<i>levofloxacin</i>	9, 82	<i>lo-zumandimine (28)</i>	79
KRAZATI	13	<i>levonest (28)</i>	79	<i>lubiprostone</i>	64
KRINTAFEL.....	8	<i>levonorgestrel</i>	79	<i>ludent fluoride</i>	92
<i>kurvelo (28)</i>	79	<i>levonorgestrel-ethinyl estrad</i> 79		LULICONAZOLE	48
KYZATREX	58	<i>levonorg-eth estrad triphasic</i> 79		LUMAKRAS.....	14
L		<i>levora-28</i>	79	LUMIGAN	84
<i>l norgest/e.estradiol-e.estrad</i> 79		<i>levo-t</i>	61	LUMRYZ	33
<i>labetalol</i>	39	<i>levothyroxine</i>	61	LUPKYNIS	14
<i>lacosamide</i>	19	<i>levoxyl</i>	61	LUPRON DEPOT	14
<i>lactulose</i>	63	LIBERVANT	19	LUPRON DEPOT (3	
LAGEVRIO (EUA).....	5	<i>lidocaine</i>	47, 48	MONTH).....	14
<i>lamivudine</i>	5	<i>lidocaine hcl</i>	47	LUPRON DEPOT (4	
<i>lamivudine-zidovudine</i>	5	<i>lidocaine hcl-hydrocortison ac</i>		MONTH).....	14
<i>lamotrigine</i>	19	.....	47, 64	LUPRON DEPOT (6	
LAMPIT	8	<i>lidocaine viscous</i>	48	MONTH).....	14
LANCETS.....	56	<i>lidocaine-prilocaine</i>	48	LUPRON DEPOT-PED	14
LANCING DEVICE	56	<i>lidocan iii</i>	48		

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

LUPRON DEPOT-PED (3 MONTH).....	14	<i>meperidine</i>	25	<i>midodrine</i>	52
<i>lurasidone</i>	33	<i>meprobamate</i>	23	<i>mifepristone</i>	58, 76
<i>lutera (28)</i>	79	<i>mercaptapurine</i>	14	<i>miglitol</i>	60
<i>lyleq</i>	75	<i>meropenem</i>	8	<i>miglustat</i>	58
<i>lyllana</i>	75	MEROPENEM-0.9% SODIUM CHLORIDE.....	8	<i>mili</i>	79
LYNPARZA.....	14	<i>mesalamine</i>	64	<i>milk of magnesia</i>	64
LYSODREN.....	14	MESNEX.....	10	<i>milk of magnesia concentrated</i>	64
LYTGOBI.....	14	<i>metaxalone</i>	23	<i>mimvey</i>	75
<i>lyza</i>	75	<i>metformin</i>	60	<i>minocycline</i>	10
M		<i>methadone</i>	25	<i>minoxidil</i>	39
<i>magnesium citrate</i>	64	<i>methadose</i>	25	<i>mirabegron</i>	89
<i>malathion</i>	50	<i>methamphetamine</i>	33	MIRCERA.....	67
<i>maraviroc</i>	5	<i>methazolamide</i>	83	<i>mirtazapine</i>	33
<i>marlissa (28)</i>	79	<i>methenamine hippurate</i>	10	<i>misoprostol</i>	66
MARPLAN.....	33	<i>methenamine mandelate</i>	10	<i>m-natal plus</i>	92
MATULANE.....	14	<i>methen-sod phos-meth blue-</i> <i>hyos</i>	90	<i>modafinil</i>	34
<i>matzim la</i>	39	<i>methimazole</i>	55	<i>moexipril</i>	39
MAVENCLAD (10 TABLET PACK).....	69	<i>methocarbamol</i>	23	<i>mometasone</i>	50, 87
MAVENCLAD (4 TABLET PACK).....	69	<i>methotrexate sodium</i>	14	<i>mondoxynone nl</i>	10
MAVENCLAD (5 TABLET PACK).....	69	<i>methotrexate sodium (pf)</i>	14	<i>mono-lynyah</i>	79
MAVENCLAD (6 TABLET PACK).....	69	<i>methoxsalen</i>	45	<i>montelukast</i>	87
MAVENCLAD (7 TABLET PACK).....	69	<i>methscopolamine</i>	61	<i>morphine</i>	25, 26
MAVENCLAD (8 TABLET PACK).....	69	<i>methsuximide</i>	19	<i>morphine concentrate</i>	25
MAVENCLAD (9 TABLET PACK).....	69	<i>methyldopa</i>	39	MOTEGRITY.....	64
MAVYRET.....	5	<i>methylergonovine</i>	81	MOUNJARO.....	60
<i>maxi-tuss ac</i>	85	<i>methylphenidate hcl</i>	33	MOVANTIK.....	64
MAYZENT.....	69, 70	<i>methylprednisolone</i>	55	<i>moxifloxacin</i>	9, 82
MAYZENT STARTER(FOR 1MG MAINT).....	70	<i>methyltestosterone</i>	58	MRESVIA (PF).....	71
MAYZENT STARTER(FOR 2MG MAINT).....	70	<i>metoclopramide hcl</i>	64	MULPLETA.....	41
<i>meclizine</i>	64	<i>metolazone</i>	39	MULTAQ.....	37
<i>medroxyprogesterone</i>	75	METOPIRONE.....	52	<i>multi-vitamin with fluoride</i> ..	92
<i>mefenamic acid</i>	28	<i>metoprolol succinate</i>	39	<i>mupirocin</i>	48
<i>mefloquine</i>	8	<i>metoprolol ta-hydrochlorothiaz</i>	39	<i>mvc-fluoride</i>	92
<i>megestrol</i>	14	<i>metoprolol tartrate</i>	39	<i>my choice</i>	79
MEKINIST.....	14	<i>metronidazole</i>	8, 47, 76	<i>my way</i>	79
MEKTOVI.....	14	<i>metyrosine</i>	39	MYALEPT.....	58
<i>meloxicam</i>	28	<i>mexiletine</i>	37	MYCAPSSA.....	14
<i>memantine</i>	22	<i>mibelas 24 fe</i>	79	<i>mycophenolate mofetil</i>	14, 15
MEMANTINE.....	22	<i>miconazole-3</i>	76	<i>mycophenolate sodium</i>	15
MENEST.....	75	MICROCHAMBER.....	55	MYFEMBREE.....	76
		<i>microgestin 1.5/30 (21)</i>	79	MYHIBBIN.....	15
		<i>microgestin 1/20 (21)</i>	79	MYLERAN.....	15
		<i>microgestin 24 fe</i>	79	<i>mynatal</i>	92
		<i>microgestin fe 1.5/30 (28)</i>	79	<i>mynatal plus</i>	92
		<i>microgestin fe 1/20 (28)</i>	79	<i>mynatal-z</i>	92
		<i>midazolam</i>	33	N	
		MIDAZOLAM.....	33	<i>nabumetone</i>	28
				<i>nadolol</i>	39
				<i>naftifine</i>	48

