Sentara® Health Plans

VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM AUTHORITY (VCUHSA) STANDARD FORMULARY PRESCRIPTION DRUG FORMULARY

(October – December 2026)

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

This formulary was updated on 10/01/2026

INTRODUCTION

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

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

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

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

This formulary is a fluid document, which is continually reviewed and modified. This dynamic process does not allow this document to be completely accurate at all times. To accommodate regular changes, an updated electronic version of this formulary is available online at https://www.sentarahealthplans.com/en/members/manage-plans/prescription-drug-lists. Sentara Health Plans welcomes your input and feedback on the information provided in this document.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

the covered population. The providers shall be representative of primary care clinical specialties such as Family Practice, Geriatrics, Internal Medicine, and Pediatrics. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturer.

DEFINITIONS

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

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

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

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

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

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

Prior Authorization - The process of obtaining approval for certain prescription drugs (prior to dispensing) according to Sentara Health Plans guidelines. The ordering prescriber must obtain approval from Sentara Health Plans. The list of prescription drugs requiring prior authorization is subject to periodic review and modification by Sentara Health Plans.

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

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

Quantity Limit - A maximum quantity per prescription and/or time period for one copay or coinsurance. Quantity limits are developed based upon FDA approved medication labeling and nationally recognized therapeutic clinical guidelines.

BENEFIT COVERAGE AND LIMITATIONS

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

The following topics may or may not be applicable to individual members depending on member-specific benefit parameters.

Coverage

Sentara Health Plans reserves the right to make changes in coverage criteria for covered products and services. Coverage criteria are medical and pharmaceutical protocols used to determine payment of products and services and are based on independent clinical practice guidelines and standards of care established by government agencies and medical/pharmaceutical societies.

Your retail prescription medication coverage includes up to a 90-day supply of a medication for the listed copay. In most cases, your prescription may be refilled after 75%

of your previous fill has been used. Select plans may provide the option to obtain a 90-day supply of a medication at a retail or mail pharmacy for a reduced amount. Please refer to your specific pharmacy benefits.

Your mail-service prescription medication coverage includes a 31 to 90-day supply of most medications for the listed copay per your prescription benefits. If the amount of medication is less than a 90-day supply, such as a 75-day supply, you will still be charged the listed mail-service copay per your prescription benefits.

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

Prior Authorization Process

The process of obtaining approval for certain prescription drugs (prior to dispensing) according to Sentara Health Plans guidelines. The ordering prescriber must obtain approval from Sentara Health Plans. The prior authorization process requires the practitioner to provide information to support the clinical criteria that must be met for approval. The completed drug authorization request form and supporting clinical documentation must be submitted to Sentara Health Plans by fax to 1-800-750-9692. The pharmacy drug authorization request forms are available at www.sentarahealthplans.com/en/providers/authorizations/prescription-drugs. Providers have the option to submit an electronic prior authorization through Surescripts ePA at https://providerportal.surescripts.net/ProviderPortal/login.

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

Member Initiated Prior Authorization Process

Members may request a prior authorization by directly contacting the Sentara Health Plans Member Services at the number on their membership card. The member should have the prescriber information (phone number) and any pertinent information related to the request to provide to the Member Services representative. Members may also initiate the prior authorization process by logging into https://www.sentarahealthplans.com/en/members/manage-plans/formsand then clicking the link "Prior Authorization Pharmacy Request Form".

Quantity Limit Exception

Certain medications allow for a maximum quantity per prescription and/or time period for one copay or coinsurance. Medications with applicable quantity limits are noted on the formulary. If a prescription exceeds the quantity limit, the prescriber should provide a statement of medical necessity and request a prior authorization for the quantity limit exception as described above.

Non-formulary Medication Requests

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

Clinically Equivalent Drugs (CED)

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

Tier Description

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

Tier	Definition
1	**Preferred Generic Drugs** - includes commonly prescribed Generic Drugs. Other drugs may be included in Tier 1 if the Plan recognizes they show documented long-term decreases in illness.
2	**Preferred Brand & Other Generic Drugs** - includes brand-name drugs and some Generic Drugs with higher costs than Tier 1 Generic Drugs that are considered by the Plan to be standard therapy.
3	**Non-Preferred Brand Drugs** - includes brand-name drugs not included by the Plan on Tier 1 or Tier 2. These may include single source brand-name drugs that do not have a Generic Product Level equivalent or a therapeutic equivalent. Drugs on this tier may be higher in cost than equivalent drugs,

	or drugs determined to be no more effective than equivalent drugs on lower tiers.
4	**Specialty Drugs** - includes those drugs classified by the Plan as Specialty Drugs. Specialty Drugs have unique uses and are generally prescribed for people with complex or ongoing medical conditions.
9	**Zero Cost Share Preventative Drugs** - These are drugs covered under the Affordable Care Act (ACA) at no cost-share ($0), to you.

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

What's Not Covered: Common Exclusions

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

- Over-the-counter (OTC) medications or their equivalents unless otherwise specified in the medication formulary listing.
- Experimental medication products or any medication product used in an experimental manner.
- Foreign medications or medications not approved by the United States Food and Drug Administration (FDA).
- Replacement prescription drug products resulting from a lost, stolen, expired, broken, or destroyed prescription order or refill, unless otherwise specified in the member's specific benefit plan.
- Fertility drugs, unless otherwise specified in the member's specific benefit plan.
- Medications or devices for the diagnosis or treatment of sexual dysfunction, unless otherwise specified in the member's specific benefit plan.
- Prescription and non-prescription vitamins and minerals.
- Nutritional supplements and Medical Foods.
- Cosmetic products, including, but not limited to, hair growth, skin bleaching, sun damage and anti-wrinkle medications.
- Prescription and non-prescription appetite suppressants and products for the purpose of weight loss, unless otherwise specified in the member's specific benefit plan.
- Compounded prescriptions, except pediatric preparations.
- Pharmaceuticals that would be covered under the medical benefit. These may include, but are not limited to, immunizations, allergy serums, medical supplies (including therapeutic devices, dressings, appliances, and support garments), medications administered by the attending physician to treat an acute phase of an illness, and chemotherapy for cancer patients. Such benefits are covered in accordance with the

Group Medical and Hospital Service Contract and may be subject to copay or coinsurance and prior authorization requirements, as outlined on the Schedule of Benefits.

Mandated Generic Substitution

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

Health Care Reform – Preventive Medications

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

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

HOW CAN I SAVE MONEY ON PRESCRIPTIONS?

Ask your medical provider to consider choosing an appropriate medication from the formulary that is on the lower tier selections, such as Tier 1 or Tier 2. Medications within these tiers have the lowest out-of-pocket cost for you. If you are currently taking a Tier 3 or 4 medication, you should consult with your medical provider to see if there are other medication alternatives that are on a lower tier.

MAIL-SERVICE PRESCRIPTIONS

Some members can order their prescriptions from a mail-service pharmacy. These members can receive up to a 90-day supply of certain medications through the mail for a specified co-payment as outlined in their group benefits plan. Receiving a 90-day supply of

medication by mail may prove to be more economical for you. The convenience of mail service may also help you stay compliant with your medications.

NOTICE

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

These listings do not imply or constitute an endorsement, sponsorship, or recommendation by Sentara Health Plans or Express Scripts. When viewing this formulary via the Internet, please be advised that this formulary is updated periodically, and changes may appear prior to their effective date to allow for client notification.

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

Table of Contents

ANTI - INFECTIVES 3
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS 12
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH 23
AUTONOMIC & CNS DRUGS, NEUROLOGY 45
CARDIOVASCULAR, HYPERTENSION & LIPIDS 46
DERMATOLOGICALS/TOPICAL THERAPY 55
DIAGNOSTICS & MISCELLANEOUS AGENTS 61
EAR, NOSE & THROAT MEDICATIONS 65
ENDOCRINE/DIABETES 66
GASTROENTEROLOGY 75
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY 82
MUSCULOSKELETAL & RHEUMATOLOGY 87
OBSTETRICS & GYNECOLOGY 89
OPHTHALMOLOGY 97
RESPIRATORY, ALLERGY, COUGH & COLD 100
UROLOGICALS 106
VITAMINS, HEMATINICS & ELECTROLYTES 107
Index 111

List of Abbreviations

1: Preferred Generic Drugs

2: Preferred Brand & Other Generic Drugs

3: Non-Preferred Brand Drugs

4: Specialty Drugs

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

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		
ANCOBON	3	PA
clotrimazole mucous membrane	1	QL (5 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (10 per 1 day)
fluconazole oral suspension for reconstitution 10 mg/ml	1	QL (40 per 1 day)
fluconazole oral suspension for reconstitution 40 mg/ml	1	QL (10 per 1 day)
fluconazole oral tablet 100 mg, 200 mg	1	QL (4 per 1 day)
fluconazole oral tablet 150 mg	1	QL (4 per 30 days)
fluconazole oral tablet 50 mg	1	QL (8 per 1 day)
flucytosine	1	PA
griseofulvin microsize oral suspension	1	QL (40 per 1 day)
griseofulvin microsize oral tablet	1	QL (2 per 1 day)
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	QL (3 per 1 day)
itraconazole oral capsule	1	QL (4 per 1 day)
ketoconazole oral	1	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA; QL (1 per 1 day)
nystatin oral suspension	1	QL (24 per 1 day)
nystatin oral tablet	1	QL (6 per 1 day)
posaconazole oral suspension	1	PA; QL (20 per 1 day)
posaconazole oral tablet,delayed release (dr/ec)	1	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE	3	QL (4 per 1 day)
terbinafine hcl oral	1	QL (1 per 1 day)
VIVJOA	3	PA; QL (18 per 84 days)
voriconazole oral tablet 200 mg	1	QL (2 per 1 day)
voriconazole oral tablet 50 mg	1	QL (4 per 1 day)
ANTIVIRALS		
abacavir oral solution	1	QL (30 per 1 day)
abacavir oral tablet	1	QL (2 per 1 day)
abacavir-lamivudine	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
acyclovir oral capsule	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet	1	
adefovir	4	PA; QL (1 per 1 day)
amantadine hcl	1	
APRETUDE	4	ACA; QL (3 per 30 days)
APTIVUS	4	QL (4 per 1 day)
atazanavir oral capsule 150 mg, 200 mg	1	QL (2 per 1 day)
atazanavir oral capsule 300 mg	1	QL (1 per 1 day)
BARACLUDE ORAL SOLUTION	4	QL (20 per 1 day)
BARACLUDE ORAL TABLET	4	QL (1 per 1 day)
BIKTARVY	4	QL (1 per 1 day)
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	QL (1 per 1 day)
COMPLERA	4	QL (1 per 1 day)
darunavir oral tablet 600 mg	4	QL (2 per 1 day)
darunavir oral tablet 800 mg	4	QL (1 per 1 day)
DESCOVY	4	ACA; QL (1 per 1 day)
DOVATO	4	QL (1 per 1 day)
EDURANT	4	QL (1 per 1 day)
EDURANT PED	4	QL (6 per 1 day)
efavirenz oral tablet	1	QL (1 per 1 day)
efavirenz-emtricitabin-tenofov	4	QL (1 per 1 day)
efavirenz-lamivu-tenofov disop	1	QL (1 per 1 day)
emtricitabine	1	QL (1 per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	4	QL (1 per 1 day)
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	4	ACA; QL (1 per 1 day)
emtricita-rilpivirine-tenof df	4	QL (1 per 1 day)
EMTRIVA ORAL CAPSULE	4	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
EMTRIVA ORAL SOLUTION	4	QL (24 per 1 day)
entecavir	4	QL (1 per 1 day)
EPCLUSA	4	PA; QL (1 per 1 day)
EPIVIR ORAL SOLUTION	4	QL (30 per 1 day)
EPIVIR ORAL TABLET 150 MG	4	QL (2 per 1 day)
EPIVIR ORAL TABLET 300 MG	4	QL (1 per 1 day)
etravirine oral tablet 100 mg	4	QL (4 per 1 day)
etravirine oral tablet 200 mg	4	QL (2 per 1 day)
EVOTAZ	4	QL (1 per 1 day)
famciclovir	1	
fosamprenavir	1	QL (4 per 1 day)
GENVOYA	4	QL (1 per 1 day)
HARVONI	4	PA
HEPCLUDEX	4	PA; LA; QL (1 per 1 day)
INTELENCE ORAL TABLET 100 MG	4	QL (4 per 1 day)
INTELENCE ORAL TABLET 200 MG	4	QL (2 per 1 day)
INTELENCE ORAL TABLET 25 MG	4	QL (16 per 1 day)
ISENTRESS HD	4	QL (2 per 1 day)
ISENTRESS ORAL TABLET	4	QL (2 per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	QL (6 per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	QL (12 per 1 day)
JULUCA	4	QL (1 per 1 day)
KALETRA ORAL SOLUTION	4	QL (13 per 1 day)
KALETRA ORAL TABLET 100-25 MG	4	QL (10 per 1 day)
KALETRA ORAL TABLET 200-50 MG	4	QL (4 per 1 day)
lamivudine oral solution	1	QL (30 per 1 day)
lamivudine oral tablet 100 mg	4	QL (1 per 1 day)
lamivudine oral tablet 150 mg	1	QL (2 per 1 day)
lamivudine oral tablet 300 mg	1	QL (1 per 1 day)
lamivudine-zidovudine	1	QL (2 per 1 day)
LEDIPASVIR-SOFOSBUVIR	4	PA
LIVTENCITY	4	PA; QL (4 per 1 day)
lopinavir-ritonavir oral tablet 100-25 mg	4	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
lopinavir-ritonavir oral tablet 200-50 mg	4	QL (4 per 1 day)
maraviroc oral tablet 150 mg	4	QL (2 per 1 day)
maraviroc oral tablet 300 mg	4	QL (4 per 1 day)
MAVYRET ORAL PELLETS IN PACKET	4	PA; QL (6 per 1 day)
MAVYRET ORAL TABLET	4	PA; QL (3 per 1 day)
nevirapine oral suspension	1	QL (40 per 1 day)
nevirapine oral tablet	1	QL (2 per 1 day)
nevirapine oral tablet extended release 24 hr	1	QL (1 per 1 day)
NORVIR ORAL TABLET	4	QL (12 per 1 day)
ODEFSEY	4	QL (1 per 1 day)
oseltamivir	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	2	QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (60 per 365 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG	4	PA; QL (2 per 1 day)
PREVYMIS ORAL PELLETS IN PACKET 20 MG	4	PA; QL (4 per 1 day)
PREVYMIS ORAL TABLET	4	PA; QL (1 per 1 day)
PREZISTA ORAL SUSPENSION	4	QL (12 per 1 day)
PREZISTA ORAL TABLET 150 MG	4	QL (6 per 1 day)
PREZISTA ORAL TABLET 600 MG	4	QL (2 per 1 day)
PREZISTA ORAL TABLET 75 MG	4	QL (10 per 1 day)
PREZISTA ORAL TABLET 800 MG	4	QL (1 per 1 day)
RETROVIR ORAL CAPSULE	4	QL (6 per 1 day)
RETROVIR ORAL SYRUP	4	QL (60 per 1 day)
REYATAZ ORAL CAPSULE 200 MG	4	QL (2 per 1 day)
REYATAZ ORAL CAPSULE 300 MG	4	QL (1 per 1 day)
ribavirin inhalation	4	
ribavirin oral capsule	4	
ribavirin oral tablet 200 mg	4	
rilpivirine hcl	4	QL (1 per 1 day)
rimantadine	1	
ritonavir	1	QL (12 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
RUKOBIA	4	PA; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	4	QL (60 per 1 day)
SELZENTRY ORAL TABLET 150 MG	4	QL (2 per 1 day)
SELZENTRY ORAL TABLET 300 MG	4	QL (4 per 1 day)
SOFOSBUVIR-VELPATASVIR	4	PA; QL (1 per 1 day)
SOVALDI	4	PA
STRIBILD	4	QL (1 per 1 day)
SUNLENCA ORAL	4	PA; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	4	PA; QL (3 per 126 days)
SYMFI	4	QL (1 per 1 day)
TAMIFLU ORAL CAPSULE 75 MG	3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	
tenofovir disoproxil fumarate	1	QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	4	QL (2 per 1 day)
TIVICAY PD	4	QL (6 per 1 day)
TRIUMEQ	4	QL (1 per 1 day)
TRIUMEQ PD	4	QL (6 per 1 day)
TRUVADA	4	QL (1 per 1 day)
valacyclovir	1	
VALCYTE ORAL RECON SOLN	4	PA for age 18 and older
valganciclovir oral recon soln	4	PA for age 18 and older
valganciclovir oral tablet	4	
VALTREX	3	
VEMLIDY	4	PA; QL (1 per 1 day)
VIRACEPT ORAL TABLET 250 MG	4	QL (10 per 1 day)
VIRACEPT ORAL TABLET 625 MG	4	QL (4 per 1 day)
VIREAD ORAL TABLET	4	QL (1 per 1 day)
VOSEVI	4	PA
XOCOVA	3	QL (7 per 30 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per 183 days)
ZIAGEN ORAL SOLUTION	4	QL (30 per 1 day)
zidovudine oral capsule	1	QL (6 per 1 day)
zidovudine oral syrup	1	QL (60 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
zidovudine oral tablet	1	QL (2 per 1 day)
CEPHALOSPORINS		
cefaclor oral capsule	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	
cefadroxil oral capsule	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet	1	
cefdinir	1	
cefixime oral capsule	1	
cefixime oral suspension for reconstitution	1	
cefpodoxime	1	
cefprozil	1	
cefuroxime axetil oral tablet	1	
cephalexin oral capsule	1	
cephalexin oral suspension for reconstitution	1	
ERYTHROMYCINS & OTHER MACROLIDES		
azithromycin oral suspension for reconstitution	1	
azithromycin oral tablet	1	
clarithromycin	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 ml per fill
DIFICID ORAL TABLET	3	PA; 20 tablets per fill
e.e.s. 400 oral tablet	1	
E.E.S. GRANULES	3	PA for age 18 and older
ERYPED 200	3	PA for age 18 and older
ERYPED 400	3	PA for age 18 and older
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution	1	PA for age 18 and older

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

Drug Name	Drug Tier	Requirements / Limits
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral	1	
fidaxomicin	1	PA; 20 tablets per fill
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	
ZITHROMAX TRI-PAK	3	
ZITHROMAX Z-PAK	3	
MISCELLANEOUS ANTIINFECTIVES		
albendazole	1	4 tablets per fill
ALINIA ORAL SUSPENSION FOR RECONSTITUTION	3	PA; QL (180 per 1 day)
ALINIA ORAL TABLET	3	PA; QL (6 per 1 day)
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	
ARIKAYCE	4	PA; LA; QL (8.4 per 1 day)
atovaquone	1	
atovaquone-proguanil	1	
BENZNIDAZOLE	3	PA
BETHKIS	4	QL (224 per 28 days)
CAYSTON	4	LA; QL (3 per 1 day)
chloroquine phosphate	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
clindamycin hcl	1	
clindamycin pediatric	1	
COARTEM	3	QL (24 per 365 days)
cycloserine	1	
dapsone oral	1	
DARAPRIM	4	PA; QL (3 per 1 day)
EMVERM	3	PA; 2 tablets per fill
ethambutol	1	
hydroxychloroquine	1	
isoniazid oral	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
ivermectin oral tablet 3 mg	1	PA; QL (20 per 90 days)
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
linezolid	1	
MALARONE	3	
MALARONE PEDIATRIC	3	
mefloquine	1	
MEPRON	3	
metronidazole oral tablet 250 mg, 500 mg	1	
NEBUPENT	3	QL (1 per 28 days)
neomycin	1	
nitazoxanide	1	PA; QL (6 per 1 day)
pentamidine inhalation	1	QL (1 per 28 days)
PLAQUENIL	3	
praziquantel	1	
PRETOMANID	3	PA; QL (1 per 1 day)
PRIFTIN	3	QL (8 per 1 day)
primaquine	1	
pyrazinamide	1	
pyrimethamine	4	PA; QL (3 per 1 day)
quinine sulfate	1	
rifabutin	1	
rifampin oral	1	
rifapentine	1	QL (8 per 1 day)
SIVEXTRO ORAL	4	
STROMECTOL	3	PA; QL (20 per 90 days)
tinidazole	1	
TOBI	4	QL (10 per 1 day)
TOBI PODHALER	4	ST; QL (224 per 28 days)
tobramycin in 0.225 % nacl	4	QL (10 per 1 day)
tobramycin inhalation	4	QL (224 per 28 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 365 days)
XIFAXAN ORAL TABLET 550 MG	3	PA; QL (42 per 120 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
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	
PENICILLINS		
amoxicillin oral capsule	1	
amoxicillin oral suspension for reconstitution	1	
amoxicillin oral tablet	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate	1	
ampicillin oral capsule 500 mg	1	
AUGMENTIN ES-600	3	
dicloxacillin	1	
penicillin v potassium	1	
QUINOLONES		
CIPRO ORAL TABLET 250 MG, 500 MG	3	
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	
levofloxacin oral	1	
moxifloxacin oral	1	
ofloxacin oral tablet 400 mg	1	
SULFA'S & RELATED AGENTS		
BACTRIM	3	
BACTRIM DS	3	
sulfadiazine	1	
sulfamethoxazole-trimethoprim oral	1	
sulfatrim	1	
TETRACYCLINES		
avidoxy	1	
demeclocycline	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 20 mg	1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	
doxycycline monohydrate oral suspension for reconstitution	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
doxycycline monohydrate oral tablet 100 mg, 50 mg	1	
minocycline oral capsule	1	
mondoxyne nl oral capsule 100 mg	1	
tetracycline oral capsule	1	
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	
MACROBID	3	
methenamine hippurate	1	
methenamine mandelate oral tablet	1	QL (4 per 1 day)
nitrofurantoin macrocrystal	1	
nitrofurantoin monohyd/m-cryst	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
trimethoprim	1	
VANCOMYCIN		
VANCOCIN	3	
vancomycin oral capsule	1	
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral	1	
MESNEX ORAL	4	
VISTOGARD	4	QL (20 per 30 days)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	4	PA; QL (4 per 1 day)
abirtega	4	PA; QL (4 per 1 day)
AFINITOR	4	PA; QL (1 per 1 day)
AFINITOR DISPERZ	4	PA
AKEEGA	4	PA; QL (2 per 1 day)
ALECENSA	4	PA; QL (8 per 1 day)
ALKERAN	4	PA
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)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 365 days)
anastrozole	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
ARIMIDEX	3	
AROMASIN	3	
AUGTYRO ORAL CAPSULE 160 MG	4	PA; QL (2 per 1 day)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; QL (6 per 1 day)
AVMAPKI-FAKZYNJA	4	PA; QL (66 per 28 days)
AYVAKIT	4	PA; LA; QL (1 per 1 day)
azathioprine oral tablet 50 mg	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)
bexarotene	4	PA
bicalutamide	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)
bosutinib oral tablet 100 mg	4	PA; QL (3 per 1 day)
bosutinib oral tablet 400 mg, 500 mg	4	PA; QL (1 per 1 day)
BRAFTOVI	4	PA; LA; QL (6 per 1 day)
BRUKINSA ORAL TABLET	4	PA; LA; QL (2 per 1 day)
BYNFEZIA	4	PA
CABOMETYX	4	PA; LA; QL (1 per 1 day)
CALQUENCE (ACALABRUTINIB MAL)	4	PA; LA; QL (2 per 1 day)
capecitabine oral tablet 150 mg	4	PA; QL (4 per 1 day)
capecitabine oral tablet 500 mg	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)
CASODEX	3	
CELLCEPT ORAL CAPSULE	3	
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	3	PA for age 9 and older
CELLCEPT ORAL TABLET	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 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
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)
cyclophosphamide oral capsule	4	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	
cyclosporine modified	1	
cyclosporine oral capsule	1	
DANZITEN	4	PA; QL (2 per 1 day)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	4	PA; QL (1 per 1 day)
dasatinib oral tablet 20 mg	4	PA; QL (3 per 1 day)
DAURISMO ORAL TABLET 100 MG	4	PA; QL (1 per 1 day)
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 84 days)
ELIGARD (6 MONTH)	4	PA; QL (1 per 126 days)
ENSACOVE	4	PA; LA; QL (2 per 1 day)
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)
erlotinib oral tablet 100 mg, 150 mg	4	PA; QL (1 per 1 day)
erlotinib oral tablet 25 mg	4	PA; QL (3 per 1 day)
etoposide oral	4	PA
EULEXIN	4	PA
everolimus (antineoplastic) oral tablet	4	PA; QL (1 per 1 day)
everolimus (antineoplastic) oral tablet for suspension	4	PA
exemestane	1	ACA
FARESTON	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
FEMARA	3	
FENSOLVI	4	PA; QL (1 per 126 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	QL (2 per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	QL (1 per 28 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)
gefitinib	4	PA; QL (1 per 1 day)
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	
gengraf oral capsule	1	
GILOTRIF	4	PA; QL (1 per 1 day)
GLEEVEC ORAL TABLET 100 MG	4	PA; QL (3 per 1 day)
GLEEVEC ORAL TABLET 400 MG	4	PA; QL (2 per 1 day)
GLEOSTINE	4	PA
GOMEKLI ORAL CAPSULE 1 MG	4	PA; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	4	PA; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	4	PA; QL (168 per 28 days)
HERNEXEOS	4	PA; QL (3 per 1 day)
HYCAMTIN ORAL	4	PA
HYDREA	3	
hydroxyurea	1	
HYRNUO	4	PA; QL (4 per 1 day)
IBRANCE ORAL CAPSULE 125 MG	4	PA; QL (1 per 1 day)
IBRANCE ORAL TABLET	4	PA; QL (1 per 1 day)
IBTROZI	4	PA; QL (3 per 1 day)
ICLUSIG	4	PA; QL (1 per 1 day)
IDHIFA	4	PA; LA; QL (1 per 1 day)
imatinib oral tablet 100 mg	4	PA; QL (3 per 1 day)
imatinib oral tablet 400 mg	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)