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<i>naloxone</i>	28	NINLARO	15	<i>nylia 7/7/7 (28)</i>	80
<i>naltrexone</i>	28	<i>nisoldipine</i>	39	<i>nymyo</i>	80
<i>naproxen</i>	28	<i>nitazoxanide</i>	8	<i>nystatin</i>	3, 48
<i>naproxen sodium</i>	28	<i>nitisinone</i>	52	<i>nystatin-triamcinolone</i>	48
<i>naratriptan</i>	21	<i>nitro-bid</i>	43	<i>nystop</i>	48
<i>nasal allergy</i>	87	NITRO-DUR	43	NYVEPRIA	68
NATACYN	82	<i>nitrofurantoin</i>	10	O	
<i>nateglinide</i>	60	<i>nitrofurantoin macrocrystal</i>	10	OCALIVA	64
<i>natura-lax</i>	64	<i>nitrofurantoin monohyd/m-</i>		<i>ocella</i>	80
NAYZILAM	19	<i>cryst</i>	10	ODACTRA	71
<i>nebivolol</i>	39	<i>nitroglycerin</i>	44	ODEFSEY	5
<i>necon 0.5/35 (28)</i>	79	NITYR	52	ODOMZO	15
<i>nefazodone</i>	34	NIVESTYM	68	OFEV	87
<i>neomycin</i>	8	<i>nizatidine</i>	66	<i>ofloxacin</i>	9, 54, 82
<i>neomycin-bacitracin-poly-hc</i>	84	<i>nora-be</i>	75	OGSIVEO	15
<i>neomycin-bacitracin-</i>		NORDITROPIN FLEXPRO	68	OJEMDA	15
<i>polymyxin</i>	82	<i>norelgestromin-ethin.estradiol</i>		OJJAARA	15
<i>neomycin-polymyxin b-</i>		.....	76	<i>olanzapine</i>	34
<i>dexameth</i>	84	<i>noreth-ethinyl estradiol-iron</i>	80	<i>olanzapine-fluoxetine</i>	34
<i>neomycin-polymyxin-</i>		<i>norethindrone (contraceptive)</i>		<i>olmesartan</i>	39
<i>gramicidin</i>	82	.....	75	<i>olmesartan-</i>	
<i>neomycin-polymyxin-hc</i>	54, 84	<i>norethindrone acetate</i>	75	<i>hydrochlorothiazide</i>	40
<i>neo-polycin</i>	82	<i>norethindrone ac-eth estradiol</i>		<i>olopatadine</i>	54, 83
<i>neo-polycin hc</i>	84	.....	75, 80	OLPRUVA	52
<i>neostigmine methylsulfate</i>	23	<i>norethindrone-e.estradiol-iron</i>		OLUMIANT	73
NERLYNX	15	.....	80	OMECLAMOX-PAK	66
<i>neuac</i>	47	<i>norgestimate-ethinyl estradiol</i>		<i>omega-3 acid ethyl esters</i>	43
NEULASTA	67	.....	80	<i>omeprazole</i>	66
NEULASTA ONPRO	67	<i>nortrel 0.5/35 (28)</i>	80	OMNIPOD 5 G6 INTRO KIT	
NEUPOGEN	67	<i>nortrel 1/35 (21)</i>	80	(GEN 5)	56
NEUPRO	21	<i>nortrel 1/35 (28)</i>	80	OMNIPOD 5 G6 PODS (GEN	
NEVANAC	83	<i>nortrel 7/7/7 (28)</i>	80	5)	56
<i>nevirapine</i>	5	<i>nortriptyline</i>	34	OMNIPOD CLASSIC PODS	
<i>new day</i>	79	NORVIR	5	(GEN 3)	57
<i>newgen</i>	92	NOURIANZ	21	OMNIPOD DASH INTRO	
NEXIUM PACKET	66	NOVAREL	58	KIT (GEN 4)	57
NEXLETOL	43	NOXAFIL	3	OMNIPOD DASH PODS	
NEXLIZET	43	<i>np thyroid</i>	61	(GEN 4)	57
NGENLA	68	NUBEQA	15	OMNIPOD GO PODS 10	
<i>niacin</i>	43	NUCALA	87	UNITS/DAY	57
NIACOR	43	NUCYNTA	28	OMNITROPE	68
<i>nicardipine</i>	39	NUCYNTA ER	28	OMVOH	64
<i>nicorette</i>	53	NUEDEXTA	22	OMVOH PEN	64
<i>nicotine</i>	53	NULIBRY	22	<i>ondansetron</i>	64
<i>nicotine (polacrilex)</i>	53	NUPLAZID	34	<i>ondansetron hcl</i>	64
NICOTROL NS	53	NURTEC ODT	21	<i>one daily prenatal</i>	92
<i>nifedipine</i>	39	NUTROPIN AQ NUSPIN	68	<i>onelax magnesium citrate</i>	64
<i>nikki (28)</i>	80	NUVESSA	76	ONETOUCH ULTRA	
<i>nilutamide</i>	15	<i>nyamyc</i>	48	CONTROL	57
<i>nimodipine</i>	39	<i>nylia 1/35 (28)</i>	80		

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ONETOUCH ULTRA TEST	<i>oseltamivir</i>5	<i>peg-electrolyte soln</i>65
.....55	OSPHERA.....76	PEMAZYRE.....15
ONETOUCH ULTRA2	OTEZLA73	PEN NEEDLE, DIABETIC .57
METER57	OTEZLA STARTER.....73	<i>penicillamine</i>73
ONETOUCH VERIO FLEX	OTREXUP (PF)73	<i>penicillin v potassium</i>9
METER57	OVIDREL59	<i>pentamidine</i>8
ONETOUCH VERIO MID	<i>oxaprozin</i>28	PENTASA65
CONTROL57	<i>oxazepam</i>34	<i>pentazocine-naloxone</i>28
ONETOUCH VERIO	OXBRYTA.....52	<i>pentoxifylline</i>42
REFLECT METER.....57	<i>oxcarbazepine</i>19	<i>perindopril erbumine</i>40
ONETOUCH VERIO TEST	OXERVATE83	<i>periogard</i>54
STRIPS.....55	<i>oxiconazole</i>48	<i>permethrin</i>50
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.....82	<i>prevalite</i>4340
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PONVORY.....70	PREVYMIS.....5	<i>quinidine sulfate</i>37
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<i>potassium chloride</i>91	<i>primidone</i>20	QVAR REDIHALER.....87
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<i>potassium citrate-citric acid</i>90	PROAIR RESPICLICK.....87	<i>rabeprazole</i>66
<i>povidone-iodine</i>82	<i>probenecid</i>72	RADICAVA ORS STARTER
<i>powderlax</i>65	<i>probenecid-colchicine</i>72	KIT SUSP.....23
<i>pr natal 400</i>92	<i>prochlorperazine</i>65	RAGWITEK.....71
<i>pr natal 400 ec</i>92	<i>prochlorperazine maleate</i>65	<i>ralexifene</i>72
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<i>pramipexole</i>21	<i>proctosol hc</i>65	<i>rasagiline</i>21
<i>prasugrel</i>42	<i>proctozone-hc</i>65	RASUVO (PF).....73
<i>pravastatin</i>43	PROCYSBI.....90	RAVICTI.....52
<i>praziquantel</i>8	<i>progesterone</i>75	REBIF (WITH ALBUMIN).....70
<i>prazosin</i>40	<i>progesterone micronized</i>75	REBIF REBIDOSE.....70
<i>prednicarbate</i>50	PROMACTA.....42	REBIF TITRATION PACK.....70
<i>prednisolone</i>55	<i>promethazine</i>85	<i>reclipsen (28)</i>80
<i>prednisolone acetate</i>84	<i>promethazine vc</i>85	RECORLEV.....59
<i>prednisolone sodium</i>	<i>promethazine-codeine</i>85	RECTIV.....65
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<i>prednisone</i>55	<i>promethegan</i>85	RELENZA DISKHALER.....5
<i>pregabalin</i>20	<i>propafenone</i>37	RELEUKO.....68
PREGNYL.....59	<i>proparacaine</i>83	RELISTOR.....65
PREMARIN.....75	<i>propranolol</i>40	RELYVRIO.....23
PREMPHASE.....75	<i>propylthiouracil</i>55	<i>rena-vite</i>93
PREMPRO.....75	<i>protriptyline</i>34	<i>reno caps</i>93
<i>prenatabs fa</i>92	PULMOZYME.....87	<i>repaglinide</i>60
<i>prenatabs rx</i>92	<i>purelax</i>65	REPATHA PUSHTRONEX.....43
<i>prenatal</i>92	<i>pyrazinamide</i>8	REPATHA SURECLICK.....43
<i>prenatal complete</i>92	<i>pyridostigmine bromide</i>23	REPATHA SYRINGE.....43
<i>prenatal multi-dha (algal oil)</i>	PYRIDOSTIGMINE	RESTASIS MULTIDOSE.....83
.....92	BROMIDE.....23	RETACRIT.....68
<i>prenatal multivitamins</i>92	<i>pyrimethamine</i>8	RETEVMO.....15
<i>prenatal one daily</i>92	PYRUKYND.....52	REVCovi.....52
<i>prenatal plus</i>92	Q	REVLIMID.....15
<i>prenatal plus (calcium carb)</i>92	QELBREE.....34	REXTOVY.....28
<i>prenatal vit no.179-iron-folic</i>	QINLOCK.....15	REXULTI.....35