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

Drug Name	Drug Tier	Requirements / Limits
IMBRUVICA ORAL SUSPENSION	4	PA; QL (6 per 1 day)
IMBRUVICA ORAL TABLET	4	PA; QL (1 per 1 day)
IMKELDI	4	PA; QL (280 per 28 days)
IMURAN	3	
INLURIYO	4	PA; QL (2 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)
IRESSA	4	PA; QL (1 per 1 day)
ITOVEBI ORAL TABLET 3 MG	4	PA; QL (2 per 1 day)
ITOVEBI ORAL TABLET 9 MG	4	PA; QL (1 per 1 day)
IWILFIN	4	PA; LA; QL (8 per 1 day)
JAKAFI	4	PA; QL (2 per 1 day)
JAKAFI XR	4	PA; QL (1 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)
JELMYTO	4	PA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; QL (63 per 28 days)
KOMZIFTI	4	PA; QL (3 per 1 day)
KOSELUGO ORAL CAPSULE 10 MG	4	PA; QL (8 per 1 day)
KOSELUGO ORAL CAPSULE 25 MG	4	PA; QL (4 per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG	4	PA; QL (20 per 1 day)
KOSELUGO ORAL CAPSULE, SPRINKLE 7.5 MG	4	PA; QL (12 per 1 day)
KRAZATI	4	PA; QL (6 per 1 day)
lanreotide subcutaneous syringe 120 mg/0.5 ml	4	PA; QL (0.5 per 28 days)
lapatinib	4	PA; QL (6 per 1 day)
LAZCLUZE ORAL TABLET 240 MG	4	PA; LA; QL (1 per 1 day)
LAZCLUZE ORAL TABLET 80 MG	4	PA; LA; 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
lenalidomide	4	PA; QL (1 per 1 day)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; QL (30 per 28 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; QL (90 per 28 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; QL (60 per 28 days)
letrozole	1	
LEUKERAN	4	PA
leuprolide subcutaneous kit	4	PA; QL (2 per 28 days)
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1)	4	PA; LA; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2)	4	PA; LA; QL (27 per 28 days)
lomustine	4	PA
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, 240 MG	4	PA; QL (2 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)
LUTRATE DEPOT (3 MONTH)	4	PA; QL (1 per 63 days)
LYNPARZA	4	PA; QL (4 per 1 day)
LYSODREN	4	PA
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	4	PA; LA; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	4	PA; 4 packs per 28 days; LA
MATULANE	4	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	
megestrol oral tablet	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)
mercaptopurine oral tablet	1	
methotrexate sodium	1	
methotrexate sodium (pf) injection solution	1	
MODEYSO	4	PA; QL (20 per 28 days)
MYCAPSSA	4	PA; LA; QL (4 per 1 day)
mycophenolate mofetil oral capsule	1	
mycophenolate mofetil oral suspension for reconstitution	1	PA for age 9 and older
mycophenolate mofetil oral tablet	1	
mycophenolate sodium	1	
MYFORTIC	3	
MYHIBBIN	4	PA for age 9 and older; QL (350 per 30 days)
MYLERAN	4	PA
NEMLUVIO	4	PA; QL (1 per 28 days)
NEORAL	3	
NERLYNX	4	PA; LA; QL (6 per 1 day)
NEXAVAR	4	PA; LA; QL (4 per 1 day)
nilotinib hcl oral capsule 150 mg, 200 mg	4	PA; QL (4 per 1 day)
nilotinib hcl oral capsule 50 mg	4	PA; QL (2 per 1 day)
nilutamide	4	PA; QL (1 per 1 day)
NINLARO	4	PA; QL (3 per 28 days)
NUBEQA	4	PA; LA; QL (4 per 1 day)
octreotide acetate	4	PA
octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg	4	PA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
octreotide,microspheres intramuscular suspension,extended rel recon 20 mg	4	PA; QL (2 per 28 days)
ODOMZO	4	PA; LA; QL (1 per 1 day)
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (2 per 1 day)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	4	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	4	PA; QL (24 per 28 days)
OJJAARA	4	PA; QL (1 per 1 day)
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)
PALSONIFY	4	PA; QL (2 per 1 day)
pazopanib oral tablet 200 mg	4	PA; QL (4 per 1 day)
PAZOPANIB ORAL TABLET 400 MG	4	PA; QL (2 per 1 day)
PEMAZYRE	4	PA; LA; QL (14 per 28 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	4	
PEMETREXED INTRAVENOUS SOLUTION	4	
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), 300 MG/DAY (150 MG X 2)	4	PA; QL (56 per 28 days)
pomalidomide	4	PA; QL (1 per 1 day)
POMALYST	4	PA; LA; QL (1 per 1 day)
PROGRAF ORAL CAPSULE	3	
QINLOCK	4	PA; LA; QL (3 per 1 day)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA; LA; QL (2 per 1 day)
RETEVMO ORAL TABLET 40 MG	4	PA; LA; QL (3 per 1 day)
REVLIMID	4	PA; LA; QL (1 per 1 day)
REVUFORJ ORAL TABLET 110 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
REVUFORJ ORAL TABLET 160 MG	4	PA; QL (2 per 1 day)
REVUFORJ ORAL TABLET 25 MG	4	PA; QL (8 per 1 day)
REZLIDHIA	4	PA; QL (2 per 1 day)
REZUROCK	4	PA; QL (1 per 1 day)
ROMVIMZA	4	PA; LA; QL (8 per 28 days)
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)
SANDIMMUNE ORAL CAPSULE	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	4	PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 30 MG	4	PA; QL (1 per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 20 MG	4	PA; QL (2 per 28 days)
SAPHNELO PEN	4	PA; LA; QL (3.2 per 28 days)
SAPHNELO SUBCUTANEOUS	4	PA; LA; QL (4 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (4 per 1 day)
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (2 per 1 day)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (10 per 1 day)
SIGNIFOR	4	PA
SIGNIFOR LAR	4	PA; QL (1 per 28 days)
sirolimus	1	
SOLTAMOX	3	
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML	4	PA; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 90 MG/0.3 ML	4	PA; QL (0.3 per 28 days)
sorafenib	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)

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

Drug Name	Drug Tier	Requirements / Limits
SPRYCEL ORAL TABLET 20 MG	4	PA; QL (3 per 1 day)
STIVARGA	4	PA; QL (84 per 28 days)
sunitinib malate	4	PA; QL (1 per 1 day)
SUPPRELIN LA	4	PA; QL (1 per 365 days)
SUTENT	4	PA; QL (1 per 1 day)
TABLOID	4	PA
TABRECTA	4	PA; QL (4 per 1 day)
tacrolimus oral capsule	1	
TAFINLAR ORAL CAPSULE	4	PA; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; QL (30 per 1 day)
TAGRISSO	4	PA; LA; QL (1 per 1 day)
TALZENNA	4	PA; QL (1 per 1 day)
tamoxifen	1	ACA
TARGRETIN	4	PA
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)
temozolomide	4	PA
TEPMETKO	4	PA; QL (2 per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG	4	PA; QL (1 per 1 day)
TIBSOVO	4	PA; QL (2 per 1 day)
toremifene	4	PA; QL (1 per 1 day)
torpenz	4	PA; 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)
tretinoin (antineoplastic)	4	PA
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	4	PA; LA; QL (4 per 1 day)
TYKERB	4	PA; LA; QL (6 per 1 day)
VANFLYTA	4	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
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)
VEPPANU	4	PA; QL (1 per 1 day)
VERZENIO	4	PA; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	4	PA; 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 28 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)
VONJO	4	PA; QL (4 per 1 day)
VORANIGO ORAL TABLET 10 MG	4	PA; QL (2 per 1 day)
VORANIGO ORAL TABLET 40 MG	4	PA; QL (1 per 1 day)
VOTRIENT	4	PA; QL (4 per 1 day)
VOYXACT	4	PA; QL (2 per 28 days)
WAYRILZ	4	PA; LA; QL (2 per 1 day)
WELIREG	4	PA; LA; QL (3 per 1 day)
XALKORI ORAL CAPSULE	4	PA; QL (4 per 1 day)
XALKORI ORAL PELLET 150 MG	4	PA; QL (6 per 1 day)
XALKORI ORAL PELLET 20 MG, 50 MG	4	PA; QL (4 per 1 day)
XERMELO	4	PA; LA; QL (3 per 1 day)
XOSPATA	4	PA; LA; QL (3 per 1 day)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	4	PA; LA; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4)	4	PA; LA; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1), 80 MG/WEEK (80 MG X 1)	4	PA; LA; QL (4 per 28 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)

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

Drug Name	Drug Tier	Requirements / Limits
XTANDI ORAL CAPSULE	4	PA; 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)
YONSA	4	PA; QL (4 per 1 day)
yulithira	4	PA; QL (1 per 1 day)
ZEJULA	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)
ZYTIGA ORAL TABLET 250 MG	4	PA; QL (4 per 1 day)
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG, 400 MG	3	PA; QL (1 per 1 day)
APTIOM ORAL TABLET 600 MG, 800 MG	3	PA; QL (2 per 1 day)
BANZEL	3	PA
brivaracetam oral solution	1	PA; QL (12 per 1 day)
brivaracetam oral tablet	1	PA; QL (2 per 1 day)
BRIVIACT ORAL SOLUTION	3	PA; QL (12 per 1 day)
BRIVIACT ORAL TABLET	3	PA; QL (2 per 1 day)
carbamazepine oral capsule, er multiphase 12 hr	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet	1	
carbamazepine oral tablet extended release 12 hr	1	
carbamazepine oral tablet,chewable 100 mg	1	
CARBATROL	3	PA
CELONTIN ORAL CAPSULE 300 MG	3	
clobazam oral suspension	1	PA
clobazam oral tablet	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
clonazepam oral tablet,disintegrating	1	
DEPAKOTE	3	
DEPAKOTE ER	3	
DEPAKOTE SPRINKLES	3	
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)
diazepam rectal	1	
DILANTIN	3	PA; QL (3 per 1 day)
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
divalproex	1	
EPIDIOLEX	4	PA; LA
EQUETRO	3	PA
eslicarbazepine oral tablet 200 mg, 400 mg	1	PA; QL (1 per 1 day)
eslicarbazepine oral tablet 600 mg, 800 mg	1	PA; QL (2 per 1 day)
ethosuximide	1	
felbamate	1	PA
FELBATOL ORAL TABLET	3	PA
FINTEPLA	4	PA; LA; QL (12 per 1 day)
FYCOMPA ORAL SUSPENSION	3	PA; QL (24 per 1 day)
FYCOMPA ORAL TABLET	3	PA; QL (1 per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)	1	
gabapentin oral tablet 600 mg, 800 mg	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
KLONOPIN	3	
lacosamide oral	1	PA
LAMICTAL ORAL TABLET	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
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
lamotrigine oral tablet	1	
lamotrigine oral tablet, chewable dispersible	1	
levetiracetam oral solution	1	
levetiracetam oral tablet	1	
levetiracetam oral tablet extended release 24 hr	1	
LYRICA	3	
methsuximide	1	
MYSOLINE	3	
NAYZILAM	3	PA; QL (10 per 30 days)
NEURONTIN	3	
ONFI	3	PA
oxcarbazepine oral suspension	1	
oxcarbazepine oral tablet	1	
oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg	1	PA; QL (2 per 1 day)
oxcarbazepine oral tablet extended release 24 hr 600 mg	1	PA; QL (4 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	3	PA; QL (2 per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; QL (4 per 1 day)
perampanel oral suspension	1	PA; QL (24 per 1 day)
perampanel oral tablet	1	PA; QL (1 per 1 day)
phenobarbital	1	
PHENYTEK	3	
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable	1	
phenytoin sodium extended	1	
pregabalin oral capsule	1	
pregabalin oral solution	1	
primidone oral tablet 250 mg, 50 mg	1	
relgaabi oral capsule 300 mg, 400 mg	1	
rufinamide	1	PA
SABRIL	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
subvenite oral tablet	1	
TEGRETOL ORAL SUSPENSION	3	PA
TEGRETOL ORAL TABLET	3	PA
TEGRETOL XR	3	PA
tiagabine	1	PA
TOPAMAX	3	
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
topiramate oral tablet	1	
TRILEPTAL	3	PA
valproic acid	1	
valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)	1	
VALTOCO	3	PA; QL (10 per 30 days)
vigabatrin	4	PA; LA
vigadrone	4	PA
VIGAFYDE	4	PA
VIMPAT ORAL	3	PA
XCOPRI MAINTENANCE PACK	3	PA; QL (2 per 1 day)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	3	PA; QL (1 per 1 day)
XCOPRI ORAL TABLET 200 MG	3	PA; QL (2 per 1 day)
XCOPRI TITRATION PACK	3	PA; 1 unit per day; 1 box in 365 days
ZARONTIN	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	
zonisamide	1	
ZTALMY	4	PA; LA; QL (10 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	4	PA; LA; QL (3 per 1 day)
apomorphine	4	PA; QL (3 per 1 day)
AZILECT	3	
benztropine oral	1	
bromocriptine	1	
carbidopa	1	PA; QL (8 per 1 day)
carbidopa-levodopa oral tablet	1	
carbidopa-levodopa oral tablet extended release	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
carbidopa-levodopa oral tablet,disintegrating	1	
carbidopa-levodopa-entacapone	1	
DUOPA	4	PA; QL (2800 per 28 days)
entacapone	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (10 per 1 day)
LODOSYN	3	PA; QL (8 per 1 day)
NOURIANZ	4	PA; LA; QL (1 per 1 day)
ONAPGO	4	PA; QL (600 per 30 days)
ONGENTYS	3	PA; QL (1 per 1 day)
pramipexole oral tablet	1	
rasagiline	1	
ropinirole	1	
selegiline hcl	1	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	PA; QL (6 per 1 day)
trihexyphenidyl	1	
VYALEV	4	PA; QL (420 per 30 days)
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)
almotriptan malate	1	QL (12 per 30 days)
CAFERGOT	3	
dihydroergotamine injection	1	PA; QL (24 per 28 days)
dihydroergotamine nasal	1	PA; QL (8 per 28 days)
eletriptan	1	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)
ergotamine-caffeine	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
frovatriptan	1	QL (12 per 30 days)
IMITREX ORAL TABLET 100 MG	3	QL (9 per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	3	QL (18 per 30 days)
IMITREX STATDOSE PEN	3	QL (6 per 30 days)
IMITREX STATDOSE REFILL	3	QL (6 per 30 days)
MAXALT ORAL TABLET 10 MG	3	QL (12 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	QL (12 per 30 days)
MIGRANAL	3	PA; QL (8 per 28 days)
naratriptan	1	QL (9 per 30 days)
NURTEC ODT	2	PA; QL (8 per 30 days)
QULIPTA	2	PA; QL (1 per 1 day)
RELPAX	3	QL (12 per 30 days)
rizatriptan	1	QL (12 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	QL (6 per 30 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	QL (12 per 30 days)
sumatriptan succinate oral tablet 100 mg	1	QL (9 per 30 days)
sumatriptan succinate oral tablet 25 mg, 50 mg	1	QL (18 per 30 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	QL (6 per 30 days)
sumatriptan succinate subcutaneous solution	1	QL (6 per 30 days)
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; QL (1 per 30 days)
zolmitriptan oral tablet	1	QL (12 per 30 days)
ZOMIG ORAL	3	QL (12 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	4	LA; QL (2 per 1 day)
ARICEPT	3	
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)
dalfampridine	4	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
DAYBUE	4	PA; QL (120 per 1 day)
DAYBUE STIX ORAL POWDER IN PACKET 5,000 MG, 6,000 MG	4	PA; LA; QL (4 per 1 day)
DAYBUE STIX ORAL POWDER IN PACKET 8,000 MG	4	PA; LA; QL (2 per 1 day)
dextromethorphan-quinidine	4	PA; QL (2 per 1 day)
dichlorphenamide	4	PA; QL (4 per 1 day)
donepezil	1	
EVRYSDI ORAL RECON SOLN	4	PA; LA; QL (6.7 per 1 day)
EVRYSDI ORAL TABLET	4	PA; LA; QL (1 per 1 day)
EXELON PATCH	3	
FIRDAPSE	4	PA; LA; QL (10 per 1 day)
galantamine oral capsule,ext rel. pellets 24 hr	1	
galantamine oral tablet	1	
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)
KEVEYIS	4	PA; QL (4 per 1 day)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 360 MG/1.8 ML	4	PA; QL (7.2 per 28 days)
LEQEMBI IQLIK SUBCUTANEOUS AUTO-INJECTOR 500 MG/2.5 ML (250MG/1.25MLX2)	4	PA; QL (10 per 28 days)
memantine oral capsule,sprinkle,er 24hr	1	
memantine oral tablet	1	
MEMANTINE ORAL TABLETS,DOSE PACK	1	
MIPLYFFA	4	PA; LA; QL (3 per 1 day)
NUEDEXTA	4	PA; QL (2 per 1 day)
NULIBRY	4	PA
RADICAVA ORS STARTER KIT SUSP	4	PA
rivastigmine	1	
rivastigmine tartrate	1	
SKYCLARYS	4	PA; LA; QL (3 per 1 day)
tetrabenazine oral tablet 12.5 mg	4	PA; QL (8 per 1 day)
tetrabenazine oral tablet 25 mg	4	PA; QL (4 per 1 day)
WAINUA	4	PA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
XENAZINE ORAL TABLET 12.5 MG	4	PA; LA; QL (8 per 1 day)
XENAZINE ORAL TABLET 25 MG	4	PA; LA; QL (4 per 1 day)
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		
baclofen oral tablet 10 mg, 20 mg	1	
baclofen oral tablet 5 mg	1	QL (3 per 1 day)
carisoprodol oral tablet 350 mg	1	QL (4 per 1 day)
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
DANTRIUM ORAL CAPSULE 25 MG	3	QL (3 per 1 day)
dantrolene oral capsule 100 mg	1	QL (4 per 1 day)
dantrolene oral capsule 25 mg, 50 mg	1	QL (3 per 1 day)
meprobamate	1	
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN	3	
metaxalone oral tablet 800 mg	1	ST; QL (4 per 1 day)
methocarbamol oral tablet 500 mg, 750 mg	1	
orphenadrine citrate oral	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
SOMA ORAL TABLET 350 MG	3	QL (4 per 1 day)
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine oral tablet	1	
vanadom	1	QL (4 per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SYRINGE	4	PA; LA; QL (20 per 28 days)
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG	3	
ZANAFLEX ORAL TABLET	3	
ZILBRYSQ	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
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml	1	PA
acetaminophen-codeine oral tablet	1	PA
ascomp with codeine	1	PA
BELBUCA	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; 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)
buprenorphine transdermal patches	1	PA; QL (4 per 28 days)
buprenorphine hcl sublingual tablet 2 mg	1	QL (12 per 1 day)
buprenorphine hcl sublingual tablet 8 mg	1	QL (3 per 1 day)
butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg	1	PA
butalbital-acetaminophen oral tablet 50-325 mg	1	QL (6 per 1 day)
butalbital-acetaminophen-caff oral tablet	1	QL (6 per 1 day)
butalbital-aspirin-caffeine oral capsule	1	
BUTRANS	3	PA; QL (4 per 28 days)
codeine sulfate	1	PA
codeine-butalbital-asa-caff	1	PA
DILAUDID	3	PA
endocet	1	PA
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA
hydrocodone bitartrate	1	PA
hydrocodone-acetaminophen oral solution	1	PA