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<i>prenatal vitamin</i>92	QUAZEPAM.....34	REYVOW.....21
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<i>rifabutin</i>	9	<i>setlakin</i>	80	<i>spironolactone</i>	40
<i>rifampin</i>	9	<i>sevelamer carbonate</i>	62	<i>spironolacton-</i>	
<i>riluzole</i>	52	<i>sf 54</i>		<i>hydrochlorothiaz</i>	40
<i>rimantadine</i>	5	<i>sf 5000 plus</i>	54	SPRAVATO	35
RINVOQ	74	<i>sharobel</i>	76	<i>sprintec (28)</i>	80
RINVOQ LQ.....	73	SHINGRIX (PF).....	71	SPRYCEL.....	16
<i>risedronate</i>	52, 72	SIGNIFOR.....	16	<i>sps (with sorbitol)</i>	62
<i>risperidone</i>	35	<i>sildenafil (pulm.hypertension)</i>		<i>sronyx</i>	80
<i>risperidone microspheres</i>	35	.....	88	<i>ssd</i>	45
RITEFLO AEROCHAMBER		SILIQ.....	44	<i>st joseph aspirin</i>	28
.....	56	<i>silodosin</i>	90	<i>st. joseph aspirin</i>	28
<i>ritonavir</i>	5	<i>silver sulfadiazine</i>	45	STELARA	44, 45
<i>rivastigmine</i>	23	<i>simliya (28)</i>	80	STIMUFEND	68
<i>rivastigmine tartrate</i>	23	<i>simpesse</i>	80	STIOLTO RESPIMAT	88
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<i>rizatriptan</i>	21	<i>simvastatin</i>	43	<i>stop smoking aid</i>	53
<i>roflumilast</i>	87	<i>sirolimus</i>	16	STRENSIQ	59
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<i>ropinirole</i>	21	SKYCLARYS	23	<i>stress formula with iron(sulf)</i> 93	
<i>rosadan</i>	47	SKYRIZI	44, 65	STRIBILD	6
<i>rosuvastatin</i>	43	SKYTROFA.....	69	STRIVERDI RESPIMAT ...	88
<i>roweepra</i>	20	<i>smoothlax</i>	65	SUBLOCADE	26
ROZLYTREK	16	<i>sodium chlor 0.9% bacteriostat</i>		<i>subvenite</i>	20
RUBRACA.....	16	.....	52	SUCRAID.....	65
RUCONEST.....	87	<i>sodium chloride</i>	52, 88	<i>sucralfate</i>	66
<i>rufinamide</i>	20	<i>sodium citrate-citric acid</i>	90	SULCONAZOLE	48
RUKOBIA.....	5	<i>sodium fluoride 5000 plus</i>	54	<i>sulfacetamide sodium</i>	84
RYBELSUS	60	<i>sodium fluoride-pot nitrate</i> ...54		<i>sulfacetamide sodium (acne)</i> 48	
RYDAPT.....	16	SODIUM OXYBATE	35	<i>sulfacetamide sodium-sulfur</i> .47	
RYKINDO	35	<i>sodium phenylbutyrate</i>	52	<i>sulfacetamide-prednisolone</i> ..84	
S		<i>sodium polystyrene sulfonate</i> 62		<i>sulfacleanse 8-4</i>	47
<i>sajazir</i>	88	SOFOSBUVIR-		<i>sulfadiazine</i>	9
<i>salsalate</i>	28	VELPATASVIR.....	6	<i>sulfamethoxazole-trimethoprim</i>	
SALVAX DUO PLUS	45	SOGROYA.....	69	.....	9
SANDOSTATIN LAR		SOHONOS	53	SULFAMYLON.....	48
DEPOT	16	<i>solifenacin</i>	89	<i>sulfasalazine</i>	65
SANTYL	50	SOLQUA 100/33	57	<i>sulfatrim</i>	9
<i>sapropterin</i>	59	SOLTAMOX.....	16	<i>sulindac</i>	28
SAVELLA.....	74	<i>soluvita</i>	93	<i>sumatriptan</i>	21, 22
SAXENDA.....	51	<i>soluvita a,c,d with fluoride</i> ...93		<i>sumatriptan succinate</i>	22
SCSEMBLIX.....	16	SOMAVERT	59	<i>sunitinib malate</i>	16
<i>scopolamine base</i>	65	<i>sorafenib</i>	16	SUNLENCA.....	6
<i>selegiline hcl</i>	21	<i>sotalol</i>	37	SUNOSI.....	35
<i>selenium sulfide</i>	44	<i>sotalol af</i>	37	<i>super b maxi complex</i>	93
SELZENTRY	6	SOTYKTU	44	<i>super b-50 complex</i>	93
<i>se-natal 19 chewable</i>	93	SOVALDI	6	<i>super quints</i>	93
<i>se-natal-19</i>	93	SPACE CHAMBER.....	56	SUPPRELIN LA	16