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

Drug Name	Drug Tier	Requirements / Limits
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	PA
hydrocodone-ibuprofen	1	PA
hydromorphone oral	1	PA
hydromorphone rectal	1	PA
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	3	PA
meperidine oral solution	1	PA
meperidine oral tablet 50 mg	1	PA
methadone oral concentrate	1	PA
methadone oral solution	1	PA
methadone oral tablet	1	PA
methadose oral concentrate	1	PA
morphine concentrate oral solution	1	PA
morphine oral solution	1	PA
morphine oral tablet	1	PA
morphine oral tablet extended release	1	PA
morphine rectal	1	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA
oxycodone oral capsule	1	PA
oxycodone oral concentrate	1	PA
oxycodone oral solution	1	PA
oxycodone oral tablet	1	PA
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	PA
oxymorphone	1	PA
PERCOCET ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG	3	PA
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	PA
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)
tencon	1	QL (6 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
NON-NARCOTIC ANALGESICS		
adult aspirin regimen	1	ACA; OTC
ANAPROX DS	3	
aspirin childrens	1	ACA; OTC
aspirin oral tablet,chewable	1	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
bayer low dose aspirin	1	ACA; OTC
buprenorphine-naloxone sublingual film 12-3 mg	1	QL (2 per 1 day)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	QL (12 per 1 day)
buprenorphine-naloxone sublingual film 4-1 mg	1	QL (6 per 1 day)
buprenorphine-naloxone sublingual film 8-2 mg	1	QL (3 per 1 day)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL (12 per 1 day)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	QL (3 per 1 day)
butorphanol nasal	1	PA
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG	3	QL (2 per 1 day)
CELEBREX ORAL CAPSULE 400 MG	3	QL (1 per 1 day)
celecoxib oral capsule 100 mg, 200 mg, 50 mg	1	QL (2 per 1 day)
celecoxib oral capsule 400 mg	1	QL (1 per 1 day)
diclofenac potassium oral tablet 50 mg	1	QL (4 per 1 day)
diclofenac sodium oral tablet extended release 24 hr	1	QL (2 per 1 day)
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg	1	QL (4 per 1 day)
diclofenac sodium oral tablet,delayed release (dr/ec) 75 mg	1	QL (2 per 1 day)
diclofenac sodium topical gel 1 %	1	QL (1000 per 30 days)
diflunisal	1	QL (3 per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG	3	QL (4 per 1 day)
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	QL (2 per 1 day)
ecotrin low strength	1	ACA; OTC
etodolac oral capsule 200 mg	1	QL (4 per 1 day)
etodolac oral capsule 300 mg	1	QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
etodolac oral tablet	1	QL (2 per 1 day)
etodolac oral tablet extended release 24 hr 400 mg, 500 mg	1	QL (2 per 1 day)
etodolac oral tablet extended release 24 hr 600 mg	1	QL (1 per 1 day)
flurbiprofen oral tablet 100 mg	1	QL (3 per 1 day)
ibu	1	
ibuprofen oral suspension	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
indomethacin oral capsule 25 mg	1	QL (3 per 1 day)
indomethacin oral capsule 50 mg	1	QL (4 per 1 day)
indomethacin oral capsule, extended release	1	QL (2 per 1 day)
ketorolac oral	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill
LODINE ORAL TABLET	3	QL (2 per 1 day)
lurbiro	1	QL (3 per 1 day)
meloxicam oral tablet	1	
nabumetone oral tablet 500 mg	1	QL (4 per 1 day)
nabumetone oral tablet 750 mg	1	QL (2 per 1 day)
naloxone injection solution	1	
naloxone injection syringe	1	
naltrexone	1	
NAPROSYN ORAL TABLET 500 MG	3	QL (3 per 1 day)
naproxen oral tablet 250 mg	1	QL (6 per 1 day)
naproxen oral tablet 375 mg	1	QL (4 per 1 day)
naproxen oral tablet 500 mg	1	QL (3 per 1 day)
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	QL (4 per 1 day)
naproxen oral tablet,delayed release (dr/ec) 500 mg	1	QL (2 per 1 day)
naproxen sodium oral tablet 275 mg, 550 mg	1	
OPVEE	3	2 units per fill
oxaprozin oral tablet	1	QL (2 per 1 day)
pentazocine-naloxone	1	PA
piroxicam	1	QL (1 per 1 day)
REXTOVY	3	2 sprays per fill

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

Drug Name	Drug Tier	Requirements / Limits
salsalate	1	
st joseph aspirin	1	ACA; OTC
st. joseph aspirin	1	ACA; OTC
sulindac	1	QL (2 per 1 day)
tramadol oral tablet 50 mg	1	PA
tramadol oral tablet extended release 24 hr	1	PA
tramadol oral tablet, er multiphase 24 hr	1	PA
tramadol-acetaminophen	1	PA
VIVITROL	4	
VIVLODEX	3	QL (1 per 1 day)
ZIMHI	3	1 ml per fill
ZURNAI	3	1mL per Fill
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	2	PA for age 17 and younger; QL (2.4 per 28 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	PA for age 17 and younger; QL (3.2 per 28 days)
ABILIFY MAINTENA	2	PA for age 17 and younger; QL (1 per 28 days)
ABILIFY ORAL TABLET	3	PA for age 17 and younger; QL (1 per 1 day)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	3	PA for age 19 and older; QL (2 per 1 day)
ADDYI	3	PA; QL (1 per 1 day)
alprazolam	1	
AMBIEN	3	QL (1 per 1 day)
AMBIEN CR	3	QL (1 per 1 day)
amitriptyline	1	
amitriptyline-chlordiazepoxide	1	
amoxapine	1	
ANAFRANIL	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
aripiprazole oral tablet	1	PA for age 17 and younger; QL (1 per 1 day)
ARISTADA INITIO	2	PA for age 17 and younger; QL (2.4 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	PA for age 17 and younger; QL (3.9 per 42 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	PA for age 17 and younger; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	PA for age 17 and younger; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	PA for age 17 and younger; QL (3.2 per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg	1	QL (1 per 1 day)
armodafinil oral tablet 50 mg	1	QL (2 per 1 day)
asenapine maleate	1	PA; QL (2 per 1 day)
ATIVAN ORAL	3	
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	QL (2 per 1 day)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	QL (1 per 1 day)
bupropion hcl oral tablet 100 mg	1	QL (4.5 per 1 day)
bupropion hcl oral tablet 75 mg	1	QL (6 per 1 day)
bupropion hcl oral tablet extended release 24 hr 150 mg	1	QL (3 per 1 day)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	QL (1 per 1 day)
bupropion hcl oral tablet sustained-release 12 hr	1	QL (2 per 1 day)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
CELEXA ORAL TABLET 10 MG, 20 MG	3	QL (1.5 per 1 day)
CELEXA ORAL TABLET 40 MG	3	QL (1 per 1 day)
chlordiazepoxide hcl	1	
chlorpromazine oral tablet	1	PA for age 17 and younger; QL (4 per 1 day)
citalopram oral solution	1	QL (20 per 1 day)
citalopram oral tablet 10 mg, 20 mg	1	QL (1.5 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
citalopram oral tablet 40 mg	1	QL (1 per 1 day)
clomipramine	1	
clonidine hcl oral tablet extended release 12 hr	1	
clorazepate dipotassium	1	
clozapine oral tablet 100 mg	1	PA for age 17 and younger; QL (9 per 1 day)
clozapine oral tablet 200 mg	1	PA for age 17 and younger; QL (4.5 per 1 day)
clozapine oral tablet 25 mg, 50 mg	1	PA for age 17 and younger; QL (3 per 1 day)
CLOZARIL ORAL TABLET 100 MG	3	PA for age 17 and younger; QL (9 per 1 day)
CLOZARIL ORAL TABLET 25 MG	3	PA for age 17 and younger; QL (3 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	3	PA for age 19 and older; QL (1 per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	PA for age 19 and older; QL (2 per 1 day)
desipramine	1	
desvenlafaxine succinate	1	QL (1 per 1 day)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	3	PA for age 19 and older; QL (4 per 1 day)
dexmethylphenidate oral capsule,er biphasic 50-50	1	PA for age 19 and older; QL (1 per 1 day)
dexmethylphenidate oral tablet	1	PA for age 19 and older; QL (2 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg	1	PA for age 19 and older; QL (4 per 1 day)
dextroamphetamine sulfate oral capsule, extended release 5 mg	1	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	1	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	PA for age 19 and older; QL (2 per 1 day)
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg	1	PA for age 19 and older; QL (3 per 1 day)
dextroamphetamine-amphetamine oral tablet 30 mg	1	PA for age 19 and older; QL (2 per 1 day)
diazepam intensol	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
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet	1	
doxepin oral capsule	1	
doxepin oral concentrate	1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	QL (2 per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (1 per 1 day)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	QL (3 per 1 day)
ergoloid	1	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for age 17 and younger; QL (0.75 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for age 17 and younger; QL (1 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for age 17 and younger; QL (1.5 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	2	PA for age 17 and younger; QL (2.25 per 365 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for age 17 and younger; QL (0.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for age 17 and younger; QL (0.5 per 28 days)
escitalopram oxalate oral solution	1	QL (20 per 1 day)
escitalopram oxalate oral tablet 10 mg, 5 mg	1	QL (1.5 per 1 day)
escitalopram oxalate oral tablet 20 mg	1	QL (1 per 1 day)
estazolam	1	QL (1 per 1 day)
eszopiclone	1	QL (1 per 1 day)
fluoxetine oral capsule	1	QL (2 per 1 day)
fluoxetine oral solution	1	QL (20 per 1 day)
fluoxetine oral tablet 10 mg, 20 mg	1	QL (1 per 1 day)
fluphenazine decanoate	1	PA for age 17 and younger; QL (5 per 30 days)
fluphenazine hcl injection	1	PA for age 17 and younger; QL (5 per 30 days)
fluphenazine hcl oral concentrate	1	PA for age 17 and younger; 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
fluphenazine hcl oral elixir	1	PA for age 17 and younger; QL (80 per 1 day)
fluphenazine hcl oral tablet	1	PA for age 17 and younger; QL (4 per 1 day)
flurazepam	1	QL (1 per 1 day)
fluvoxamine oral tablet 100 mg	1	QL (3 per 1 day)
fluvoxamine oral tablet 25 mg, 50 mg	1	QL (1.5 per 1 day)
FOCALIN	3	PA for age 19 and older; QL (2 per 1 day)
FOCALIN XR	3	PA for age 19 and older; QL (1 per 1 day)
GEODON ORAL	3	PA for age 17 and younger; QL (2 per 1 day)
guanfacine oral tablet extended release 24 hr	1	
haloperidol decanoate	1	PA for age 17 and younger
haloperidol lactate injection	1	PA for age 17 and younger
haloperidol lactate oral	1	PA for age 17 and younger; QL (15 per 1 day)
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg	1	PA for age 17 and younger; QL (3 per 1 day)
haloperidol oral tablet 20 mg	1	PA for age 17 and younger; QL (1.5 per 1 day)
HETLIOZ	4	PA; QL (1 per 1 day)
HETLIOZ LQ	4	PA; QL (5 per 1 day)
imipramine hcl	1	
INTUNIV ER	3	
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	PA; QL (1 per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	PA; QL (2 per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	PA for age 17 and younger; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	PA for age 17 and younger; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	PA for age 17 and younger; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	PA for age 17 and younger; QL (0.25 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	PA for age 17 and younger; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	2	PA for age 17 and younger; QL (0.88 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	2	PA for age 17 and younger; QL (1.32 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	PA for age 17 and younger; QL (1.75 per 63 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	2	PA for age 17 and younger; QL (2.63 per 63 days)
LEXAPRO ORAL TABLET 10 MG, 5 MG	3	QL (1.5 per 1 day)
LEXAPRO ORAL TABLET 20 MG	3	QL (1 per 1 day)
lisdexamfetamine	1	PA for age 19 and older; QL (1 per 1 day)
lithium carbonate	1	
LITHOBID	3	
lorazepam intensol	1	
lorazepam oral	1	
loxapine succinate oral capsule 10 mg	1	PA for age 17 and younger; QL (8 per 1 day)
loxapine succinate oral capsule 25 mg, 5 mg	1	PA for age 17 and younger; QL (4 per 1 day)
loxapine succinate oral capsule 50 mg	1	PA for age 17 and younger; QL (5 per 1 day)
LUMRYZ	4	PA; QL (1 per 1 day)
LUMRYZ STARTER PACK	4	PA; QL (28 per 365 days)
LUNESTA	3	QL (1 per 1 day)
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	ST; QL (1 per 1 day)
lurasidone oral tablet 80 mg	1	ST; QL (2 per 1 day)
METADATE CD	3	PA for age 19 and older; QL (1 per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5 ML	3	PA for age 19 and older; QL (30 per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5 ML	3	PA for age 19 and older; QL (60 per 1 day)
methylphenidate er(la) 10 mg cp	1	PA for age 19 and older; 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
methylphenidate er(la) 20 mg cp	1	PA for age 19 and older; QL (1 per 1 day)
methylphenidate er(la) 30 mg cp	1	PA for age 19 and older; QL (1 per 1 day)
methylphenidate er(la) 40 mg cp	1	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral capsule, er biphasic 30-70	1	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg	1	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral solution 10 mg/5 ml	1	PA for age 19 and older; QL (30 per 1 day)
methylphenidate hcl oral solution 5 mg/5 ml	1	PA for age 19 and older; QL (60 per 1 day)
methylphenidate hcl oral tablet	1	PA for age 19 and older; QL (3 per 1 day)
methylphenidate hcl oral tablet extended release	1	PA for age 19 and older; QL (3 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg	1	PA for age 19 and older; QL (1 per 1 day)
methylphenidate hcl oral tablet extended release 24hr 36 mg	1	PA for age 19 and older; QL (2 per 1 day)
midazolam oral	1	
mirtazapine	1	QL (1 per 1 day)
modafinil	1	QL (1 per 1 day)
NARDIL	3	
nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg	1	QL (2 per 1 day)
nefazodone oral tablet 200 mg	1	QL (3 per 1 day)
nortriptyline	1	
NUPLAZID	4	PA; QL (1 per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG	3	QL (1 per 1 day)
NUVIGIL ORAL TABLET 50 MG	3	QL (2 per 1 day)
olanzapine oral tablet	1	PA for age 17 and younger; QL (1 per 1 day)
oxazepam	1	
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	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
paliperidone oral tablet extended release 24hr 6 mg	1	PA; QL (2 per 1 day)
PARNATE	3	QL (6 per 1 day)
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (1.5 per 1 day)
paroxetine hcl oral tablet 20 mg	1	QL (1 per 1 day)
paroxetine hcl oral tablet 30 mg	1	QL (2 per 1 day)
PAXIL ORAL TABLET 10 MG, 40 MG	3	QL (1.5 per 1 day)
PAXIL ORAL TABLET 20 MG	3	QL (1 per 1 day)
PAXIL ORAL TABLET 30 MG	3	QL (2 per 1 day)
perphenazine oral tablet 16 mg	1	PA for age 17 and younger; QL (2 per 1 day)
perphenazine oral tablet 2 mg, 4 mg, 8 mg	1	PA for age 17 and younger; QL (4 per 1 day)
perphenazine-amitriptyline	1	PA for age 17 and younger
phenelzine	1	
pimozide oral tablet 1 mg	1	QL (10 per 1 day)
pimozide oral tablet 2 mg	1	QL (5 per 1 day)
PRISTIQ	3	QL (1 per 1 day)
protriptyline	1	
PROVIGIL	3	QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	PA; QL (1 per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	PA; QL (2 per 1 day)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	PA for age 17 and younger; QL (3 per 1 day)
quetiapine oral tablet 300 mg, 400 mg	1	PA for age 17 and younger; QL (2 per 1 day)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	PA for age 17 and younger; QL (1 per 1 day)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	PA for age 17 and younger; QL (2 per 1 day)
ramelteon	1	ST; QL (1 per 1 day)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	3	PA for age 19 and older; QL (1 per 1 day)
REMERON ORAL TABLET 15 MG, 30 MG	3	QL (1 per 1 day)
REMERON SOLTAB	3	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
RESTORIL ORAL CAPSULE 15 MG, 30 MG	3	QL (1 per 1 day)
RISPERDAL CONSTA	3	PA for age 17 and younger; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	PA for age 17 and younger; QL (8 per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	3	PA for age 17 and younger; QL (2 per 1 day)
risperidone microspheres	1	PA for age 17 and younger; QL (2 per 28 days)
risperidone oral solution	1	PA for age 17 and younger; QL (8 per 1 day)
risperidone oral tablet	1	PA for age 17 and younger; QL (2 per 1 day)
RITALIN	3	PA for age 19 and older; QL (3 per 1 day)
ROZEREM	3	ST; QL (1 per 1 day)
RYKINDO	2	PA for age 17 and younger; QL (2 per 28 days)
SAPHRIS	3	PA; QL (2 per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	PA for age 17 and younger; QL (3 per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	PA for age 17 and younger; QL (2 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	PA for age 17 and younger; QL (1 per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	PA for age 17 and younger; QL (2 per 1 day)
sertraline oral concentrate	1	QL (10 per 1 day)
sertraline oral tablet 100 mg	1	QL (2 per 1 day)
sertraline oral tablet 25 mg, 50 mg	1	QL (1.5 per 1 day)
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)
tasimelteon	4	PA; QL (1 per 1 day)
temazepam oral capsule 15 mg, 30 mg	1	QL (1 per 1 day)
thioridazine oral tablet 10 mg, 25 mg, 50 mg	1	PA for age 17 and younger; 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
thioridazine oral tablet 100 mg	1	PA for age 17 and younger; QL (8 per 1 day)
thiothixene oral capsule 1 mg, 2 mg, 5 mg	1	PA for age 17 and younger; QL (3 per 1 day)
thiothixene oral capsule 10 mg	1	PA for age 17 and younger; QL (6 per 1 day)
tranylcypromine	1	QL (6 per 1 day)
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	QL (3 per 1 day)
trazodone oral tablet 300 mg	1	QL (2 per 1 day)
triazolam	1	QL (1 per 1 day)
trifluoperazine	1	PA for age 17 and younger; QL (4 per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	2	PA for age 17 and younger; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	2	PA for age 17 and younger; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	2	PA for age 17 and younger; QL (0.42 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	2	PA for age 17 and younger; QL (0.56 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	2	PA for age 17 and younger; QL (0.7 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	2	PA for age 17 and younger; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	2	PA for age 17 and younger; QL (0.21 per 28 days)
VALIUM	3	
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (1 per 1 day)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (3 per 1 day)
venlafaxine oral tablet	1	QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
VYVANSE	3	PA for age 19 and older; QL (1 per 1 day)
WELLBUTRIN SR	3	QL (2 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (3 per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (1 per 1 day)
XANAX	3	
XYWAV	4	PA; LA; QL (18 per 1 day)
zaleplon	1	QL (1 per 1 day)
zenzedi oral tablet 10 mg, 5 mg	1	PA for age 19 and older; QL (3 per 1 day)
ziprasidone hcl	1	PA for age 17 and younger; QL (2 per 1 day)
ZOLOFT ORAL CONCENTRATE	3	QL (10 per 1 day)
ZOLOFT ORAL TABLET 100 MG	3	QL (2 per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG	3	QL (1.5 per 1 day)
zolpidem oral tablet	1	QL (1 per 1 day)
zolpidem oral tablet,ext release multiphase	1	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 ORAL	3	PA for age 17 and younger; QL (1 per 1 day)
AUTONOMIC & CNS DRUGS, NEUROLOGY		
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO	4	QL (1 per 1 day)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	ST; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	ST; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT	4	ST; QL (14 per 28 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	QL (1 per 1 day)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	QL (12 per 28 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	4	QL (60 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
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg, 240 mg	4	QL (2 per 1 day)
fingolimod	4	QL (1 per 1 day)
glatiramer subcutaneous syringe 20 mg/ml	4	QL (1 per 1 day)
glatiramer subcutaneous syringe 40 mg/ml	4	QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	4	QL (1 per 1 day)
glatopa subcutaneous syringe 40 mg/ml	4	QL (12 per 28 days)
KESIMPTA PEN	4	PA; QL (0.4 per 28 days)
PLEGRIDY INTRAMUSCULAR	4	ST; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	ST; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	ST; QL (1 per 365 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	ST; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	ST; QL (1 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	QL (60 per 365 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 240 MG	4	QL (2 per 1 day)
teriflunomide	4	QL (1 per 1 day)
VUMERITY	4	PA; QL (4 per 1 day)
CARDIOVASCULAR, HYPERTENSION & LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral	1	
BETAPACE AF	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	
disopyramide phosphate oral capsule	1	
dofetilide	1	QL (2 per 1 day)
flecainide	1	
mexiletine	1	
MULTAQ	2	
NORPACE	3	
pacerone oral tablet 100 mg, 200 mg	1	

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

Drug Name	Drug Tier	Requirements / Limits
propafenone oral tablet	1	
sotalol af	1	
sotalol oral	1	
TIKOSYN	3	QL (2 per 1 day)
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	
ALDACTONE	3	
amiloride	1	
amiloride-hydrochlorothiazide	1	
amlodipine	1	
amlodipine-benazepril	1	
amlodipine-olmesartan	1	
amlodipine-valsartan	1	
ATACAND	3	ST; QL (1 per 1 day)
atenolol	1	
atenolol-chlorthalidone	1	
AVALIDE	3	
AVAPRO ORAL TABLET 150 MG, 300 MG	3	
AZOR	3	
benazepril	1	
benazepril-hydrochlorothiazide	1	
BENICAR	3	
BENICAR HCT	3	
betaxolol oral	1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide	1	
bumetanide oral	1	
BYSTOLIC	3	
candesartan	1	ST; QL (1 per 1 day)
captopril	1	
CARDAMYST	3	PA; QL (4 per 30 days)
CARDIZEM CD	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	

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

Drug Name	Drug Tier	Requirements / Limits
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	
CARDURA	3	
cartia xt	1	
carvedilol	1	
CATAPRES-TTS-1	3	QL (4 per 28 days)
CATAPRES-TTS-2	3	QL (4 per 28 days)
CATAPRES-TTS-3	3	QL (4 per 28 days)
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine	1	QL (4 per 28 days)
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
COREG	3	
COZAAR	3	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr	1	
diltiazem hcl oral tablet	1	
diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
dilt-xr	1	
DIOVAN	3	
DIOVAN HCT	3	
doxazosin	1	
EDECRIN	3	PA
enalapril maleate oral tablet	1	
enalapril-hydrochlorothiazide	1	
eplerenone	1	
ethacrynic acid	1	PA
EXFORGE	3	
felodipine	1	
fosinopril	1	
fosinopril-hydrochlorothiazide	1	
furosemide oral	1	
guanfacine oral tablet	1	

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

Drug Name	Drug Tier	Requirements / Limits
HEMANGEOL	3	PA
hydralazine oral	1	
hydrochlorothiazide	1	
HYZAAR	3	
indapamide	1	
INDERAL LA	3	
INSPRA ORAL TABLET 25 MG	3	
irbesartan	1	
irbesartan-hydrochlorothiazide	1	
isradipine	1	
KERENDIA	3	PA; QL (1 per 1 day)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	
LASIX	3	
lisinopril	1	
lisinopril-hydrochlorothiazide	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	
losartan	1	
losartan-hydrochlorothiazide	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	1	
methyldopa	1	
metolazone	1	
metoprolol succinate	1	
metoprolol ta-hydrochlorothiaz	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metyrosine	1	PA; QL (16 per 1 day)
MICARDIS ORAL TABLET 40 MG, 80 MG	3	
minoxidil oral	1	
moexipril	1	
nadolol	1	
nebivolol	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
nifedipine	1	
nimodipine oral capsule	1	
NORVASC	3	
olmesartan	1	
olmesartan-hydrochlorothiazide	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)
perindopril erbumine	1	
phenoxybenzamine	1	PA; QL (24 per 1 day)
pindolol	1	
prazosin	1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	3	
propranolol oral	1	
quinapril	1	
quinapril-hydrochlorothiazide	1	
ramipril	1	
spironolactone oral tablet	1	
spironolacton-hydrochlorothiaz	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TEKTURNA	3	QL (1 per 1 day)
telmisartan	1	
TENORMIN	3	
terazosin	1	
tiadylt er	1	
TIAZAC	3	
timolol maleate oral	1	
TOPROL XL	3	
torsemide oral	1	
trandolapril	1	
trandolapril-verapamil	1	
triamterene-hydrochlorothiazid	1	

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

Drug Name	Drug Tier	Requirements / Limits
UPTRAVI ORAL TABLET	4	PA; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL (200 per 365 days)
valsartan oral tablet	1	
valsartan-hydrochlorothiazide	1	
VASERETIC	3	
VASOTEC	3	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	1	
verapamil oral tablet	1	
verapamil oral tablet extended release	1	
ZESTORETIC	3	
ZESTRIL	3	
CARDIAC GLYCOSIDES		
digoxin oral solution	1	
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	
COAGULATION THERAPY		
ALHEMO PEN	4	PA
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)
AMICAR	3	
aminocaproic acid oral	1	
ARIXTRA	4	
aspirin-dipyridamole	1	
BRILINTA	3	
CABLIVI INJECTION KIT	4	PA; LA; QL (59 per 365 days)
cilostazol	1	
clopidogrel	1	
dabigatran etexilate	1	
dipyridamole oral	1	
DOPTELET (15 TAB PACK)	4	PA; LA; QL (2 per 1 day)
DOPTELET SPRINKLE	4	PA; QL (2 per 1 day)
EFFIENT	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
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS ORAL TABLET	2	
eltrombopag olamine oral powder in packet 12.5 mg	4	PA; QL (1 per 1 day)
eltrombopag olamine oral powder in packet 25 mg	4	PA; QL (3 per 1 day)
eltrombopag olamine oral tablet 12.5 mg, 25 mg	4	PA; QL (1 per 1 day)
eltrombopag olamine oral tablet 50 mg	4	PA; QL (3 per 1 day)
eltrombopag olamine oral tablet 75 mg	4	PA; QL (2 per 1 day)
enoxaparin	4	
fondaparinux	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
heparin (porcine) injection solution	1	
heparin (porcine) injection syringe 5,000 unit/ml	1	
heparin, porcine (pf) injection	1	
HYMPAVZI PEN	4	PA; QL (4 per 28 days)
LOVENOX	4	
MULPLETA	4	PA; QL (7 per 365 days)
pentoxifylline	1	
phytonadione (vitamin k1) oral tablet 5 mg	1	
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL CAPSULE 110 MG	3	
prasugrel hcl	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)
QFITLIA	4	PA; QL (0.2 per 28 days)
QFITLIA PEN	4	PA; QL (0.5 per 28 days)
rivaroxaban oral suspension for reconstitution	1	QL (20 per 1 day)
rivaroxaban oral tablet	1	
TAVALISSE	4	PA; LA; 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
ticagrelor	1	
warfarin	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		
amlodipine-atorvastatin	1	QL (1 per 1 day)
atorvastatin oral tablet 10 mg, 20 mg	1	ACA
atorvastatin oral tablet 40 mg, 80 mg	1	
CADUET	3	QL (1 per 1 day)
cholestyramine (with sugar)	1	
cholestyramine light	1	
colesevelam	1	
COLESTID ORAL GRANULES	3	
COLESTID ORAL TABLET	3	
colestipol	1	
CRESTOR	3	
ezetimibe	1	
ezetimibe-simvastatin	1	PA; QL (1 per 1 day)
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
fenofibrate nanocrystallized	1	
fenofibrate oral tablet 160 mg, 54 mg	1	
fenofibric acid (choline)	1	
gemfibrozil	1	
icosapent ethyl	1	PA; QL (4 per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 5 MG	4	PA; LA; QL (1 per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG	4	PA; LA; QL (2 per 1 day)
LIPITOR	3	
LOPID	3	
lovastatin	1	ACA
LOVAZA	3	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
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	PA; QL (1 per 1 day)
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr	1	
omega-3 acid ethyl esters	1	QL (4 per 1 day)
pravastatin	1	ACA
prevalite	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
REDEMPLO	4	PA; LA; QL (0.5 per 68 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
REPATHA SYRINGE	2	PA; QL (3 per 28 days)
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA
rosuvastatin oral tablet 20 mg, 40 mg	1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA
simvastatin oral tablet 80 mg	1	
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	4	PA; LA; QL (0.8 per 30 days)
VASCEPA	3	PA; QL (4 per 1 day)
VYTORIN 10-10	3	PA; QL (1 per 1 day)
VYTORIN 10-20	3	PA; QL (1 per 1 day)
VYTORIN 10-40	3	PA; QL (1 per 1 day)
VYTORIN 10-80	3	PA; QL (1 per 1 day)
WELCHOL	3	
ZETIA	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY	4	PA; QL (4 per 1 day)
CAMZYOS	4	PA; QL (1 per 1 day)
CORLANOR ORAL TABLET	3	QL (2 per 1 day)
ENTRESTO	3	QL (2 per 1 day)
FILSPARI	4	PA; QL (1 per 1 day)
ivabradine	1	QL (2 per 1 day)
MYQORZO	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
ranolazine	1	
sacubitril-valsartan	1	QL (2 per 1 day)
TRYVIO	4	PA; QL (1 per 1 day)
VANRAFIA	4	PA; QL (1 per 1 day)
VECAMYL	4	PA
VERQUVO	3	PA; QL (1 per 1 day)
VYNDAMAX	4	PA; QL (1 per 1 day)
NITRATES		
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide mononitrate	1	
nitro-bid	1	
nitroglycerin sublingual	1	
nitroglycerin transdermal	1	
NITROSTAT	3	
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	
calcipotriene scalp	1	
calcipotriene topical cream	1	
calcipotriene topical ointment	1	
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)
ILUMYA	4	PA; QL (1 per 63 days)
pellix	1	
SELARSDI SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 per 63 days)
SELARSDI 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
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 42 days)
selenium sulfide topical lotion	1	
selenium sulfide topical shampoo 2.25 %	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)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	4	PA; QL (0.37 per 63 days)
SOTYKTU	4	PA; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS	4	PA; QL (2 per 28 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 ONE-PRESS	4	PA; QL (1 per 42 days)
TREMFYA PEN INDUCTION PK(2PEN)	4	PA; QL (12 per 365 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 per 42 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	4	PA; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 42 days)
TREMFYA SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	PA; QL (2 per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 63 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 42 days)
ZORYVE	3	PA; QL (1 per 30 days)
BURN THERAPY		
SILVADENE	3	
silver sulfadiazine	1	
ssd	1	
MISCELLANEOUS DERMATOLOGICALS		

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

Drug Name	Drug Tier	Requirements / Limits
ADBRY	4	PA; QL (4 per 28 days)
ammonium lactate	1	
diclofenac sodium topical gel 3 %	1	QL (100 per 365 days)
DRYSOL DAB-O-MATIC	1	
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)
EBGLYSS PEN	4	PA; QL (2 per 28 days)
EBGLYSS SYRINGE	4	PA; QL (2 per 28 days)
EFUDEX TOPICAL CREAM	3	QL (40 per 365 days)
EUCRISA	3	ST; QL (1 per 30 days)
FILSUVEZ	4	PA
fluorouracil topical cream 5 %	1	QL (40 per 365 days)
fluorouracil topical solution	1	QL (10 per 365 days)
HYFTOR	4	PA; QL (3 per 30 days)
imiquimod topical cream in packet 5 %	1	QL (36 per 365 days)
methoxsalen	4	
OPZELURA	4	PA; QL (60 per 30 days)
PANRETIN	4	PA
pimecrolimus	1	ST
podofilox topical solution	1	
tacrolimus topical	1	
VALCHLOR	4	PA; QL (60 per 30 days)
ZELSUVMI	4	PA; QL (31 per 28 days)
THERAPY FOR ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
adapalene topical cream	1	PA for age 29 and older; QL (45 per 30 days)
adapalene topical gel 0.3 %	1	PA for age 29 and older; QL (45 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
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	1	
amnesteem	1	
azelaic acid	1	
BENZAMYCIN	3	ST
brimonidine topical	1	PA; QL (30 per 30 days)
claravis	1	
CLEOCIN T TOPICAL LOTION	3	
clindacin etz topical swab	1	
clindacin p	1	
clindamycin phosphate topical gel	1	
clindamycin phosphate topical lotion	1	
clindamycin phosphate topical solution	1	
clindamycin phosphate topical swab	1	
clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %	1	
dapsone topical gel 5 %	1	ST
ery pads	1	
erythromycin with ethanol topical gel	1	
erythromycin with ethanol topical solution	1	
erythromycin-benzoyl peroxide	1	ST
ivermectin topical cream	1	PA
metronidazole topical cream	1	
metronidazole topical gel 0.75 %	1	QL (45 per 30 days)
metronidazole topical gel 1 %	1	QL (60 per 30 days)
metronidazole topical gel with pump	1	QL (60 per 30 days)
neuac	1	
RETIN-A TOPICAL CREAM	3	PA for age 29 and older; QL (1 per 30 days)
rosadan topical cream	1	
rosadan topical gel	1	QL (45 per 30 days)
SOOLANTRA	3	PA
sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)	1	
tazarotene topical cream 0.1 %	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
TAZORAC TOPICAL CREAM 0.1 %	3	
tretinoin topical cream	1	PA for age 29 and older; QL (1 per 30 days)
zenatane	1	
TOPICAL ANESTHETICS		
dermacinrx lidocan	1	QL (3 per 1 day)
lidocaine hcl mucous membrane solution 2 %	1	PA for age 2 and younger
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine topical adhesive patch,medicated 5 %	1	QL (3 per 1 day)
lidocaine topical ointment	1	
lidocaine-prilocaine topical cream	1	
lidocan iii	1	QL (3 per 1 day)
lidocan iv	1	QL (3 per 1 day)
lidocan v	1	QL (3 per 1 day)
LIDODERM	3	QL (3 per 1 day)
TOPICAL ANTIBACTERIALS		
gentamicin topical	1	
KLARON	3	
mupirocin	1	
sulfacetamide sodium (acne)	1	
TOPICAL ANTIFUNGALS		
ciclodan	1	
ciclopirox	1	
clotrimazole-betamethasone topical cream	1	
econazole nitrate topical cream	1	
ketoconazole topical cream	1	
ketoconazole topical shampoo	1	
klayesta	1	
LOPROX (AS OLAMINE)	3	
nystatin topical	1	
nystatin-triamcinolone	1	
nystop	1	
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
acyclovir topical ointment	1	
ZOVIRAX TOPICAL OINTMENT	3	
TOPICAL CORTICOSTEROIDS		
alclometasone	1	
betamethasone dipropionate	1	
betamethasone valerate topical cream	1	
betamethasone valerate topical lotion	1	
betamethasone valerate topical ointment	1	
betamethasone, augmented topical cream	1	
betamethasone, augmented topical ointment	1	
clobetasol scalp	1	
clobetasol topical cream 0.05 %	1	
clobetasol topical gel	1	
clobetasol topical ointment	1	
clobetasol topical shampoo	1	
clobetasol topical spray,non-aerosol	1	
clobetasol-emollient topical cream	1	
DERMA-SMOOTHE/FS BODY OIL	3	
DERMA-SMOOTHE/FS SCALP OIL	3	
desonide topical cream	1	
desonide topical lotion	1	
desonide topical ointment	1	
desoximetasone topical cream 0.25 %	1	
desoximetasone topical ointment 0.25 %	1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	
fluocinolone	1	
fluocinolone and shower cap	1	
fluocinonide topical cream 0.05 %	1	
fluocinonide topical ointment	1	
fluocinonide topical solution	1	
fluticasone propionate topical cream	1	
fluticasone propionate topical ointment	1	
halobetasol propionate topical cream	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
hydrocortisone butyrate topical cream	1	
hydrocortisone butyrate topical ointment	1	
hydrocortisone butyrate topical solution	1	
hydrocortisone topical cream 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 2.5 %	1	
hydrocortisone valerate topical cream	1	
mometasone topical	1	
SYNALAR	3	
TOPICORT TOPICAL CREAM 0.25 %	3	
TOPICORT TOPICAL OINTMENT 0.25 %	3	
triamcinolone acetonide topical cream	1	
triamcinolone acetonide topical lotion	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triderm topical cream 0.5 %	1	
TOPICAL ENZYMES		
SANTYL	3	QL (2 per 720 days)
TOPICAL SCABICIDES / PEDICULICIDES		
malathion	1	QL (120 per 30 days)
NATROBA	3	QL (120 per 30 days)
OVIDE	3	QL (120 per 30 days)
permethrin	1	QL (120 per 30 days)
spinosad	1	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
benzphetamine	1	QL (3 per 1 day)
CONTRAVE	3	PA; QL (4 per 1 day)
diethylpropion oral tablet	1	QL (3 per 1 day)
diethylpropion oral tablet extended release	1	QL (1 per 1 day)
IMCIVREE	4	PA; QL (9 per 30 days)
liraglutide (weight loss)	1	PA; QL (15 per 28 days)
LOMAIRA	3	PA; QL (3 per 1 day)
ORLISTAT	3	PA; QL (3 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
phendimetrazine tartrate oral capsule, extended release	1	QL (1 per 1 day)
phendimetrazine tartrate oral tablet	1	QL (6 per 1 day)
phentermine oral capsule	1	QL (1 per 1 day)
phentermine oral tablet 37.5 mg	1	QL (1 per 1 day)
phentermine oral tablet 8 mg	1	QL (3 per 1 day)
phentermine-topiramate	1	PA; QL (1 per 1 day)
QSYMIA	3	PA; QL (1 per 1 day)
SAXENDA	3	PA; QL (15 per 28 days)
WEGOVY HD	3	PA; QL (3 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; QL (3 per 1 day)
ZEPBOUND KWIKPEN	3	PA; QL (2.4 per 28 days)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	3	PA; QL (2 per 28 days)
MISCELLANEOUS AGENTS		
acamprosate	1	
AGRYLIN	3	
anagrelide	1	
AQVESME	4	PA; QL (2 per 1 day)
BUPHENYL	4	PA
caffeine citrate oral	1	
carglumic acid	4	PA
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
cevimeline	1	
CHEMET	3	PA for age 18 and older
CUVRIOR	4	PA; QL (10 per 1 day)
deferasirox	4	PA
deferiprone	4	PA
disulfiram	1	
droxidopa	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
DUVYZAT	4	PA; QL (3 per 32 days)
EMPAVELI	4	PA; LA; QL (160 per 28 days)
ENDARI	4	PA; QL (6 per 1 day)
EVOXAC	3	
EXJADE	4	PA; LA
FABHALTA	4	PA; QL (2 per 1 day)
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET 1,000 MG	4	PA
FORZINITY	4	PA; LA; QL (4 per 28 days)
glutamine (sickle cell)	4	PA; QL (6 per 1 day)
glycerol phenylbutyrate	4	PA; QL (17.5 per 1 day)
HARLIKU	4	PA; LA; QL (1 per 1 day)
INCRELEX	4	PA; LA
JADENU	4	PA
JADENU SPRINKLE	4	PA
JOENJA ORAL TABLET 70 MG	4	PA; QL (2 per 1 day)
KYGEVVI	4	PA; LA; QL (16 per 1 day)
levocarnitine (with sugar)	1	
levocarnitine oral solution 100 mg/ml	1	
levocarnitine oral tablet	1	
LITFULO	4	PA; QL (1 per 1 day)
midodrine	1	
nitisinone	4	PA; LA
NITYR	4	PA; LA
NORTHERA	4	PA
OLPRUVA	4	PA
ORFADIN	4	PA; LA
PHEBURANE	4	PA
PIASKY	4	PA; QL (6 per 28 days)
PYRUKYND ORAL TABLET 20 MG, 50 MG	4	PA; LA; QL (2 per 1 day)
PYRUKYND ORAL TABLET 5 MG	4	PA; 2 tablets per day; 7 tablets 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)