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<i>syeda</i>	80	<i>terbinafine hcl</i>	3	<i>trandolapril</i>	40
SYMDEKO.....	88	<i>terbutaline</i>	88	<i>trandolapril-verapamil</i>	40
SYMJEPI.....	85	<i>terconazole</i>	76	<i>tranexamic acid</i>	76
SYMLINPEN 120.....	60	<i>teriflunomide</i>	70	<i>tranylcypromine</i>	35
SYMLINPEN 60.....	60	<i>teriparatide</i>	72	<i>travoprost</i>	84
SYMPROIC.....	65	TERIPARATIDE.....	72	<i>trazodone</i>	35
SYMTUZA.....	6	<i>testosterone</i>	59	TRECTOR.....	9
SYNAGIS.....	6	<i>testosterone cypionate</i>	59	TRELEGY ELLIPTA.....	88
SYNAREL.....	59	<i>testosterone enanthate</i>	59	TRELSTAR.....	17
SYNDROS.....	65	<i>tetrabenazine</i>	23	TREMFYA.....	45
SYNJARDY.....	60	<i>tetracaine hcl</i>	83	TRESIBA FLEXTOUCH U-	
SYNJARDY XR.....	60	TETRACAINE HCL (PF)....	83	100.....	58
SYNTHROID.....	61	<i>tetracycline</i>	10	TRESIBA FLEXTOUCH U-	
T		TEZSPIRE.....	88	200.....	58
TABLOID.....	16	THALOMID.....	17	TRESIBA U-100 INSULIN	.58
TABRECTA.....	16	THEO-24.....	88	<i>tretinoin</i>	47
<i>tacrolimus</i>	16, 46	<i>theophylline</i>	88	<i>tretinoin (antineoplastic)</i>	17
<i>tadalafil</i>	90	<i>thioridazine</i>	35	<i>tretinoin microspheres</i>	47
<i>tadalafil (pulm. hypertension)</i>		<i>thiothixene</i>	35	<i>triamcinolone acetonide</i> 50, 54,	
.....	88	<i>tiadylt er</i>	40	88	
TADLIQ.....	88	<i>tiagabine</i>	20	<i>triamterene</i>	40
TAFINLAR.....	16	TIBSOVO.....	17	<i>triamterene-hydrochlorothiazid</i>	
TAGRISSE.....	16	<i>timolol maleate</i>	40, 82	.....	40
TAKHZYRO.....	88	<i>tinidazole</i>	9	<i>triazolam</i>	36
TALTZ AUTOINJECTOR..	45	<i>tiopronin</i>	53	<i>tricon</i>	93
TALTZ AUTOINJECTOR (2		<i>tiotropium bromide</i>	88	<i>tridacaine ii</i>	48
PACK).....	45	TIVICAY.....	6	<i>triderm</i>	50
TALTZ AUTOINJECTOR (3		TIVICAY PD.....	6	<i>trientine</i>	53
PACK).....	45	<i>tizanidine</i>	23	TRIENTINE.....	53
TALTZ SYRINGE.....	45	TOBI PODHALER.....	9	<i>tri-estarylla</i>	80
TALZENNA.....	16	<i>tobramycin</i>	9, 82	<i>trifluoperazine</i>	36
<i>tamoxifen</i>	16	<i>tobramycin in 0.225 % nacl</i> ...	9	<i>trifluridine</i>	82
<i>tamsulosin</i>	90	TOBRAMYCIN WITH		<i>trihexyphenidyl</i>	21
<i>tarina 24 fe</i>	80	NEBULIZER.....	9	TRIJARDY XR.....	60
<i>tarina fe 1/20 (28)</i>	80	<i>tobramycin-dexamethasone</i> ..	84	TRIKAFTA.....	88
<i>taron-c dha</i>	93	<i>tolcapone</i>	21	<i>tri-linyah</i>	80
TARPEYO.....	55	<i>tolterodine</i>	89	<i>tri-lo-estarylla</i>	80
TASIGNA.....	16	<i>tolvaptan</i>	59	<i>tri-lo-marzia</i>	80
<i>tasimelteon</i>	35	<i>topiramate</i>	20	<i>tri-lo-mili</i>	80
TAVALISSE.....	42	<i>toremifene</i>	17	<i>tri-lo-sprintec</i>	80
TAVNEOS.....	53	<i>torse mide</i>	40	<i>trimethobenzamide</i>	65
<i>tazarotene</i>	47	TOUJEO MAX U-300		<i>trimethoprim</i>	10
TAZVERIK.....	16	SOLOSTAR.....	57	<i>tri-mili</i>	81
<i>telmisartan</i>	40	TOUJEO SOLOSTAR U-300		<i>trimipramine</i>	36
<i>temazepam</i>	35	INSULIN.....	58	<i>trinatal rx 1</i>	93
<i>temozolomide</i>	16	<i>tovet emollient</i>	50	<i>trinate</i>	93
<i>tencon</i>	26	TRACLEER.....	88	TRINTELLIX.....	36
<i>tenofovir disoproxil fumarate</i> ..	6	TRADJENTA.....	60	<i>tri-nymyo</i>	81
TEPMETKO.....	17	<i>tramadol</i>	28	TRIPTODUR.....	17
<i>terazosin</i>	40	<i>tramadol-acetaminophen</i>	28	<i>tri-sprintec (28)</i>	81