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

Drug Name	Drug Tier	Requirements / Limits
REVCOVI	4	PA; LA
REZDIFFRA	4	PA; QL (1 per 1 day)
RHAPSIDO	4	PA; QL (2 per 1 day)
riluzole	1	
risedronate oral tablet 30 mg	1	QL (1 per 1 day)
sodium chloride irrigation	1	
sodium phenylbutyrate	4	PA
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)
SYPRINE	4	PA; QL (8 per 1 day)
TAVNEOS	4	PA; QL (6 per 1 day)
THIOLA	4	PA
THIOLA EC	4	PA
tiopronin	4	PA
trientine oral capsule 250 mg	4	PA; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; QL (4 per 1 day)
venxxiva	4	PA
VOYDEYA	4	PA; LA; QL (180 per 30 days)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	4	PA; QL (3 per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 25 MG	4	PA; QL (4 per 1 day)
VYKAT XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	4	PA; QL (7 per 1 day)
XURIDEN	4	
ZOKINVY	4	PA; LA; QL (4 per 1 day)
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	ACA; QL (2 per 1 day)
nicorette buccal gum 4 mg	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
nicotine	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
nicotine (polacrilex) buccal gum	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
nicotine (polacrilex) buccal lozenge 2 mg	9	183 day supply in rolling 365 days; ACA; OTC
nicotine (polacrilex) buccal lozenge 4 mg	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
nicotine (polacrilex) buccal mini lozenge	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL NS	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
quit 2	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
quit 4	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; OTC
stop smoking aid	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
varenicline tartrate	1	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
EAR, NOSE & THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	
chlorhexidine gluconate mucous membrane	1	
denta 5000 plus	1	
denta 5000 plus sensitive	1	
dentagel	1	
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	
GELCLAIR	3	15 units per fill
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	QL (1 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	QL (3 per 30 days)
kourzeq	1	
olopatadine nasal	1	QL (1 per 30 days)
paroex oral rinse	1	
PERIDEX	3	
periogard	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
pilocarpine hcl oral	1	
SALAGEN (PILOCARPINE)	3	
sf	1	
sf 5000 plus	1	
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	
triamcinolone acetonide dental	1	
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	
ciprofloxacin hcl otic (ear)	1	
DERMOTIC OIL	3	
flac otic oil	1	
fluocinolone acetonide oil	1	
hydrocortisone-acetic acid	1	
ofloxacin otic (ear)	1	
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	
ciprofloxacin-dexamethasone	1	
ciprofloxacin-hydrocortisone	1	
neomycin-polymyxin-hc otic (ear)	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	4	PA
ACTHAR SELFJECT	4	PA
AGAMREE	3	PA; QL (200 per 26 days)
CORTEF	3	
CORTROPHIN GEL	4	PA
deflazacort	4	PA
dexamethasone oral elixir	1	
dexamethasone oral solution	1	
dexamethasone oral tablet	1	
EMFLAZA	4	PA; LA
fludrocortisone	1	
hydrocortisone oral	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
hydrocortisone sod succinate	1	QL (2 per 28 days)
jaythari	4	PA
kymbee	4	PA
MEDROL (PAK)	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
methylprednisolone	1	
prednisolone oral solution	1	
prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisone oral solution	1	
prednisone oral tablet	1	
prednisone oral tablets,dose pack	1	
pyquvi	4	PA
SOLU-CORTEF	3	QL (2 per 28 days)
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 1,000 MG/8 ML, 100 MG/2 ML, 250 MG/2 ML	3	QL (2 per 28 days)
TARPEYO	4	PA; QL (4 per 1 day)
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil	1	
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES		
DEXCOM G6 RECEIVER	2	PA; CGM; QL (1 per 365 days)
DEXCOM G6 SENSOR	2	PA; CGM; QL (3 per 30 days)
DEXCOM G6 TRANSMITTER	2	PA; CGM; QL (1 per 68 days)
DEXCOM G7 15 DAY SENSOR	2	PA; CGM; QL (2 per 30 days)
DEXCOM G7 RECEIVER	2	PA; CGM; QL (1 per 365 days)
DEXCOM G7 SENSOR	2	PA; CGM; QL (3 per 30 days)
FREESTYLE CONTROL	1	OTC
FREESTYLE FREEDOM	9	OTC; QL (1 per 365 days)
FREESTYLE FREEDOM LITE	9	OTC; QL (1 per 365 days)
FREESTYLE INSULINX	9	OTC; QL (1 per 365 days)
FREESTYLE INSULINX TEST STRIPS	1	OTC; QL (100 per 30 days)
FREESTYLE LIBRE 14 DAY READER	2	PA; CGM; QL (1 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
FREESTYLE LIBRE 14 DAY SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	2	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 2 READER	2	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 2 SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	2	PA; CGM; QL (2 per 30 days)
FREESTYLE LIBRE 3 READER	2	PA; CGM; QL (1 per 365 days)
FREESTYLE LIBRE 3 SENSOR	2	PA; CGM; QL (2 per 28 days)
FREESTYLE TEST	1	OTC; QL (100 per 30 days)
PRECISION XTRA MONITOR	9	OTC; QL (1 per 365 days)
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT		
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	
OMNIPOD 5 (LIBRE 2/3 PLUS)	2	QL (10 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	2	QL (1 per 720 days)
GLUCOSE ELEVATING AGENTS		
BAQSIMI	2	
glucagon emergency kit (human)	1	
GVOKE	2	
GVOKE HYPOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU		
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	3	PA
GENTEEL VACUUM LANCING DEVICE	1	OTC; QL (2 per 365 days)
ILET INFUSION KIT-FLEX 23"	3	PA
ILET INFUSION KIT-INSET 23"	3	PA
ILET INFUSION-CONTACT DTCH 23"	3	PA
ILET INSULIN PUMP	3	PA
ILET STARTER KIT-INSET	3	PA
LANCETS 33 GAUGE	1	OTC; QL (210 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
LANCING DEVICE	1	OTC; QL (2 per 365 days)
MEDTRONIC EXT INFUSION SET 23"	3	PA
MINIMED MIO ADVANCE INF SET23"	3	PA
MINIMED QUICK SET 43"	3	PA
MINIMED SILHOUETTE 23"	3	PA
MINIMED SURE T 32"	3	PA
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
TANDEM MOBI AUTOSOFT 30 KT 23"	3	PA
TANDEM MOBI AUTOSOFT XC KIT 5"	3	PA
TANDEM MOBI TRUSTEEL KIT 23"	3	PA
TANDEM T:SLIM ASFT 30 PK10 23"	3	PA
TANDEM T:SLIM ASFT XC PK10 23"	3	PA
TANDEM T:SLIM TRUSTL PK10 23"	3	PA
TWIIST REFILL KT(CSST-NDL-SYR)	3	PA
TWIIST RFL(INFUS-CSST-NDL-SYR)	3	PA
TWIIST STARTER KIT	3	PA
V-GO 20	2	QL (30 per 30 days)
V-GO 30	2	QL (30 per 30 days)
V-GO 40	2	QL (30 per 30 days)
INSULIN THERAPY		
HUMALOG JUNIOR KWIKPEN U-100	2	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN	2	QL (100 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	2	QL (100 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	2	QL (100 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	2	QL (100 per 30 days)
HUMALOG U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN 70/30 U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN 70/30 U-100 KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH INSULIN KWIKPEN	2	QL (100 per 30 days)
HUMULIN N NPH U-100 INSULIN	2	QL (100 per 30 days)
HUMULIN R REGULAR U-100 INSULN	2	QL (100 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
HUMULIN R U-500 (CONC) KWIKPEN	2	QL (100 per 30 days)
INSULIN GLARGINE-YFGN	2	QL (100 per 30 days)
INSULIN LISPRO	2	QL (100 per 30 days)
INSULIN LISPRO PROTAMIN-LISPRO	2	QL (100 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	QL (100 per 30 days)
LANTUS U-100 INSULIN	2	QL (100 per 30 days)
SOLIQUA 100/33	3	ST; QL (18 per 28 days)
TOUJEO MAX U-300 SOLOSTAR	2	QL (100 per 30 days)
TOUJEO SOLOSTAR U-300 INSULIN	2	QL (100 per 30 days)
XULTOPHY 100/3.6	3	ST; QL (15 per 28 days)
MISCELLANEOUS HORMONES		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (150 per 30 days)
cabergoline	1	
calcitonin (salmon) nasal	1	
calcitriol oral	1	
CERDELGA	4	PA; QL (2 per 1 day)
cetrorelix	4	
CETROTIDE	4	
CHORIONIC GONADOTROPIN, HUMAN	4	
cinacalcet oral tablet 30 mg, 60 mg	1	PA; QL (2 per 1 day)
cinacalcet oral tablet 90 mg	1	PA; QL (4 per 1 day)
clomid	1	QL (10 per 30 days)
clomiphene citrate	1	QL (10 per 30 days)
CRENESSITY ORAL CAPSULE	4	PA; LA; QL (2 per 1 day)
CRENESSITY ORAL SOLUTION	4	PA; LA; QL (4 per 1 day)
danazol	1	
DDAVP ORAL	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	PA
desmopressin injection	1	
desmopressin nasal spray with pump	1	
DESMOPRESSIN NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
desmopressin oral	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
doxercalciferol oral	1	
FOLLISTIM AQ	4	
fyremadel	4	
GALAFOLD	4	PA; LA; QL (14 per 28 days)
ganirelix	4	
GONAL-F RFF REDI-JECT	4	
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	4	
ISTURISA	4	PA; LA; QL (4 per 1 day)
JYNARQUE ORAL TABLET 15 MG	4	PA; LA; QL (2 per 1 day)
JYNARQUE ORAL TABLET 30 MG	4	PA; LA; QL (1 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA; QL (56 per 28 days)
KORLYM	4	PA; QL (4 per 1 day)
KUVAN	4	PA
MENOPUR	4	
methyltestosterone oral capsule	1	QL (5 per 1 day)
mifepristone oral tablet 300 mg	4	PA; QL (4 per 1 day)
miglustat	4	PA; LA; QL (3 per 1 day)
milophene	1	QL (10 per 30 days)
MYALEPT	4	PA; LA
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	4	
OPFOLDA	4	PA; QL (8 per 28 days)
ORILISSA	3	PA
OVIDREL	4	
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)
paricalcitol oral	1	
PREGNYL	4	
RECORLEV	4	PA; QL (8 per 1 day)
SAMSCA ORAL TABLET 15 MG	4	PA; QL (30 per 365 days)
SAMSCA ORAL TABLET 30 MG	4	PA; QL (60 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
sapropterin	4	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG	3	PA; QL (2 per 1 day)
SENSIPAR ORAL TABLET 90 MG	3	PA; QL (4 per 1 day)
SEPHIENCE ORAL POWDER IN PACKET 1,000 MG	4	PA; QL (6 per 1 day)
SEPHIENCE ORAL POWDER IN PACKET 250 MG	4	PA; QL (3 per 1 day)
SOMAVERT	4	PA
STRENSIQ	4	PA; LA
SYNAREL	4	PA; QL (8 per 28 days)
TESTIM	3	PA; QL (2 per 1 day)
testosterone cypionate	1	PA
testosterone enanthate	1	PA
testosterone transdermal gel	1	PA; QL (2 per 1 day)
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (60 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram)	1	PA; QL (5 per 1 day)
testosterone transdermal gel in packet 1 % (50 mg/5 gram)	1	PA; QL (10 per 1 day)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; QL (1 per 1 day)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; QL (2 per 1 day)
testosterone transdermal solution in metered pump w/app	1	PA; QL (180 per 30 days)
tolvaptan (polycys kidney dis) oral tablet 15 mg	4	PA; LA; QL (2 per 1 day)
tolvaptan (polycys kidney dis) oral tablet 30 mg	4	PA; LA; QL (1 per 1 day)
tolvaptan (polycys kidney dis) oral tablets, sequential	4	PA; LA; QL (56 per 28 days)
tolvaptan oral tablet 15 mg	4	PA; LA; QL (30 per 365 days)
tolvaptan oral tablet 30 mg	4	PA; LA; QL (60 per 365 days)
VOGELXO TRANSDERMAL GEL	3	PA; QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
VOXZOGO	4	PA; QL (1 per 1 day)
YORVIPATH	4	PA; QL (2 per 28 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 1.3 MG, 2.8 MG	4	PA; QL (4 per 28 days)
YUVIWEL SUBCUTANEOUS RECON SOLN 5.5 MG	4	PA; QL (8 per 28 days)
zelvysia	4	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
NON-INSULIN HYPOGLYCEMIC AGENTS		
acarbose	1	
ACTOPLUS MET	3	QL (2 per 1 day)
ACTOS	3	
CYCLOSET	3	
dapagliflozin	1	QL (1 per 1 day)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg	1	QL (1 per 1 day)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg	1	QL (2 per 1 day)
FARXIGA	3	QL (1 per 1 day)
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release 24hr	1	
glipizide-metformin	1	
glyburide	1	
glyburide-metformin	1	
GLYXAMBI	2	QL (1 per 1 day)
JANUMET	2	QL (2 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	QL (1 per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	QL (2 per 1 day)
JANUVIA	2	QL (1 per 1 day)
JARDIANCE	2	QL (1 per 1 day)
JENTADUETO	2	QL (2 per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (1 per 1 day)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr	1	
miglitol	1	
MOUNJARO	2	PA; QL (2 per 28 days)
nateglinide	1	
OZEMPIC ORAL TABLET 1.5 MG	2	PA; QL (30 per 365 days)
OZEMPIC ORAL TABLET 4 MG, 9 MG	2	PA; QL (1 per 1 day)
OZEMPIC SUBCUTANEOUS	2	PA; QL (3 per 28 days)
pioglitazone	1	
pioglitazone-metformin	1	QL (2 per 1 day)
repaglinide	1	
RYBELSUS ORAL TABLET 14 MG, 7 MG	2	PA; QL (1 per 1 day)
RYBELSUS ORAL TABLET 3 MG	2	PA; QL (30 per 365 days)
sitagliptin phos-metformin oral tablet	1	QL (2 per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	QL (1 per 1 day)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	QL (2 per 1 day)
sitagliptin phosphate	1	QL (1 per 1 day)
SYNJARDY	2	QL (2 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	QL (1 per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	QL (2 per 1 day)
TRADJENTA	2	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	QL (1 per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	QL (2 per 1 day)
TRULICITY	2	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	3	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
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	QL (2 per 1 day)
THYROID HORMONES		
CYTOMEL	3	
levo-t	1	
levothyroxine oral tablet	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liomny	1	
liothyronine oral	1	
np thyroid	1	
SYNTHROID	3	
unithroid	1	
GASTROENTEROLOGY		
ANTIDIARRHEALS & ANTISPASMODICS		
chlordiazepoxide-clidinium	1	
CUVPOSA	3	PA
dicyclomine oral capsule	1	
dicyclomine oral solution	1	QL (40 per 1 day)
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral tablet	1	
ed-spaz	1	
glycopyrrolate oral solution	1	PA
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate oral elixir	1	
hyoscyamine sulfate oral tablet	1	
hyoscyamine sulfate oral tablet extended release 12 hr	1	
hyoscyamine sulfate oral tablet,disintegrating	1	
hyoscyamine sulfate sublingual	1	
hyosyne oral elixir	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	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
LIBRAX (WITH CLIDINIUM)	3	
LOMOTIL	3	
methscopolamine	1	
NULEV	3	
oscimin	1	
oscimin sl	1	
ROBINUL FORTE	3	
ROBINUL ORAL	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
alosetron	1	PA; QL (2 per 1 day)
alvimopan	1	
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	
ANALPRAM-HC SINGLES	3	
anucort-hc	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	
ANUSOL-HC TOPICAL	3	
aprepitant oral capsule 125 mg	1	QL (5 per 28 days)
aprepitant oral capsule 40 mg	1	1 capsule per fill
aprepitant oral capsule 80 mg	1	QL (10 per 28 days)
aprepitant oral capsule,dose pack	1	QL (15 per 28 days)
APRISO	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
balsalazide	1	
betaine	4	
bisacodyl oral	9	ACA; OTC
budesonide oral capsule,delayed,extend.release	1	
budesonide oral tablet,delayed and ext.release	1	PA
budesonide rectal	1	
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 PELLET 200 MCG	4	PA; LA; QL (8 per 1 day)
BYLVAY ORAL PELLET 600 MCG	4	PA; LA; 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
CANASA	3	QL (1 per 1 day)
CHOLBAM ORAL CAPSULE 250 MG	4	PA; QL (7 per 1 day)
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (4 per 1 day)
CIMZIA	4	PA; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	4	PA; QL (2 per 28 days)
citroma	9	ACA; OTC
clearlax oral powder	9	ACA; OTC
COLAZAL	3	
compro	1	
constulose	1	
CORTENEMA	3	
CREON	2	
cromolyn oral	1	
CTEXLI	4	PA; QL (3 per 1 day)
CYSTADANE	4	
DICLEGIS	3	ST; QL (4 per 1 day)
DIPENTUM	3	ST
doxylamine-pyridoxine (vit b6)	1	ST; QL (4 per 1 day)
dronabinol oral capsule	1	
dulcolax (magnesium hydroxide) oral suspension	9	ACA; OTC
EMEND ORAL CAPSULE 80 MG	3	QL (10 per 28 days)
EMEND ORAL CAPSULE,DOSE PACK	3	QL (15 per 28 days)
ENTYVIO PEN	4	PA; QL (1.36 per 28 days)
enulose	1	
EOHILIA	4	PA; QL (600 per 30 days)
GASTROCROM	3	
GATTEX 30-VIAL	4	PA
gavilax oral powder	9	ACA; OTC
gavilyte-c	1	ACA
gavilyte-g	1	ACA
gavilyte-n	1	ACA
generlac	1	
gentle laxative (bisacodyl) oral	9	ACA; OTC
gentle laxative (mag hydrox)	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
gentlelax	9	ACA; OTC
GOLYTELY	3	
granisetron hcl oral	1	QL (10 per 30 days)
hemmorex-hc rectal suppository 25 mg	1	
hydrocortisone acetate rectal suppository 25 mg	1	
hydrocortisone rectal	1	
hydrocortisone topical cream with perineal applicator 2.5 %	1	
hydrocortisone-pramoxine rectal cream	1	
IBSRELA	3	PA; QL (2 per 1 day)
IQIRVO	4	PA; QL (1 per 1 day)
lactulose oral solution	1	
laxative (bisacodyl) oral tablet,delayed release (dr/ec)	9	ACA; OTC
laxative peg 3350	9	OTC
LIALDA	3	
LINZESS	2	QL (1 per 1 day)
LIVDELZI	4	PA; QL (1 per 1 day)
LIVMARLI ORAL SOLUTION 19 MG/ML	4	PA; LA; QL (2 per 1 day)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	4	PA; LA; QL (3 per 1 day)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG	4	PA; LA; QL (2 per 1 day)
LIVMARLI ORAL TABLET 30 MG	4	PA; LA; QL (1 per 1 day)
LOTRONEX	3	PA; QL (2 per 1 day)
lubiprostone	1	QL (2 per 1 day)
LYNAVOY	4	PA; QL (2 per 1 day)
magnesium citrate oral solution	9	ACA; OTC
MARINOL ORAL CAPSULE 2.5 MG	3	
meclizine oral tablet 12.5 mg, 25 mg	1	
mesalamine oral capsule (with del rel tablets)	1	
mesalamine oral capsule, extended release	1	
mesalamine oral capsule,extended release 24hr	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	1	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
mesalamine rectal enema	1	
mesalamine rectal suppository	1	QL (1 per 1 day)
metoclopramide hcl oral solution	1	
metoclopramide hcl oral tablet	1	
milk of magnesia	9	ACA; OTC
milk of magnesia concentrated	9	ACA; OTC
MOTEGRITY	3	ST; QL (1 per 1 day)
MOVANTIK	2	QL (1 per 1 day)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	4	PA; QL (2 per 28 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; QL (3 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	4	PA; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; QL (3 per 28 days)
ondansetron hcl oral solution	1	
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	
onelax magnesium citrate	9	ACA; OTC
oral saline laxative	9	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
peg 3350-electrolytes	1	ACA
peg-electrolyte soln	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
PERTZYE	3	ST
phosphate laxative	9	ACA; OTC
polyethylene glycol 3350 oral powder	9	ACA; OTC
powderlax oral powder	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
prochlorperazine	1	
prochlorperazine maleate	1	
PROCTOFOAM HC	2	
procto-med hc	1	
proctosol hc topical	1	
proctozone-hc	1	
prucalopride	1	ST; QL (1 per 1 day)
purelax oral powder	9	ACA; OTC
REGLAN ORAL	3	
RELISTOR ORAL	3	PA; QL (3 per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	PA; QL (0.6 per 1 day)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	PA; QL (0.4 per 1 day)
scopolamine base	1	QL (10 per 30 days)
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)
smoothlax oral powder	9	ACA; OTC
SUCRAID	4	PA; QL (8 per 1 day)
sulfasalazine	1	
SYMPROIC	2	QL (1 per 1 day)
SYNDROS	3	PA
TRANSDERM-SCOP	3	QL (10 per 30 days)
trimethobenzamide oral	1	
TRULANCE	3	PA; QL (1 per 1 day)
UCERIS ORAL	3	PA
UCERIS RECTAL	3	
URSO FORTE	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet	1	
VARUBI	3	QL (4 per 28 days)
VELSIPITY	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
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		
ACIPHEX	3	QL (2 per 1 day)
amoxicil-clarithromy-lansopraz	1	QL (224 per 365 days)
CARAFATE ORAL TABLET	3	
cimetidine hcl oral	1	
cimetidine oral tablet 300 mg, 400 mg, 800 mg	1	
CYTOTEC	3	
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	QL (2 per 1 day)
esomeprazole magnesium oral granules dr for susp in packet	1	PA for age 9 and older; QL (2 per 1 day)
famotidine oral suspension for reconstitution	1	
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec)	1	QL (2 per 1 day)
lansoprazole oral tablet,disintegrat, delay rel	1	PA for age 8 and older; QL (1 per 1 day)
misoprostol	1	
NEXIUM	3	QL (2 per 1 day)
NEXIUM PACKET	3	PA for age 9 and older; QL (2 per 1 day)
nizatidine oral capsule	1	
omeprazole oral capsule,delayed release(dr/ec)	1	QL (2 per 1 day)
pantoprazole oral tablet,delayed release (dr/ec)	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	3	
PREVACID	3	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
PREVACID SOLUTAB	3	PA for age 8 and older; QL (1 per 1 day)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	QL (2 per 1 day)
rabeprazole oral tablet,delayed release (dr/ec)	1	QL (2 per 1 day)
ranitidine hcl oral tablet	1	
sucralfate	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
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
FILKRI	4	PA
FULPHILA	4	PA
FYLNETRA	4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	PA; QL (3 per 1 day)
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 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 ONPRO	4	PA
NEULASTA SUBCUTANEOUS SYRINGE	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)

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

Drug Name	Drug Tier	Requirements / Limits
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
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)
NYPOZI INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
NYPOZI INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
NYVEPRIA	4	
PROCRIT	4	PA
RELEUKO SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
RELEUKO SUBCUTANEOUS SYRINGE 480 MCG/0.8 ML	4	QL (2.4 per 1 day)
RETACRIT	4	PA
ROLVEDON	4	PA
RYZNEUTA	4	PA
STIMUFEND	4	PA
UDENYCA	4	PA
UDENYCA AUTOINJECTOR	4	PA
UDENYCA ONBODY	4	PA
XOLREMDI	4	PA; QL (4 per 1 day)
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		
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
HUMATROPE INJECTION CARTRIDGE	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
NGENLA	4	PA
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA
OMNITROPE	4	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA
SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 13.3 MG, 2.1 MG, 2.5 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG	4	PA; QL (4 per 28 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG	4	PA; QL (8 per 28 days)
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)
BESREMI PEN	4	PA; QL (1 per 28 days)
PEGASYS	4	QL (4 per 28 days)
VACCINES & MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
ACTHIB (PF)	9	ACA
ADACEL(TDAP ADOLESN/ADULT)(PF)	9	ACA; QL (0.5 per 274 days)
AREXVY (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA; QL (0.5 per 274 days)
BOTOX INJECTION RECON SOLN 100 UNIT	4	PA; QL (2 per 63 days)
BOTOX INJECTION RECON SOLN 200 UNIT	4	PA; QL (1 per 63 days)
CAPVAXIVE (PF)	9	ACA
COMIRNATY 2025-2026(5-11Y)(PF)	9	ACA
COMIRNATY 2025-26 (12Y UP)(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
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	4	PA
DAPTACEL (DTAP PEDIATRIC) (PF)	9	ACA
DAXXIFY	4	PA; QL (3 per 63 days)
DENGVAXIA (PF)	9	ACA
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT	4	PA; QL (1 per 63 days)
DYSPORT INTRAMUSCULAR RECON SOLN 500 UNIT	4	PA; QL (3 per 63 days)
ENGERIX-B (PF)	9	ACA
ENGERIX-B PEDIATRIC (PF)	9	ACA
FLUAD 2026-2027 (65 YR UP)(PF)	9	
FLUARIX 2026-2027 (PF)	9	
FLUBLOK 2026-2027 (PF)	9	
FLUCELVAX 2026-2027 (PF)	9	
FLULAVAL 2026-2027 (PF)	9	
FLUMIST 2026-2027	9	
FLUMIST HOME 2026-2027	9	
FLUZONE 2026-2027	9	
FLUZONE 2026-2027 (PF)	9	
FLUZONE HIGH-DOSE 2026-27 (PF)	9	
GARDASIL 9 (PF)	9	ACA
GRASTEK	3	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA; QL (1 per 274 days)
HIBERIX (PF)	9	ACA
HYQVIA	4	
INFANRIX (DTAP) (PF)	9	ACA
IPOL	9	ACA
JYNNEOS (PF)	9	ACA
KINRIX (PF)	9	ACA
MENQUADFI (PF)	9	ACA
MENVEO A-C-Y-W-135-DIP (PF)	9	ACA; QL (1 per 274 days)
MFLUSIVA 2026-2027 (PF)	9	

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

Drug Name	Drug Tier	Requirements / Limits
M-M-R II (PF)	9	ACA
MRESVIA (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
MYOBLOC	4	PA; QL (1 per 63 days)
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 (4-17 YRS)	4	PA; QL (13 per 365 days)
PALFORZIA LEVEL 11 MAINTENANCE	4	PA; QL (30 per 30 days)
PEDIARIX (PF)	9	ACA
PEDVAX HIB (PF)	9	ACA
PENBRAYA (PF)	9	ACA
PENMENVY MEN A-B-C-W-Y (PF)	9	ACA
PENTACEL (PF)	9	ACA
PNEUMOVAX-23 INJECTION SYRINGE	9	ACA
PREVNAR 20 (PF)	9	ACA
PRIORIX (PF)	9	ACA
PROQUAD (PF)	9	ACA
QUADRACEL (PF)	9	ACA
RAGWITEK	3	PA; QL (1 per 1 day)
RECOMBIVAX HB (PF)	9	ACA
ROTARIX	9	ACA
ROTATEQ VACCINE	9	ACA
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	9	ACA
TENIVAC (PF)	9	ACA; QL (0.5 per 274 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
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA; QL (4 per 274 days)
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
VAXELIS (PF) INTRAMUSCULAR SYRINGE	9	ACA
VAXNEUVANCE (PF)	9	ACA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	4	PA; QL (1 per 63 days)
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PA; QL (2 per 63 days)
MUSCULOSKELETAL & RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	
colchicine oral tablet	1	
febuxostat	1	ST
probenecid	1	
probenecid-colchicine	1	
ULORIC	3	ST
ZYLOPRIM ORAL TABLET 100 MG	3	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	QL (1 per 28 days)
ACTONEL ORAL TABLET 35 MG	3	QL (4 per 28 days)
alendronate oral tablet 10 mg	1	QL (1 per 1 day)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 28 days)
EVISTA	3	
FORTEO	4	PA; QL (1 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	QL (4 per 28 days)
FOSAMAX PLUS D	2	QL (4 per 28 days)
ibandronate oral	1	QL (1 per 28 days)
raloxifene	1	ACA
risedronate oral tablet 150 mg	1	QL (1 per 28 days)
risedronate oral tablet 35 mg	1	QL (4 per 28 days)
risedronate oral tablet 5 mg	1	QL (1 per 1 day)
teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)	4	PA; QL (1 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	4	PA; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; QL (3.6 per 28 days)
ADALIMUMAB-ADBM	4	PA; QL (2 per 28 days)
ARAVA	3	
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 per 28 days)
CUPRIMINE	4	PA; QL (16 per 1 day)
DEPEN TITRATABS	4	PA; QL (16 per 1 day)
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)
KEVZARA SUBCUTANEOUS PEN INJECTOR	4	PA; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
KINERET	4	PA; QL (18.76 per 28 days)
leflunomide	1	
LEQSELVI	4	PA; QL (2 per 1 day)
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)
OTEZLA XR	4	PA; QL (1 per 1 day)
OTEZLA XR INITIATION	4	PA; QL (41 per 365 days)
penicillamine	4	PA; QL (16 per 1 day)
RASUVO (PF)	3	ST
RINVOQ LQ	4	PA; QL (12 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
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)
SIMLANDI(CF) AUTOINJECTOR	4	PA; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	4	PA; QL (2 per 28 days)
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)
tofacitinib oral solution	4	PA; QL (10 per 1 day)
tofacitinib oral tablet	4	PA; QL (2 per 1 day)
tofacitinib oral tablet extended release 24 hr	4	PA; QL (1 per 1 day)
TYENNE AUTOINJECTOR	4	PA; QL (3.6 per 28 days)
TYENNE SUBCUTANEOUS	4	PA; QL (3.6 per 28 days)
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
DUREX TROPICAL CONDOM	9	ACA; OTC
FC2 FEMALE CONDOM	9	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM	9	ACA
TRUSTEX-RIA NON-LUB CONDOMS	9	ACA; OTC
ESTROGENS & PROGESTINS		
abigale	1	
abigale lo	1	
ACTIVELLA	3	
BIJUVA	3	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
camila	1	ACA
CLIMARA	3	QL (4 per 28 days)
COMBIPATCH	3	
conjugated estrogens	1	
covaryx	1	
covaryx h.s.	1	
CRINONE	3	
deblitane	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	
dotti	1	QL (8 per 28 days)
eemt	1	
eemt hs	1	
emzahh	1	ACA
ENDOMETRIN	4	
errin	1	ACA
ESTRACE VAGINAL	3	
estradiol oral	1	
estradiol transdermal patch semiweekly	1	QL (8 per 28 days)
estradiol transdermal patch weekly	1	QL (4 per 28 days)
estradiol vaginal	1	
estradiol valerate	1	
estradiol-norethindrone acet	1	
estrogens-methyltestosterone	1	
fyavolv	1	
gallifrey	1	
heather	1	ACA
incassia	1	ACA
jencycla	1	ACA
jinteli	1	
lyleq	1	ACA
lyllana	1	QL (8 per 28 days)
lyza	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
medroxyprogesterone intramuscular	1	ACA
medroxyprogesterone oral	1	
meleya	1	ACA
mimvey	1	
MINIVELLE	3	QL (8 per 28 days)
nora-be	1	ACA
norethindrone (contraceptive)	1	ACA
norethindrone acetate	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
OPILL	9	OTC
orquidea	1	ACA
PREMARIN ORAL	3	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
progesterone	1	
progesterone micronized oral	1	
progesterone micronized vaginal	4	
PROMETRIUM	3	
PROVERA	3	
sharobel	1	ACA
tulana	1	ACA
VAGIFEM	3	
VIVELLE-DOT	3	QL (8 per 28 days)
yuvafem	1	
MISCELLANEOUS OB/GYN		
CLEOCIN VAGINAL	3	
clindamycin phosphate vaginal	1	
CLINDESSE	3	
eluryng	1	ACA
enilloring	1	ACA
etonogestrel-ethinyl estradiol	1	ACA
INTRAROSA	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
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	
miconazole-3 vaginal suppository	1	
mifepristone oral tablet 200 mg	1	
MYFEMBREE	3	PA; QL (1 per 1 day)
norelgestromin-ethin.estradiol	1	ACA
NUVARING	3	
NUVESSA	3	
ORIAHNN	3	PA; QL (2 per 1 day)
terconazole	1	
tranexamic acid oral	1	
vandazole	1	
XACIATO	3	
xulane	1	ACA
zafemy	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS		
afirmelle	1	ACA
after pill	9	ACA; OTC
altavera (28)	1	ACA
alyacen 1/35 (28)	1	ACA
alyacen 7/7/7 (28)	1	ACA
amethia	1	ACA
amethyst (28)	1	ACA
apri	1	ACA
aranelle (28)	1	ACA
ashlyna	1	ACA
aubra	1	ACA
aubra eq	1	ACA
aurovela 1.5/30 (21)	1	ACA
aurovela 1/20 (21)	1	ACA
aurovela 24 fe	1	ACA
aurovela fe 1.5/30 (28)	1	ACA
aurovela fe 1-20 (28)	1	ACA
aviane	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
ayuna	1	ACA
azurette (28)	1	ACA
balziva (28)	1	ACA
blisovi 24 fe	1	ACA
blisovi fe 1.5/30 (28)	1	ACA
blisovi fe 1/20 (28)	1	ACA
briellyn	1	ACA
camrese	1	ACA
camrese lo	1	ACA
caziant (28)	1	ACA
charlotte 24 fe	1	ACA
chateal eq (28)	1	ACA
cryselle (28)	1	ACA
cyred	1	ACA
cyred eq	1	ACA
dasetta 1/35 (28)	1	ACA
dasetta 7/7/7 (28)	1	ACA
daysee	1	ACA
desog-e.estradiol/e.estradiol	1	ACA
dolishale	1	ACA
drospirenone-ethinyl estradiol	1	ACA
econtra ez	9	ACA; OTC
econtra one-step	9	ACA; OTC
elinest	1	ACA
ELLA	3	ACA
enpresse	1	ACA
enskyce	1	ACA
estarylla	1	ACA
falmina (28)	1	ACA
feirza	1	ACA
finzala	1	ACA
galbriela	1	ACA
hailey	1	ACA
hailey 24 fe	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
hailey fe 1.5/30 (28)	1	ACA
hailey fe 1/20 (28)	1	ACA
iclevia	1	ACA
introvale	1	ACA
isibloom	1	ACA
jaimiess	1	ACA
jasmiel (28)	1	ACA
jolessa	1	ACA
juleber	1	ACA
junel 1.5/30 (21)	1	ACA
junel 1/20 (21)	1	ACA
junel fe 1.5/30 (28)	1	ACA
junel fe 1/20 (28)	1	ACA
junel fe 24	1	ACA
kaitlib fe	1	ACA
kalliga	1	ACA
kariva (28)	1	ACA
kelnor 1/35 (28)	1	ACA
kurvelo (28)	1	ACA
larin 1.5/30 (21)	1	ACA
larin 1/20 (21)	1	ACA
larin 24 fe	1	ACA
larin fe 1.5/30 (28)	1	ACA
larin fe 1/20 (28)	1	ACA
lessina	1	ACA
levonest (28)	1	ACA
levonorgestrel	9	ACA; OTC
levonorgestrel-ethinyl estrad	1	ACA
levonorg-eth estrad triphasic	1	ACA
LO LOESTRIN FE	2	
LOESTRIN 1.5/30 (21)	3	
LOESTRIN 1/20 (21)	3	
LOESTRIN FE 1.5/30 (28-DAY)	3	
LOESTRIN FE 1/20 (28-DAY)	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
lojaimiess	1	ACA
loryna (28)	1	ACA
low-ogestrel (28)	1	ACA
lo-zumandimine (28)	1	ACA
luizza	1	ACA
lutera (28)	1	ACA
marlissa (28)	1	ACA
mibelas 24 fe	1	ACA
microgestin 1.5/30 (21)	1	ACA
microgestin 1/20 (21)	1	ACA
microgestin fe 1.5/30 (28)	1	ACA
microgestin fe 1/20 (28)	1	ACA
mili	1	ACA
mono-linyah	1	ACA
my choice	9	ACA; OTC
my way	9	ACA; OTC
necon 0.5/35 (28)	1	ACA
new day	9	ACA; OTC
nikki (28)	1	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	ACA
norethindrone-e.estradiol-iron oral tablet,chewable	1	ACA
norgestimate-ethinyl estradiol	1	ACA
nortrel 0.5/35 (28)	1	ACA
nortrel 1/35 (21)	1	ACA
nortrel 1/35 (28)	1	ACA
nortrel 7/7/7 (28)	1	ACA
nylia 1/35 (28)	1	ACA
nylia 7/7/7 (28)	1	ACA
ocella	1	ACA
opcicon one-step	9	ACA; OTC
option-2	9	ACA; OTC
philith	1	ACA
pimtrea (28)	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
portia 28	1	ACA
reclipsen (28)	1	ACA
setlakin	1	ACA
shewise	9	ACA; OTC
simliya (28)	1	ACA
simpesse	1	ACA
sprintec (28)	1	ACA
syeda	1	ACA
tarina 24 fe	1	ACA
tarina fe 1/20 (28)	1	ACA
tilia fe	1	ACA
tri-estarylla	1	ACA
tri-legest fe	1	ACA
tri-linyah	1	ACA
tri-lo-estarylla	1	ACA
tri-lo-marzia	1	ACA
tri-lo-mili	1	ACA
tri-lo-sprintec	1	ACA
tri-mili	1	ACA
tri-sprintec (28)	1	ACA
tri-vylibra	1	ACA
tri-vylibra lo	1	ACA
turqoz (28)	1	ACA
tydemy	1	ACA
valtya	1	ACA
velivet triphasic regimen (28)	1	ACA
vestura (28)	1	ACA
vienva	1	ACA
viorele (28)	1	ACA
volnea (28)	1	ACA
vyfemla (28)	1	ACA
vylibra	1	ACA
wera (28)	1	ACA
wymzya fe	1	ACA

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

Drug Name	Drug Tier	Requirements / Limits
xarah fe	1	ACA
xelria fe	1	ACA
YASMIN (28)	3	
YAZ (28)	3	
zarah	1	ACA
zovia 1-35 (28)	1	ACA
zumandimine (28)	1	ACA
OXYTOCICS		
methylergonovine oral	1	QL (8 per 1 day)
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye)	1	
bacitracin-polymyxin b	1	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
ciprofloxacin hcl ophthalmic (eye)	1	
erythromycin ophthalmic (eye)	1	
gatifloxacin	1	
gentamicin ophthalmic (eye) drops	1	
levofloxacin ophthalmic (eye)	1	
moxifloxacin ophthalmic (eye) drops	1	
NATACYN	3	
neomycin-bacitracin-polymyxin	1	
neomycin-polymyxin-gramicidin	1	
OCUFLOX	3	
ofloxacin ophthalmic (eye)	1	
polymyxin b sulf-trimethoprim	1	
tobramycin ophthalmic (eye)	1	
VIGAMOX	3	
ANTIVIRALS		
trifluridine	1	
ZIRGAN	3	
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	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
carteolol	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
timolol maleate ophthalmic (eye) drops	1	
CYCLOPLEGIC MYDRIATICS		
atropine ophthalmic (eye) drops 1 %	1	
CYCLOGYL	3	
cyclopentolate	1	
homatropaire	1	
MYDRIACYL	3	
tropicamide	1	
DIRECT ACTING MIOTICS		
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
MISCELLANEOUS OPHTHALMOLOGICS		
ALCAINE	3	
allergy eye (ketotifen)	1	OTC
azelastine ophthalmic (eye)	1	
cromolyn ophthalmic (eye)	1	
cyclosporine ophthalmic (eye)	1	QL (2 per 1 day)
CYSTADROPS	4	PA; QL (20 per 28 days)
CYSTARAN	4	PA; QL (60 per 28 days)
epinastine	1	
eye itch relief	1	OTC
ketotifen fumarate	1	OTC
OXERVATE	4	PA; QL (56 per 720 days)
proparacaine	1	
tetracaine hcl	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
VABYSMO	4	PA
XDEMVY	4	PA; QL (10 per 365 days)
XIIDRA	2	QL (2 per 1 day)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	
ACULAR LS	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
bromfenac ophthalmic (eye) drops 0.09 %	1	
diclofenac sodium ophthalmic (eye)	1	
flurbiprofen sodium	1	
ketorolac ophthalmic (eye)	1	
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	
methazolamide	1	
OTHER GLAUCOMA DRUGS		
AZOPT	3	
bimatoprost ophthalmic (eye)	1	
brimonidine-timolol	1	
brinzolamide	1	
COMBIGAN	3	
COSOPT	3	
COSOPT (PF)	3	
dorzolamide	1	
dorzolamide-timolol	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	
latanoprost	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	
TRAVATAN Z	3	ST
travoprost	1	ST
XALATAN	3	
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
neomycin-bacitracin-poly-hc	1	
neomycin-polymyxin b-dexameth	1	
neomycin-polymyxin-hc ophthalmic (eye)	1	
tobramycin-dexamethasone	1	
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	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
fluorometholone	1	
FML LIQUIFILM	3	
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	
PRED FORTE	3	
prednisolone acetate	1	
prednisolone sodium phosphate ophthalmic (eye)	1	
STEROID-SULFONAMIDE COMBINATIONS		
sulfacetamide-prednisolone	1	
SULFONAMIDES		
sulfacetamide sodium ophthalmic (eye) drops	1	
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
apraclonidine	1	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1	
VASOCONSTRICTOR DECONGESTANTS		
phenylephrine hcl ophthalmic (eye)	1	
RESPIRATORY, ALLERGY, COUGH & COLD		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	3	PA
carbinoxamine maleate oral tablet 4 mg	1	
cetirizine oral solution 1 mg/ml	1	
CLARINEX ORAL TABLET	3	
clemastine oral tablet	1	QL (3 per 1 day)
clemsza	1	QL (3 per 1 day)
cyproheptadine oral syrup	1	
cyproheptadine oral tablet	1	
desloratadine oral tablet	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	
hydroxyzine hcl oral solution 10 mg/5 ml	1	
hydroxyzine hcl oral tablet	1	
hydroxyzine pamoate	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
levocetirizine	1	
promethazine oral	1	
promethazine rectal	1	
promethegan	1	
COUGH & COLD THERAPY		
benzonatate	1	
codeine-guaifenesin	1	
g tussin ac	1	
HYCODAN (WITH HOMATROPINE)	3	
hydrocodone-chlorpheniramine	1	QL (120 per 30 days)
hydrocodone-homatropine oral solution 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet	1	
maxi-tuss ac	1	
promethazine-codeine	1	
promethazine-dm	1	
promethazine-phenylephrine	1	
TUXARIN ER	3	QL (24 per 30 days)
PULMONARY AGENTS		
24 hour nasal allergy	1	OTC
acetylcysteine	1	
ADEMPAS	4	PA; LA; QL (3 per 1 day)
ADVAIR HFA	2	QL (1 per 30 days)
albuterol sulfate inhalation	1	
albuterol sulfate oral syrup	1	
albuterol sulfate oral tablet	1	
ALYFTREK ORAL TABLET 10-50-125 MG	4	PA; QL (2 per 1 day)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; QL (3 per 1 day)
alyq	4	PA; QL (2 per 1 day)
ambrisentan	4	PA; LA; QL (1 per 1 day)
ANDEMBRY AUTOINJECTOR	4	PA; QL (1.2 per 30 days)
ANORO ELLIPTA	2	QL (1 per 30 days)
ARNUITY ELLIPTA	2	QL (1 per 30 days)
ASMANEX HFA	2	QL (13 per 30 days)

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

Drug Name	Drug Tier	Requirements / Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	QL (1 per 30 days)
ATROVENT HFA	3	QL (2 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA
bosentan oral tablet	4	PA; LA; QL (2 per 1 day)
bosentan oral tablet for suspension	4	PA; LA; QL (4 per 1 day)
BREO ELLIPTA	2	QL (1 per 30 days)
breyna	1	QL (1 per 30 days)
BRONCHITOL	4	PA; 20 capsules per day; 10 capsules per 365 days
budesonide inhalation	1	QL (120 per 30 days)
budesonide nasal	1	OTC
budesonide-formoterol	1	QL (1 per 30 days)
CINRYZE	4	PA
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
cromolyn inhalation	1	
DALIRESP	3	PA; QL (1 per 1 day)
DAWNZERA	4	PA; LA; QL (0.8 per 28 days)
DULERA	2	QL (13 per 30 days)
EKTERLY	4	PA; QL (4 per 1 day)
ESBRIET ORAL TABLET 267 MG	4	PA; QL (6 per 1 day)
ESBRIET ORAL TABLET 801 MG	4	PA; QL (3 per 1 day)
FASENRA	4	PA; QL (1 per 42 days)
FASENRA PEN	4	PA; QL (1 per 42 days)
FIRAZYR	4	PA; QL (9 per 28 days)
flunisolide	1	ST
fluticasone propionate nasal	1	QL (1 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	QL (1 per 30 days)
HAEGARDA	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
icatibant	4	PA; QL (9 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
INCRUSE ELLIPTA	2	QL (1 per 30 days)
ipratropium bromide inhalation hfa aerosol inhaler	1	QL (2 per 30 days)
ipratropium bromide inhalation solution	1	
ipratropium-albuterol	1	QL (540 per 30 days)
JASCAYD	4	PA; QL (2 per 1 day)
KALYDECO	4	PA; QL (2 per 1 day)
LETAIRIS	4	PA; LA; QL (1 per 1 day)
levalbuterol hcl	1	
macitentan	4	PA; QL (1 per 1 day)
mometasone nasal	1	ST; QL (17 per 30 days)
montelukast	1	
nasal allergy	1	OTC
nintedanib	4	PA; QL (2 per 1 day)
NUCALA	4	PA; LA; QL (1 per 28 days)
OFEV	4	PA; QL (2 per 1 day)
OHTUVAYRE	4	PA; QL (5 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)
pirfenidone oral capsule	4	PA; QL (6 per 1 day)
pirfenidone oral tablet 267 mg	4	PA; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (3 per 1 day)
pirfenidone oral tablet 801 mg	4	PA; QL (3 per 1 day)
PULMICORT	3	QL (120 per 30 days)
PULMOZYME	4	PA; QL (5 per 1 day)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
REVATIO ORAL TABLET	4	PA; QL (3 per 1 day)
roflumilast	1	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
RUCONEST	4	PA; QL (2 per 28 days)
sajazir	4	PA; QL (9 per 28 days)
SEREVENT DISKUS	2	QL (1 per 30 days)
sildenafil (pulm.hypertension) oral suspension for reconstitution	4	PA; QL (6 per 1 day)
sildenafil (pulm.hypertension) oral tablet	4	PA; QL (3 per 1 day)
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET,CHEWABLE	3	
sodium chloride inhalation	1	
SPIRIVA RESPIMAT	2	QL (4 per 30 days)
STIOLTO RESPIMAT	2	QL (4 per 30 days)
STRIVERDI RESPIMAT	2	QL (4 per 30 days)
SYMDEKO	4	PA; QL (2 per 1 day)
tadalafil (pulm. hypertension)	4	PA; QL (2 per 1 day)
TADLIQ	4	PA; QL (10 per 1 day)
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)
terbutaline oral	1	
TEZSPIRE	4	PA; QL (1.91 per 28 days)
theophylline oral tablet extended release 12 hr	1	
theophylline oral tablet extended release 24 hr	1	
TRACLEER ORAL TABLET	4	PA; LA; QL (2 per 1 day)
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; LA; QL (4 per 1 day)
TRELEGY ELLIPTA	2	QL (1 per 30 days)
triamcinolone acetonide nasal	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; 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, 32 MCG, 48 MCG, 64 MCG, 80 MCG	4	PA; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	4	PA; QL (1 per 365 days)

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

Drug Name	Drug Tier	Requirements / Limits
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG	4	PA; QL (224 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 48-80 MCG	4	PA; QL (224 per 28 days)
TYVASO REFILL KIT	4	PA; QL (81.2 per 28 days)
TYVASO STARTER KIT	4	PA; QL (1 per 365 days)
VENTOLIN HFA	3	PA
WINREVAIR	4	PA; QL (1 per 20 days)
wixela inhub	1	QL (1 per 30 days)
XHANCE	3	PA; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML	4	PA; 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)
YUTREPIA	4	PA; QL (112 per 28 days)
zafirlukast	1	
PULMONARY DEVICES		
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2GO	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
MICROCHAMBER	2	