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TRIUMEQ.....	6	<i>valproic acid (as sodium salt)</i>	20	VITRAKVI.....	17
TRIUMEQ PD.....	6	<i>valsartan</i>	40	VIVITROL	29
<i>tri-vitamin with fluoride</i>	93	<i>valsartan-hydrochlorothiazide</i>	40	VIVJOA.....	3
<i>trivora (28)</i>	81	.....	40	VIZIMPRO.....	17
<i>tri-vylibra</i>	81	VALTOCO.....	20	<i>volnea (28)</i>	81
<i>tri-vylibra lo</i>	81	<i>vancomycin</i>	10	VONJO.....	17
<i>tropicamide</i>	82	<i>vandazole</i>	76	<i>voriconazole</i>	3
<i>trospium</i>	89	VANFLYTA	17	VORTEX HOLDING	
TRULANCE.....	65	<i>varenicline</i>	53	CHAMBER	56
TRULICITY	60	VARUBI.....	66	VOSEVI	6
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TRUSTEX-RIA NON-LUB		VCF CONTRACEPTIVE		VOWST.....	66
CONDOMS.....	74	FILM	76	VOXZOGO	59
TUKYSA.....	17	VCF CONTRACEPTIVE GEL		VOYDEYA	53
<i>tulana</i>	76	.....	76	VUMERITY	70
TURALIO	17	<i>velivet triphasic regimen (28)</i>	81	<i>vyfemla (28)</i>	81
<i>turqoz (28)</i>	81	.....	81	<i>vylibra</i>	81
TUXARIN ER.....	85	VELPHORO.....	62	VYNDAMAX	43
TYBLUME.....	81	VELSIPITY	66	VYNDAQEL.....	43
TYBOST	6	VELTASSA.....	62	VYVANSE	36
TYENNE.....	74	VEMLIDY.....	6	VYZULTA	84
TYENNE AUTOINJECTOR		VENCLEXTA	17	W	
.....	74	VENCLEXTA STARTING		WAINUA	23
TYMLOS	72	PACK	17	WAKIX	36
TYVASO.....	88	<i>venlafaxine</i>	36	<i>warfarin</i>	42
TYVASO DPI.....	88	VENTAVIS.....	89	WEGOVY	51
TYVASO REFILL KIT	89	VENTOLIN HFA.....	89	WELIREG	17
TYVASO STARTER KIT ..	89	<i>verapamil</i>	40	<i>wera (28)</i>	81
U		VERQUVO	43	<i>wescap-c dha</i>	93
UBRELVY	22	VERZENIO	17	<i>wesnatal dha complete</i>	93
UDENYCA	68	<i>vestura (28)</i>	81	<i>westab plus</i>	93
UDENYCA AUTOINJECTOR		V-GO 20.....	57	WIDE-SEAL DIAPHRAGM	
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UDENYCA ONBODY	68	V-GO 40.....	57	WINREVAIR	89
<i>unithroid</i>	61	VIBERZI	66	<i>wixela inhub</i>	89
UPNEEQ (PF)	84	VICTOZA 2-PAK	60	<i>women's gentle laxative(bisac)</i>	
UPTRAVI.....	40	VICTOZA 3-PAK	60	.....	66
<i>urea</i>	46	<i>vienna</i>	81	<i>wymzya fe</i>	81
URELLE.....	90	<i>vigabatrin</i>	20	X	
<i>urimar-t</i>	90	<i>vigadrone</i>	20	XACIATO	76
<i>uro-458</i>	90	<i>vigpoder</i>	20	XADAGO.....	21
<i>uro-mp</i>	90	VIJOICE.....	17	XALKORI.....	17
<i>ursodiol</i>	65	<i>vilazodone</i>	36	XARELTO	42
UZEDY	36	VIOKACE	66	XARELTO DVT-PE TREAT	
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<i>valproic acid</i>	20	<i>vitamins a,c,d and fluoride</i> ..93		XCOPRI TITRATION PACK	
				20