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

Drug Name	Drug Tier	Requirements / Limits
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	
UROLOGICALS		
ANTICHOLINERGICS & ANTISPASMODICS		
darifenacin	1	
flavoxate	1	
mirabegron oral tablet extended release 24 hr	1	ST; QL (1 per 1 day)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL (1 per 1 day)
oxybutynin chloride oral syrup	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr	1	
solifenacin	1	
tolterodine	1	
trospium	1	
VESICARE	3	
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY		
alfuzosin	1	
AVODART	3	
CIALIS ORAL TABLET 10 MG, 20 MG	3	QL (6 per 30 days)
CIALIS ORAL TABLET 5 MG	3	QL (1 per 1 day)
dutasteride	1	
dutasteride-tamsulosin	1	
finasteride oral tablet 5 mg	1	
JALYN	3	
PROSCAR	3	
silodosin	1	
tadalafil oral tablet 10 mg, 20 mg	1	QL (6 per 30 days)
tadalafil oral tablet 2.5 mg, 5 mg	1	QL (1 per 1 day)
tamsulosin	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
UROXATRAL	3	
CHOLINERGIC STIMULANTS		
bethanechol chloride	1	
MISCELLANEOUS UROLOGICALS		
CAVERJECT	3	QL (4 per 30 days)
CAVERJECT IMPULSE	3	QL (4 per 30 days)
CYSTAGON	4	LA
EDEX	3	QL (4 per 30 days)
OXLUMO	4	PA
potassium citrate oral tablet extended release	1	
PROCYSBI	4	PA
RIVFLOZA	4	PA; QL (1 per 28 days)
sildenafil	1	QL (6 per 30 days)
UROCIT-K 10	3	
UROCIT-K 15	3	
VIAGRA	3	QL (6 per 30 days)
URINARY ANESTHETICS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
PYRIDIUM	3	
VITAMINS, HEMATINICS & ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind)	1	QL (12 per 1 day)
effer-k oral tablet, effervescent 25 meq	1	
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; QL (3 per 1 day)
kionex oral suspension	1	
klor-con 10	1	
klor-con 8	1	
klor-con m10	1	
klor-con m15	1	
klor-con m20	1	
lanthanum	1	ST; QL (3 per 1 day)
LOKELMA	3	PA; QL (3 per 1 day)
potassium chloride oral capsule, extended release	1	
potassium chloride oral liquid	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
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals	1	
RENVELA ORAL TABLET	3	QL (17 per 1 day)
sevelamer carbonate oral tablet	1	QL (17 per 1 day)
sodium polystyrene sulfonate	1	
sps (with sorbitol)	1	
VELTASSA ORAL POWDER IN PACKET 1 GRAM	3	PA; QL (4 per 1 day)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	3	PA; QL (1 per 1 day)
MISCELLANEOUS VITAMINS, HEMATINICS, & ELECTROLYTES		
AQNEURSA	4	PA; LA; QL (4 per 1 day)
DOJOLVI	4	PA; LA
VITAMINS & HEMATINICS		
b complex 1 (with folic acid)	9	ACA; OTC
b complex-vitamin c-folic acid oral tablet	9	ACA; OTC
bal-care dha	1	
b-complex with vitamin c oral tablet 400-500 mcg-mg	9	ACA; OTC
classic prenatal	9	ACA; OTC
complete natal dha	1	
cyanocobalamin (vitamin b-12) injection	1	
dialyvite 800 oral tablet	9	ACA; OTC
elite-ob	1	
ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)	1	
flotrex	9	ACA; OTC
fluoride (sodium) oral drops	9	ACA; OTC
fluoride (sodium) oral tablet,chewable	9	ACA; OTC
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	9	ACA; OTC
folitab	9	ACA; OTC
folivane-ob	1	
foltabs 800	9	ACA; OTC

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

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

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

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

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

Index

2
24 hour nasal allergy 101
A
abacavir.....3
abacavir-lamivudine.....3
abigale.....89
abigale lo.....89
ABILIFY 35
ABILIFY ASIMTUFII.....35
ABILIFY MAINTENA.....35
abiraterone.....12
abirtega 12
ABRYSVO (PF).....84
ABSORICA.....57
acamprosate 62
acarbose 73
acebutolol.....47
acetaminophen-codeine.....31
acetazolamide.....99
acetic acid 66
acetylcysteine 101
ACIPHEX.....81
acitretin 55
ACTEMRA 88
ACTEMRA ACTPEN.....88
ACTHAR 66
ACTHAR SELFJECT.....66
ACTHIB (PF).....84
ACTIMMUNE 84
ACTIVELLA 89
ACTONEL 87
ACTOPLUS MET.....73
ACTOS.....73
ACULAR 98
ACULAR LS.....98
acyclovir.....4, 60
ADACEL(TDAP ADOLESN/ADULT)(PF) 84
ADALIMUMAB-ADBM 88
adapalene 57
adapalene-benzoyl peroxide.58
ADBRY.....57
ADDERALL 35
ADDERALL XR.....35
ADDYI.....35
adefovir.....4
ADEMPAS.....101
adult aspirin regimen 33
ADVAIR HFA 101
AEROCHAMBER MECHANICAL VENT..105
AEROCHAMBER MINI ...105
AEROCHAMBER PLUS FLOW-VU.....105
AEROCHAMBER PLUS Z STAT.....105
AEROCHAMBER2GO.....105
AEROVENT PLUS.....105
AFINITOR 12
AFINITOR DISPERZ 12
afirmelle.....92
after pill 92
AGAMREE 66
AGRYLIN.....62
AIMOVIG AUTOINJECTOR 27
AJOVY AUTOINJECTOR..27
AJOVY SYRINGE.....27
AKEEGA.....12
AKYNZEO (NETUPITANT) 76
albendazole.....9
albuterol sulfate.....101
ALCAINE 98
alclometasone.....60
ALDACTONE.....47
ALECENSA 12
alendronate.....87
ALFERON N.....84
alfuzosin.....106
ALHEMO PEN 51
ALINIA 9
ALKERAN.....12
allergy eye (ketotifen).....98
allopurinol.....87
almotriptan malate 27
alosetron.....76
ALPHAGAN P.....100
alprazolam.....35
altavera (28).....92
ALUNBRIG 12
ALVAIZ.....51
alvimopan 76
alyacen 1/35 (28).....92
alyacen 7/7/7 (28).....92
ALYFTREK 101
alyq 101
amantadine hcl 4
AMBIEN 35
AMBIEN CR.....35
ambrisentan 101
amethia 92
amethyst (28) 92
AMICAR 51
amikacin 9
amiloride.....47
amiloride-hydrochlorothiazide 47
aminocaproic acid 51
amiodarone.....46
amitriptyline 35
amitriptyline-chlordiazepoxide 35
amlodipine 47
amlodipine-atorvastatin 53
amlodipine-benazepril.....47
amlodipine-olmesartan.....47
amlodipine-valsartan.....47
ammonium lactate 57
amnesteem 58
amoxapine.....35
amoxicil-clarithromy-lansopraz 81
amoxicillin 11
amoxicillin-pot clavulanate ..11
ampicillin.....11
AMPYRA 28
ANAFRANIL 35
anagrelide.....62
ANALPRAM-HC.....76
ANALPRAM-HC SINGLES76
ANAPROX DS.....33
anastrozole 12
ANCOBON 3
ANDEMBRY AUTOINJECTOR 101
ANDROGEL 70
ANORO ELLIPTA.....101
anucort-hc.....76
ANUSOL-HC 76
APOKYN 26

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

apomorphine 26
apraclonidine 100
aprepitant 76
APRETUDE 4
apri 92
APRISO 76
APTIOM 23
APTIVUS 4
AQNEURSA 108
AQVESME 62
aranelle (28) 92
ARANESP (IN POLYSORBATE) 82
ARAVA 88
ARCALYST 82
AREXVY (PF) 84
ARICEPT 28
ARIKAYCE 9
ARIMIDEX 13
aripiprazole 36
ARISTADA 36
ARISTADA INITIO 36
ARIXTRA 51
armodafinil 36
ARNUITY ELLIPTA 101
AROMASIN 13
ascomp with codeine 31
asenapine maleate 36
ashlyna 92
ASMANEX HFA 101
ASMANEX TWISTHALER 102
aspirin 33
aspirin childrens 33
aspirin-dipyridamole 51
ATACAND 47
atazanavir 4
atenolol 47
atenolol-chlorthalidone 47
ATIVAN 36
atomoxetine 36
atorvastatin 53
atovaquone 9
atovaquone-proguanil 9
atropine 98
ATROVENT HFA 102
ATTRUBY 54
AUBAGIO 45
aubra 92
aubra eq 92
AUGMENTIN ES-600 11
AUGTYRO 13
aurovela 1.5/30 (21) 92
aurovela 1/20 (21) 92
aurovela 24 fe 92
aurovela fe 1.5/30 (28) 92
aurovela fe 1-20 (28) 92
AUSTEDO 28
AUSTEDO XR 28
AUSTEDO XR TITRATION KT(WK1-4) 28
AUVI-Q 100
AVALIDE 47
AVAPRO 47
aviane 92
avidoxy 11
AVMAPKI-FAKZYNJA 13
AVODART 106
AVONEX 45
ayuna 93
AYVAKIT 13
azathioprine 13
azelaic acid 58
azelastine 65, 98
AZILECT 26
azithromycin 8
AZOPT 99
AZOR 47
AZULFIDINE 76
AZULFIDINE EN-TABS 76
azurette (28) 93

B

b complex 1 (with folic acid) 108
b complex-vitamin c-folic acid 108
bacitracin 97
bacitracin-polymyxin b 97
baclofen 30
BACTRIM 11
BACTRIM DS 11
bal-care dha 108
balsalazide 76
BALVERSA 13
balziva (28) 93
BANZEL 23
BAQSIMI 68
BARACLUDE 4
bayer low dose aspirin 33
b-complex with vitamin c 108
BD MICROTAINER LANCET 68
BD SPECIALTY USE NEEDLES 68
BELBUCA 31
benazepril 47
benazepril-hydrochlorothiazide 47
BENICAR 47
BENICAR HCT 47
BENLYSTA 88
BENZAMYCIN 58
BENZNIDAZOLE 9
benzonatate 101
benzphetamine 61
benztropine 26
BERINERT 102
BESREMI 84
BESREMI PEN 84
BETADINE OPHTHALMIC PREP 97
betaine 76
betamethasone dipropionate 60
betamethasone valerate 60
betamethasone, augmented ... 60
BETAPACE 46
BETAPACE AF 46
BETASERON 45
betaxolol 47, 97
bethanechol chloride 107
BETHKIS 9
bexarotene 13
BEXSERO 84
bicalutamide 13
BIJUVA 89
BIKTARVY 4
bimatoprost 99
bisacodyl 76
bisoprolol fumarate 47
bisoprolol-hydrochlorothiazide 47
blisovi 24 fe 93
blisovi fe 1.5/30 (28) 93
blisovi fe 1/20 (28) 93
BOOSTRIX TDAP 84
bosentan 102
BOSULIF 13
bosutinib 13
BOTOX 84
BRAFTOVI 13

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

BREO ELLIPTA 102
breyna 102
briellyn 93
BRILINTA 51
brimonidine 58, 100
brimonidine-timolol 99
brinzolamide 99
brivaracetam 23
BRIVIACT 23
BRIXADI 31
bromfenac 99
bromocriptine 26
BRONCHITOL 102
BRUKINSA 13
budesonide 76, 102
budesonide-formoterol 102
bumetanide 47
BUPHENYL 62
buprenorphine hcl 31
buprenorphine transdermal patches 31
buprenorphine-naloxone 33
bupropion hcl 36
bupropion hcl (smoking deter) 64
buspirone 36
butalbital-acetaminop-caf-cod 31
butalbital-acetaminophen 31
butalbital-acetaminophen-caff 31
butalbital-aspirin-caffeine 31
butorphanol 33
BUTRANS 31
BYLVAY 76
BYNFEZIA 13
BYSTOLIC 47

C

CABENUVA 4
cabergoline 70
CABLIVI 51
CABOMETYX 13
CADUET 53
CAFERGOT 27
caffeine citrate 62
calcipotriene 55
calcitonin (salmon) 70
calcitriol 70
calcium acetate(phosphat bind) 107
CALQUENCE (ACALABRUTINIB MAL) 13
camila 90
camrese 93
camrese lo 93
CAMZYOS 54
CANASA 77
candesartan 47
capecitabine 13
CAPRELSA 13
captopril 47
CAPVAXIVE (PF) 84
CARAFATE 81
carbamazepine 23
CARBATROL 23
carbidopa 26
carbidopa-levodopa 26, 27
carbidopa-levodopa-entacapone 27
carbinoxamine maleate 100
CARDAMYST 47
CARDIZEM 48
CARDIZEM CD 47
CARDIZEM LA 47
CARDURA 48
carglumic acid 62
carisoprodol 30
CARNITOR 62
CARNITOR (SUGAR-FREE) 62
carteolol 98
cartia xt 48
carvedilol 48
CASODEX 13
CATAPRES-TTS-1 48
CATAPRES-TTS-2 48
CATAPRES-TTS-3 48
CAVERJECT 107
CAVERJECT IMPULSE ... 107
CAYA CONTOURED 89
CAYSTON 9
caziant (28) 93
cefaclor 8
cefadroxil 8
cefdinir 8
cefixime 8
cefpodoxime 8
cefprozil 8
cefuroxime axetil 8
CELEBREX 33
celecoxib 33
CELEXA 36
CELLCEPT 13
CELONTIN 23
cephalexin 8
CEQUR SIMPLICITY 68
CERDELGA 70
cetirizine 100
cetrorelix 70
CETROTIDE 70
cevimeline 62
charlotte 24 fe 93
chateal eq (28) 93
CHEMET 62
chlordiazepoxide hcl 36
chlordiazepoxide-clidinium 75
chlorhexidine gluconate 65
chloroquine phosphate 9
chlorpromazine 36
chlorthalidone 48
chlorzoxazone 30
CHOLBAM 77
cholestyramine (with sugar) 53
cholestyramine light 53
CHORIONIC GONADOTROPIN, HUMAN 70
CIALIS 106
ciclodan 59
ciclopirox 59
cilostazol 51
CILOXAN 97
CIMDUO 4
cimetidine 81
cimetidine hcl 81
CIMZIA 77
CIMZIA POWDER FOR RECONST 77
cinacalcet 70
CINRYZE 102
CIPRO 11
CIPRO HC 66
ciprofloxacin hcl 11, 66, 97
ciprofloxacin-dexamethasone 66
ciprofloxacin-hydrocortisone 66
citalopram 36, 37
citroma 77

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

claravis 58
CLARINEX 100
clarithromycin 8
classic prenatal 108
clearlax 77
clemastine 100
clemsza 100
CLEOCIN 91
CLEOCIN HCL 9
CLEOCIN PEDIATRIC 9
CLEOCIN T 58
CLIMARA 90
clindacin etz 58
clindacin p 58
clindamycin hcl 9
clindamycin pediatric 9
clindamycin phosphate ... 58, 91
clindamycin-benzoyl peroxide 58
CLINDESSE 91
clobazam 23
clobetasol 60
clobetasol-emollient 60
clomid 70
clomiphene citrate 70
clomipramine 37
clonazepam 23, 24
clonidine 48
clonidine hcl 37, 48
clopidogrel 51
clorazepate dipotassium 37
clotrimazole 3
clotrimazole-betamethasone 59
clozapine 37
CLOZARIL 37
COARTEM 9
codeine sulfate 31
codeine-butalbital-asa-caff 31
codeine-guaifenesin 101
COLAZAL 77
colchicine 87
colesevelam 53
COLESTID 53
colestipol 53
COMBIGAN 99
COMBIPATCH 90
COMBIVENT RESPIMAT 102
COMETRIQ 13, 14
COMIRNATY 2025-2026(5-11Y)(PF) 84
COMIRNATY 2025-26 (12Y UP)(PF) 84
COMPACT SPACE CHAMBER 105
COMPLERA 4
complete natal dha 108
compro 77
CONCERTA 37
conjugated estrogens 90
constulose 77
CONTRAVE 61
COPAXONE 45
COPIKTRA 14
COREG 48
CORLANOR 54
CORTEF 66
CORTENEMA 77
CORTROPHIN GEL 66
COSENTYX 55
COSENTYX (2 SYRINGES) 55
COSENTYX PEN 55
COSENTYX PEN (2 PENS) 55
COSENTYX UNOREADY PEN 55
COSOPT 99
COSOPT (PF) 99
COTELLIC 14
covaryx 90
covaryx h.s. 90
COZAAR 48
CRENESSITY 70
CREON 77
CRESTOR 53
CRINONE 90
cromolyn 77, 98, 102
cryselle (28) 93
CTEXLI 77
CUPRIMINE 88
CUVITRU 85
CUVPOSA 75
CUVRIOR 62
cyanocobalamin (vitamin b-12) 108
cyclobenzaprine 30
CYCLOGYL 98
cyclopentolate 98
cyclophosphamide 14
CYCLOPHOSPHAMIDE 14
cycloserine 9
CYCLOSET 73
cyclosporine 14, 98
cyclosporine modified 14
cyproheptadine 100
cyred 93
cyred eq 93
CYSTADANE 77
CYSTADROPS 98
CYSTAGON 107
CYSTARAN 98
CYTOMEL 75
CYTOTEC 81

D

dabigatran etexilate 51
dalfampridine 28
DALIRESP 102
danazol 70
DANTRIUM 30
dantrolene 30
DANZITEN 14
dapagliflozin 73
dapagliflozin-metformin 73
dapsone 9, 58
DAPTACEL (DTAP PEDIATRIC) (PF) 85
DARAPRIM 9
darifenacin 106
darunavir 4
dasatinib 14
dasetta 1/35 (28) 93
dasetta 7/7/7 (28) 93
DAURISMO 14
DAWNZERA 102
DAXXIFY 85
DAYBUE 29
DAYBUE STIX 29
daysee 93
DDAVP 70
deblitane 90
deferasirox 62
deferiprone 62
deflazacort 66
demeclocycline 11
DENGVAXIA (PF) 85
denta 5000 plus 65
denta 5000 plus sensitive 65
dentagel 65
DEPAKOTE 24
DEPAKOTE ER 24
DEPAKOTE SPRINKLES ... 24

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

DEPEN TITRATABS 88
DEPO-PROVERA 90
DEPO-TESTOSTERONE 70
dermacinrx lidocan 59
DERMA-SMOOTHE/FS BODY OIL 60
DERMA-SMOOTHE/FS SCALP OIL 60
DERMOTIC OIL 66
DESCOVY 4
desipramine 37
desloratadine 100
desmopressin 70
DESMOPRESSIN 70
desog-e.estradiol/e.estradiol 93
desonide 60
desoximetasone 60
desvenlafaxine succinate 37
dexamethasone 66
dexamethasone sodium phosphate 99
DEXCOM G6 RECEIVER .. 67
DEXCOM G6 SENSOR 67
DEXCOM G6 TRANSMITTER 67
DEXCOM G7 15 DAY SENSOR 67
DEXCOM G7 RECEIVER .. 67
DEXCOM G7 SENSOR 67
DEXEDRINE SPANSULE .. 37
dexmethylphenidate 37
dextroamphetamine sulfate .. 37
dextroamphetamine-amphetamine 37
dextromethorphan-quinidine 29
DIACOMIT 24
dialyvite 800 108
diazepam 24, 38
diazepam intensol 37
dichlorphenamide 29
DICLEGIS 77
diclofenac potassium 33
diclofenac sodium 33, 57, 99
dicloxacillin 11
dicyclomine 75
diethylpropion 61
DIFICID 8
DIFLUCAN 3
diflunisal 33
digoxin 51
dihydroergotamine 27
DILANTIN 24
DILANTIN EXTENDED 24
DILANTIN INFATABS 24
DILANTIN-125 24
DILAUDID 31
diltiazem 48
dilt-xr 48
dimethyl fumarate 45, 46
DIOVAN 48
DIOVAN HCT 48
DIPENTUM 77
diphenoxylate-atropine 75
DIPROLENE (AUGMENTED) 60
dipyridamole 51
disopyramide phosphate 46
disulfiram 62
divalproex 24
dofetilide 46
DOJOLVI 108
dolishale 93
donepezil 29
DOPTELET (15 TAB PACK) 51
DOPTELET SPRINKLE 51
dorzolamide 99
dorzolamide-timolol 99
dorzolamide-timolol (pf) 99
dotti 90
DOVATO 4
doxazosin 48
doxepin 38
doxercalciferol 71
doxycycline hyclate 11
doxycycline monohydrate 11, 12
doxylamine-pyridoxine (vit b6) 77
dronabinol 77
drospirenone-ethinyl estradiol 93
DROXIA 14
droxidopa 62
DRYSOL DAB-O-MATIC .. 57
dulcolax (magnesium hydroxide) 77
DULERA 102
duloxetine 38
DUOPA 27
DUPIXENT PEN 57
DUPIXENT SYRINGE 57
DUREX AVANTI BARE REAL FEEL 89
DUREX TROPICAL CONDOM 89
dutasteride 106
dutasteride-tamsulosin 106
DUVYZAT 63
DYSPORT 85

E

e.e.s. 400 8
E.E.S. GRANULES 8
EASIVENT HOLDING CHAMBER 105
EBGLYSS PEN 57
EBGLYSS SYRINGE 57
EC-NAPROSYN 33
econazole nitrate 59
econtra ez 93
econtra one-step 93
ecotrin low strength 33
EDECRIN 48
EDEX 107
ed-spaz 75
EDURANT 4
EDURANT PED 4
eemt 90
eemt hs 90
efavirenz 4
efavirenz-emtricitabin-tenofov 4
efavirenz-lamivu-tenofov disop 4
effer-k 107
EFFEXOR XR 38
EFFIENT 51
EFUDEX 57
EKTERLY 102
eletriptan 27
ELIGARD 14
ELIGARD (3 MONTH) 14
ELIGARD (4 MONTH) 14
ELIGARD (6 MONTH) 14
elinest 93
ELIQUIS 52
ELIQUIS DVT-PE TREAT 30D START 52
elite-ob 108
ELLA 93
eltrombopag olamine 52

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

eluryng 91
EMEND 77
EMFLAZA 66
EMGALITY PEN 27
EMGALITY SYRINGE 27
EMPAVELI 63
emtricitabine 4
emtricitabine-tenofovir (tdf) ... 4
emtricita-rilpivirine-tenof df .. 4
EMTRIVA 4, 5
EMVERM 9
emzahh 90
enalapril maleate 48
enalapril-hydrochlorothiazide 48
ENBREL 88
ENBREL MINI 88
ENBREL SURECLICK 88
ENDARI 63
endocet 31
ENDOMETRIN 90
ENGERIX-B (PF) 85
ENGERIX-B PEDIATRIC (PF) 85
enilloring 91
enoxaparin 52
enpresse 93
ENSACOVE 14
enskyce 93
ENSPRYNG 14
entacapone 27
entecavir 5
ENTRESTO 54
ENTYVIO PEN 77
enulose 77
EOHILIA 77
EPCLUSA 5
EPIDIOLEX 24
epinastine 98
epinephrine 100
EPIVIR 5
eplerenone 48
EPOGEN 82
EQUETRO 24
ergocalciferol (vitamin d2) . 108
ergoloid 38
ERGOMAR 27
ergotamine-caffeine 27
ERIVEDGE 14
ERLEADA 14
erlotinib 14
errin 90
ery pads 58
ERYPED 200 8
ERYPED 400 8
ery-tab 8
ERY-TAB 8
erythrocin (as stearate) 8
erythromycin 9, 97
erythromycin ethylsuccinate .. 8, 9
erythromycin with ethanol 58
erythromycin-benzoyl peroxide 58
ERZOFRI 38
ESBRIET 102
escitalopram oxalate 38
eslicarbazepine 24
esomeprazole magnesium 81
estarylla 93
estazolam 38
ESTRACE 90
estradiol 90
estradiol valerate 90
estradiol-norethindrone acet 90
estrogens-methyltestosterone 90
eszopiclone 38
ethacrynic acid 48
ethambutol 9
ethosuximide 24
etodolac 33, 34
etonogestrel-ethinyl estradiol 91
etoposide 14
etravirine 5
EUCRISA 57
EULEXIN 14
everolimus (antineoplastic) .. 14
EVISTA 87
EVOTAZ 5
EVOXAC 63
EVRYSDI 29
EXELON PATCH 29
exemestane 14
EXFORGE 48
EXJADE 63
eye itch relief 98
ezetimibe 53
ezetimibe-simvastatin 53