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XELJANZ	74	<i>zafemy</i>	<i>ziprasidone hcl</i>	37
XELJANZ XR.....	74	<i>zafirlukast</i>	ZIRGAN	82
XENICAL	51	<i>zaleplon</i>	ZOKINVIY	53
XEPI	48	<i>zarah</i>	ZOLADEX	18
XHANCE	89	ZARXIO.....	ZOLINZA.....	18
XIFAXAN.....	9	<i>zatean-pn dha</i>	<i>zolmitriptan</i>	22
XIGDUO XR.....	61	<i>zatean-pn plus</i>	<i>zolpidem</i>	37
XIIDRA.....	83	ZAVZPRET.....	ZOMACTON	69
XOFLUZA	6	ZEJULA	<i>zonisamide</i>	20
XOLAIR.....	89	ZELBORAF	ZONTIVITY.....	42
XOLREMDI.....	68	<i>zenatane</i>	ZORYVE.....	45
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Notice Informing Individuals About Nondiscrimination and Accessibility Requirements Discrimination is Against the Law

Sentara Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sentara Health Plans does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sentara Health Plans:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact:

Sentara Health Plans Member Services
PO Box 66189, Virginia Beach, VA 23466
757-552-7401 or toll free 1-877-552-7401
TTY Relay 1-800-828-1140 or 711

If you believe that Sentara Health Plans has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Sentara Health Plans
1557 Coordinator/Compliance
PO Box 66189, Virginia Beach, VA 23466
757-552-7485

You can file a grievance in person or by mail. If you need help filing a grievance, please contact the 1557 Coordinator at the information listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

If you are visually impaired and need large print or other assistance to view this document, please contact us at 1-855-687-6260.

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Alternative Language Options for Notices and other Written Information

Amharic:

ማሳሰቢያ:

አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ከክፍያ ጎዳ የሆነ የቋንቋ እገዛ አገልግሎት ይቀርብልዎታል። በዚህ ስልክ ይደውሉ 1-855-687-6260 (TTY: 711) ።

Arabic:

تنبيه: إذا كنت تتحدث باللغة العربية، فإنه تتوفر خدمات المساعدة اللغوية لك مجانًا. اتصل بالرقم 1-855-687-6260 (TTY: 711).

Bengali/Bangla:

লক্ষ্য করবেনঃ যদি আপনি বাংলা ভাষায় কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়ক পরিষেবাও পাবেন। ফোন করুন- 1-855-687-6260 (TTY: 711)।

Chinese (Mandarin):

注意: 如果您讲中文普通话, 可以免费获得语言协助服务。请拨打电话 1-855-687-6260 (TTY: 711)。

French:

ATTENTION : Si vous parlez français, les services d'assistance linguistique sont à votre disposition sans aucun frais. Appelez le 1-855-687-6260 (TTY: 711).

German:

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen Sprachhilfsdienste kostenlos unter der Rufnummer 1-855-687-6260 (TTY: 711) zur Verfügung.

Gujarati:

ધ્યાન આપો : જો તમે ગુજરાતી બોલી છો તો ભાષા સહાયક સેવાઓ તમારા માટે વિના મૂલ્યે ઉપલબ્ધ છે. 1-855-687-6260 (TTY: 711) પર કોલ કરો.

Hindi:

ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। 1-855-687-6260 (TTY: 711) पर कॉल करें।

Hmong:

CIM CIA: Yog tias koj hais lus Hmoob, kev pab cuam txais lus tau muaj rau koj ua tsis them nqi. Hu rau 1-855-687-6260 (TTY: 711).

Igbo:

GEE NT I: ọbụrụ na i na-asụ Igbo, i ga-enweta enyemaka n'efu site n'aka ndị ga-enyere gi aka inweta ya. Kpọọ 1-855-687-6260 (TTY: 711)

Japanese:

重要: 日本語を話される場合、無料の言語支援サービスがご利用いただけます。1-855-687-6260 (TTY: 711) までお電話ください。

Korean:

주의: 한국어를 사용하실 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-687-6260 (TTY: 711) 번으로 전화해 주십시오.

Kru/Bassa:

YI LE: I bale u mpot Bassa, bot ba kobol mahop ngui nsaa wogui wo ba ye ha l nyuu hola we. Sebel: 1-855-687-6260 (TTY: 711).

Laotian:

ເຂົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ນຳໃຊ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-687-6260 (TTY: 711).

Mon-Khmer, Cambodian:

កំណត់សំគាល់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ, សេវាកម្មផ្នែកជំនួយការភាសាមានសម្រាប់អ្នកដោយមិនគិតថ្លៃ។ ចូរហៅទូរស័ព្ទទៅកាន់ 1-855-687-6260 (TTY: 711) ។

Navajo:

SHOOH: Diné Bizaad bee yáníłti'go doo bąąh ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'ą. Kojí' hółne' 1-855-687-6260 (TTY: 711).

Persian/Farsi:

توجه:

اگر به زبان فارسی صحبت می‌کنید، خدمات رایگان پشتیبانی زبان در دسترس شماست. با شماره 1-855-687-6260 (TTY: 711) تماس بگیرید.

Portuguese:

ATENÇÃO: Se você fala português, há serviços de assistência em idiomas disponíveis para você gratuitamente. Ligue para 1-855-687-6260 (TTY: 711).

Russian:

ВНИМАНИЕ! Если вы говорите на русском языке, позвоните по телефону 1-855-687-6260 (TTY: 711), и наша служба языковой поддержки окажет вам бесплатную помощь.

Spanish:

ATENCIÓN: Si habla español, existen servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-855-687-6260 (TTY: 711).

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, may maaari kang kuning mga libreng serbisyo ng tulong sa wika. Tumawag sa 1-855-687-6260 (TTY: 711).

Turkish:

DİKKAT: Eğer Türk konuşuyorsanız, dil asistanı servislerini ücretsiz olarak kullanabilirsiniz. 1-855-687-6260 (TTY: 711) numaralı telefonu arayın.

Urdu:

توجه دیں:

اگر آپ اردو زبان بولتے ہیں تو، زبان کی معاونتی خدمات، بغیر کسی خرچ کے، آپ کے لئے دستیاب ہیں۔ 1-855-687-6260 (TTY: 711) کال کریں۔

Vietnamese:

CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho quý vị. Hãy gọi 1-855-687-6260 (TTY: 711).

Yoruba:

KÉÉRE: Ti o bá ń sọ èdè Yorùbá, işẹ̀ ìrànlọ́wọ́ èdè wà fún ọ lófẹ́ẹ́. Pe 1-855-687-6260 (TTY: 711)



Sentara Health Plans
P.O. Box 66189
Virginia Beach, VA 23466
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