F

FABHALTA 63
falmina (28) 93
famciclovir 5
famotidine 81
FARESTON 14
FARXIGA 73
FASENRA 102
FASENRA PEN 102
FC2 FEMALE CONDOM ... 89
febuxostat 87
feirza 93
felbamate 24
FELBATOL 24
felodipine 48
FEMARA 15
FEMCAP 89
fenofibrate 53
fenofibrate micronized 53
fenofibrate nanocrystallized . 53
fenofibric acid (choline) 53
FENSOLVI 15
fentanyl 31
FERRIPROX 63
fidaxomicin 9
FILKRI 82
FILSPARI 54
FILSUVEZ 57
finasteride 106
fingolimod 46
FINTEPLA 24
finzala 93
FIRAZYR 102
FIRDAPSE 29
FIRMAGON KIT W DILUENT SYRINGE 15
flac otic oil 66
flavoxate 106
flecainide 46
FLEXICHAMBER 105
flotrex 108
FLUAD 2026-2027 (65 YR UP)(PF) 85
FLUARIX 2026-2027 (PF) .. 85
FLUBLOK 2026-2027 (PF) . 85
FLUCELVAX 2026-2027 (PF) 85
fluconazole 3
flucytosine 3
fludrocortisone 66

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

FLULAVAL 2026-2027 (PF) 85
FLUMIST 2026-2027 85
FLUMIST HOME 2026-2027 85
flunisolide 102
fluocinolone 60
fluocinolone acetonide oil 66
fluocinolone and shower cap 60
fluocinonide 60
fluoride (sodium) 65, 108
fluorometholone 100
fluorouracil 57
fluoxetine 38
fluphenazine decanoate 38
fluphenazine hcl 38, 39
flurazepam 39
flurbiprofen 34
flurbiprofen sodium 99
fluticasone propionate .. 60, 102
fluticasone propion-salmeterol 102
fluvoxamine 39
FLUZONE 2026-2027 85
FLUZONE 2026-2027 (PF) . 85
FLUZONE HIGH-DOSE 2026-27 (PF) 85
FML LIQUIFILM 100
FOCALIN 39
FOCALIN XR 39
folic acid 108
folitab 108
folivane-ob 108
FOLLISTIM AQ 71
foltabs 800 108
fondaparinux 52
FORTEO 87
FORZINITY 63
FOSAMAX 87
FOSAMAX PLUS D 87
fosamprenavir 5
fosfomycin tromethamine 12
fosinopril 48
fosinopril-hydrochlorothiazide 48
FOSRENOL 107
FOTIVDA 15
FRAGMIN 52
FREESTYLE CONTROL 67
FREESTYLE FREEDOM ... 67
FREESTYLE FREEDOM LITE 67
FREESTYLE INSULINX 67
FREESTYLE INSULINX TEST STRIPS 67
FREESTYLE LIBRE 14 DAY READER 67
FREESTYLE LIBRE 14 DAY SENSOR 68
FREESTYLE LIBRE 2 PLUS SENSOR 68
FREESTYLE LIBRE 2 READER 68
FREESTYLE LIBRE 2 SENSOR 68
FREESTYLE LIBRE 3 PLUS SENSOR 68
FREESTYLE LIBRE 3 READER 68
FREESTYLE LIBRE 3 SENSOR 68
FREESTYLE TEST 68
frovatriptan 28
FRUZAQLA 15
full spectrum b-vitamin c 109
FULPHILA 82
furosemide 48
fyavolv 90
FYCOMPA 24
FYLNETRA 82
fyremadel 71

G

g tussin ac 101
gabapentin 24
GALAFOLD 71
galantamine 29
galbriela 93
gallifrey 90
ganirelix 71
GARDASIL 9 (PF) 85
GASTROCROM 77
gatifloxacin 97
GATTEX 30-VIAL 77
gavilax 77
gavilyte-c 77
gavilyte-g 77
gavilyte-n 77
GAVRETO 15
gefitinib 15
GELCLAIR 65
GEMCITABINE 15
gemfibrozil 53
generlac 77
gengraf 15
GENOTROPIN 83
GENOTROPIN MINIQUICK 83
gentamicin 59, 97
GENTEEL VACUUM LANCING DEVICE 68
gentle laxative (bisacodyl) 77
gentle laxative (mag hydrox) 77
gentlelax 78
GENVOYA 5
GEODON 39
GILOTRIF 15
glatiramer 46
glatopa 46
GLEEVEC 15
GLEOSTINE 15
glimepiride 73
glipizide 73
glipizide-metformin 73
glucagon emergency kit (human) 68
glutamine (sickle cell) 63
glyburide 73
glyburide-metformin 73
glycerol phenylbutyrate 63
glycopyrrolate 75
GLYXAMBI 73
GOLYTELY 78
GOMEKLI 15
GONAL-F 71
GONAL-F RFF REDI-JECT 71
granisetron hcl 78
GRANIX 82
GRASTEK 85
griseofulvin microsize 3
griseofulvin ultramicrosize 3
guanfacine 39, 48
GVOKE 68
GVOKE HYPOPEN 2-PACK 68
GVOKE PFS 2-PACK SYRINGE 68

H

HAEGARDA 102
hailey 93
hailey 24 fe 93

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

hailey fe 1.5/30 (28) 94
hailey fe 1/20 (28) 94
halobetasol propionate 60
haloperidol 39
haloperidol decanoate 39
haloperidol lactate 39
HARLIKU 63
HARVONI 5
HAVRIX (PF) 85
heather 90
HEMANGEOL 49
hemmorex-hc 78
heparin (porcine) 52
heparin, porcine (pf) 52
HEPCLUDEX 5
HEPLISAV-B (PF) 85
HERNEXEOS 15
HETLIOZ 39
HETLIOZ LQ 39
HIBERIX (PF) 85
homatropaire 98
HUMALOG JUNIOR KWIKPEN U-100 69
HUMALOG KWIKPEN INSULIN 69
HUMALOG MIX 50-50 KWIKPEN 69
HUMALOG MIX 75-25 KWIKPEN 69
HUMALOG MIX 75-25(U-100)INSULN 69
HUMALOG U-100 INSULIN 69
HUMATROPE 83
HUMULIN 70/30 U-100 INSULIN 69
HUMULIN 70/30 U-100 KWIKPEN 69
HUMULIN N NPH INSULIN KWIKPEN 69
HUMULIN N NPH U-100 INSULIN 69
HUMULIN R REGULAR U-100 INSULN 69
HUMULIN R U-500 (CONC) KWIKPEN 70
HYCAMTIN 15
HYCODAN (WITH HOMATROPINE) 101
hydralazine 49
HYDREA 15
hydrochlorothiazide 49
hydrocodone bitartrate 31
hydrocodone-acetaminophen 31, 32
hydrocodone-chlorpheniramine 101
hydrocodone-homatropine 101
hydrocodone-ibuprofen 32
hydrocortisone 61, 66, 78
hydrocortisone acetate 78
hydrocortisone butyrate 61
hydrocortisone sod succinate 67
hydrocortisone valerate 61
hydrocortisone-acetic acid 66
hydrocortisone-pramoxine 78
hydromorphone 32
hydroxychloroquine 9
hydroxyurea 15
hydroxyzine hcl 100
hydroxyzine pamoate 100
HYFTOR 57
HYMPAVZI PEN 52
hyoscyamine sulfate 75
hyosyne 75
HYPER-SAL 102
HYQVIA 85
HYRNUO 15
HYSINGLA ER 32
HYZAAR 49

I

ibandronate 87
IBRANCE 15
IBSRELA 78
IBTROZI 15
ibu 34
ibuprofen 34
icatibant 102
iclevia 94
ICLUSIG 15
icosapent ethyl 53
IDHIFA 15
ILET INFUSION KIT-FLEX 23 68
ILET INFUSION KIT-INSET 23 68
ILET INFUSION-CONTACT DTCH 23 68
ILET INSULIN PUMP 68
ILET STARTER KIT-INSET 68
ILUMYA 55
imatinib 15
IMBRUVICA 15, 16
IMCIVREE 61
imipramine hcl 39
imiquimod 57
IMITREX 28
IMITREX STATDOSE PEN 28
IMITREX STATDOSE REFILL 28
IMKELDI 16
IMURAN 16
INBRIJA 27
incassia 90
INCRELEX 63
INCRUSE ELLIPTA 103
indapamide 49
INDERAL LA 49
indomethacin 34
INFANRIX (DTAP) (PF) 85
INGREZZA 29
INGREZZA INITIATION PK(TARDIV) 29
INGREZZA SPRINKLE 29
INLURIYO 16
INLYTA 16
INQOVI 16
INREBIC 16
INSPRA 49
INSULIN GLARGINE-YFGN 70
INSULIN LISPRO 70
INSULIN LISPRO PROTAMIN-LISPRO 70
INSULIN SYRINGE-NEEDLE U-100 68
INTELENCE 5
INTRAROSA 91
introvale 94
INTUNIV ER 39
INVEGA 39
INVEGA SUSTENNA 39, 40
INVEGA TRINZA 40
IPOL 85
ipratropium bromide 65, 103
ipratropium-albuterol 103
IQIRVO 78
irbesartan 49

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

irbesartan-hydrochlorothiazide 49
IRESSA 16
ISENTRESS 5
ISENTRESS HD 5
isibloom 94
isoniazid 9
ISORDIL TITRADOSE 55
isosorbide dinitrate 55
isosorbide mononitrate 55
isradipine 49
ISTURISA 71
ITOVEBI 16
itraconazole 3
ivabradine 54
ivermectin 10, 58
IWILFIN 16

J

JADENU 63
JADENU SPRINKLE 63
jaimiess 94
JAKAFI 16
JAKAFI XR 16
JALYN 106
JANUMET 73
JANUMET XR 73
JANUVIA 73
JARDIANCE 73
JASCAYD 103
jasmiel (28) 94
JAYPIRCA 16
jaythari 67
JELMYTO 16
jencycla 90
JENTADUETO 73
JENTADUETO XR 73, 74
jinteli 90
JOENJA 63
jolessa 94
juleber 94
JULUCA 5
junel 1.5/30 (21) 94
junel 1/20 (21) 94
junel fe 1.5/30 (28) 94
junel fe 1/20 (28) 94
junel fe 24 94
JUXTAPID 53
JYNARQUE 71
JYNNEOS (PF) 85

K

kaitlib fe 94
KALETRA 5
kalliga 94
KALYDECO 103
kariva (28) 94
kelnor 1/35 (28) 94
KEPPRA 24
KEPPRA XR 24
KERENDIA 49
KESIMPTA PEN 46
ketoconazole 3, 59
ketorolac 34, 99
ketotifen fumarate 98
KEVEYIS 29
KEVZARA 88
KINERET 88
KINRIX (PF) 85
kionex 107
KISQALI 16
KLARON 59
klayesta 59
KLONOPIN 24
klor-con 10 107
klor-con 8 107
klor-con m10 107
klor-con m15 107
klor-con m20 107
KLOXXADO 34
kobee 109
KOMZIFTI 16
KORLYM 71
KOSELUGO 16
kourzeq 65
KRAZATI 16
KRINTAFEL 10
kurvelo (28) 94
KUVAN 71
KYGEVVI 63
kymbee 67

L

labetalol 49
lacosamide 24
lactulose 78
LAMICTAL 24, 25
lamivudine 5
lamivudine-zidovudine 5
lamotrigine 25
LAMPIT 10
LANCETS 68
LANCING DEVICE 69
LANOXIN 51
lanreotide 16
lansoprazole 81
lanthanum 107
LANTUS SOLOSTAR U-100 INSULIN 70
LANTUS U-100 INSULIN 70
lapatinib 16
larin 1.5/30 (21) 94
larin 1/20 (21) 94
larin 24 fe 94
larin fe 1.5/30 (28) 94
larin fe 1/20 (28) 94
LASIX 49
latanoprost 99
laxative (bisacodyl) 78
laxative peg 3350 78
LAZCLUZE 16
LEDIPASVIR-SOFOSBUVIR 5
leflunomide 88
lenalidomide 17
LENVIMA 17
LEQEMBI IQLIK 29
LEQSELVI 88
lessina 94
LETAIRIS 103
letrozole 17
leucovorin calcium 12
LEUKERAN 17
LEUKINE 82
leuprolide 17
levalbuterol hcl 103
LEVBID 75
levetiracetam 25
levobunolol 98
levocarnitine 63
levocarnitine (with sugar) 63
levocetirizine 101
levofloxacin 11, 97
levonest (28) 94
levonorgestrel 94
levonorgestrel-ethinyl estrad 94
levonorg-eth estrad triphasic 94
levo-t 75
levothyroxine 75
levoxyl 75
LEVSIN 75
LEVSIN/SL 75

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

LEXAPRO 40
LIALDA 78
LIBRAX (WITH CLIDINIUM) 76
lidocaine 59
lidocaine hcl 59
lidocaine-prilocaine 59
lidocan iii 59
lidocan iv 59
lidocan v 59
LIDODERM 59
LIFYORLI 17
linezolid 10
LINZESS 78
liomny 75
liothyronine 75
LIPITOR 53
liraglutide (weight loss) 61
lisdexamfetamine 40
lisinopril 49
lisinopril-hydrochlorothiazide 49
LITFULO 63
lithium carbonate 40
LITHOBID 40
LIVDELZI 78
LIVMARLI 78
LIVTENCITY 5
LO LOESTRIN FE 94
LODINE 34
LODOSYN 27
LOESTRIN 1.5/30 (21) 94
LOESTRIN 1/20 (21) 94
LOESTRIN FE 1.5/30 (28-DAY) 94
LOESTRIN FE 1/20 (28-DAY) 94
lojaimiess 95
LOKELMA 107
LOMAIRA 61
LOMOTIL 76
lomustine 17
LONSURF 17
LOPID 53
lopinavir-ritonavir 5, 6
LOPRESSOR 49
LOPROX (AS OLAMINE) 59
lorazepam 40
lorazepam intensol 40
LORBRENA 17
loryna (28) 95
losartan 49
losartan-hydrochlorothiazide 49
LOTENSIN 49
LOTENSIN HCT 49
loteprednol etabonate 100
LOTRONEX 78
lovastatin 53
LOVAZA 53
LOVENOX 52
low-ogestrel (28) 95
loxapine succinate 40
lo-zumandimine (28) 95
lubiprostone 78
ludent fluoride 109
luizza 95
LUMAKRAS 17
LUMIGAN 99
LUMRYZ 40
LUMRYZ STARTER PACK 40
LUNESTA 40
LUPKYNIS 17
LUPRON DEPOT 17
LUPRON DEPOT (3 MONTH) 17
LUPRON DEPOT (4 MONTH) 17
LUPRON DEPOT (6 MONTH) 17
LUPRON DEPOT-PED 17
LUPRON DEPOT-PED (3 MONTH) 17
lurasidone 40
lurbiro 34
lutera (28) 95
LUTRATE DEPOT (3 MONTH) 17
lyleq 90
lyllana 90
LYNAVOY 78
LYNPARZA 17
LYRICA 25
LYSODREN 17
LYTGOBI 17, 18
lyza 90

M

macitentan 103
MACROBID 12
magnesium citrate 78
MALARONE 10
MALARONE PEDIATRIC 10
malathion 61
maraviroc 6
MARINOL 78
marlissa (28) 95
MATULANE 18
matzim la 49
MAVYRET 6
MAXALT 28
MAXALT-MLT 28
MAXITROL 99
maxi-tuss ac 101
meclizine 78
MEDROL 67
MEDROL (PAK) 67
medroxyprogesterone 91
MEDTRONIC EXT INFUSION SET 23 69
mefloquine 10
megestrol 18
MEKINIST 18
MEKTOVI 18
meleya 91
meloxicam 34
memantine 29
MEMANTINE 29
MENOPUR 71
MENQUADFI (PF) 85
MENVEO A-C-Y-W-135-DIP (PF) 85
meperidine 32
meprobamate 30
MEPRON 10
mercaptopurine 18
mesalamine 78, 79
MESNEX 12
MESTINON 30
MESTINON TIMESPAN 30
METADATE CD 40
metaxalone 30
metformin 74
methadone 32
methadose 32
methazolamide 99
methenamine hippurate 12
methenamine mandelate 12
methimazole 67
methocarbamol 30

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

methotrexate sodium 18
methotrexate sodium (pf) 18
methoxsalen 57
methscopolamine 76
methsuximide 25
methyldopa 49
methylergonovine 97
METHYLIN 40
methylphenidate hcl 40, 41
methylprednisolone 67
methyltestosterone 71
metoclopramide hcl 79
metolazone 49
metoprolol succinate 49
metoprolol ta-hydrochlorothiaz 49
metoprolol tartrate 49
metronidazole 10, 58, 92
metyrosine 49
mexiletine 46
MFLUSIVA 2026-2027 (PF) 85
mibelas 24 fe 95
MICARDIS 49
miconazole-3 92
MICROCHAMBER 105
microgestin 1.5/30 (21) 95
microgestin 1/20 (21) 95
microgestin fe 1.5/30 (28) 95
microgestin fe 1/20 (28) 95
midazolam 41
midodrine 63
mifepristone 71, 92
miglitol 74
miglustat 71
MIGRANAL 28
mili 95
milk of magnesia 79
milk of magnesia concentrated 79
milophene 71
mimvey 91
MINIMED MIO ADVANCE INF SET23 69
MINIMED QUICK SET 43 69
MINIMED SILHOUETTE 23 69
MINIMED SURE T 32 69
MINIVELLE 91
minocycline 12
minoxidil 49
MIPLYFFA 29
mirabegron 106
MIRCERA 82
mirtazapine 41
misoprostol 81
M-M-R II (PF) 86
m-natal plus 109
modafinil 41
MODEYSO 18
moexipril 49
mometasone 61, 103
mondoxyne nl 12
mono-linyah 95
montelukast 103
morphine 32
morphine concentrate 32
MOTEGRITY 79
MOUNJARO 74
MOVANTIK 79
moxifloxacin 11, 97
MRESVIA (PF) 86
MS CONTIN 32
MULPLETA 52
MULTAQ 46
multi-vitamin with fluoride 109
multivit-fluoride (metafolin) 109
mupirocin 59
mvc-fluoride 109
my choice 95
my way 95
MYALEPT 71
MYCAPSSA 18
mycophenolate mofetil 18
mycophenolate sodium 18
MYDRIACYL 98
MYFEMBREE 92
MYFORTIC 18
MYHIBBIN 18
MYLERAN 18
mynatal 109
mynatal plus 109
mynatal-z 109
MYOBLOC 86
MYQORZO 54
MYRBETRIQ 106
MYSOLINE 25

N

nabumetone 34
nadolol 49
naloxone 34
naltrexone 34
NAPROSYN 34
naproxen 34
naproxen sodium 34
naratriptan 28
NARDIL 41
nasal allergy 103
NATACYN 97
nateglinide 74
NATROBA 61
NAYZILAM 25
nebivolol 49
NEBUPENT 10
necon 0.5/35 (28) 95
nefazodone 41
NEMLUVIO 18
neomycin 10
neomycin-bacitracin-poly-hc 99
neomycin-bacitracin-polymyxin 97
neomycin-polymyxin b-dexameth 99
neomycin-polymyxin-gramicidin 97
neomycin-polymyxin-hc 66, 99
NEORAL 18
nephro vitamins 109
NERLYNX 18
neuac 58
NEULASTA 82
NEULASTA ONPRO 82
NEUPOGEN 82, 83
NEURONTIN 25
nevirapine 6
new day 95
newgen 109
NEXAVAR 18
NEXIUM 81
NEXIUM PACKET 81
NEXLETOL 54
NEXLIZET 54
NGENLA 84
niacin 54
nicorette 64
nicotine 64
nicotine (polacrilex) 64, 65
NICOTROL NS 65
nifedipine 50

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

nikki (28) 95
nilotinib hcl 18
nilutamide 18
nimodipine 50
NINLARO 18
nintedanib 103
nitazoxanide 10
nitisinone 63
nitro-bid 55
nitrofurantoin 12
nitrofurantoin macrocrystal . 12
nitrofurantoin monohyd/m-cryst 12
nitroglycerin 55
NITROSTAT 55
NITYR 63
NIVESTYM 83
nizatidine 81
nora-be 91
NORDITROPIN FLEXPRO 84
norelgestromin-ethin.estradiol 92
norethindrone (contraceptive) 91
norethindrone acetate 91
norethindrone ac-eth estradiol 91, 95
norethindrone-e.estradiol-iron 95
norgestimate-ethinyl estradiol 95
NORPACE 46
NORTHERA 63
nortrel 0.5/35 (28) 95
nortrel 1/35 (21) 95
nortrel 1/35 (28) 95
nortrel 7/7/7 (28) 95
nortriptyline 41
NORVASC 50
NORVIR 6
NOURIANZ 27
NOVAREL 71
NOXAFIL 3
np thyroid 75
NUBEQA 18
NUCALA 103
NUEDEXTA 29
NULEV 76
NULIBRY 29
NUPLAZID 41
NURTEC ODT 28
NUVARING 92
NUVESSA 92
NUVIGIL 41
nylia 1/35 (28) 95
nylia 7/7/7 (28) 95
NYPOZI 83
nystatin 3, 59
nystatin-triamcinolone 59
nystop 59
NYVEPRIA 83

O

ocella 95
octreotide acetate 18
octreotide,microspheres . 18, 19
OCUFLOX 97
ODACTRA 86
ODEFSEY 6
ODOMZO 19
OFEV 103
ofloxacin 11, 66, 97
OGSIVEO 19
OHTUVAYRE 103
OJEMDA 19
OJJAARA 19
olanzapine 41
olmesartan 50
olmesartan-hydrochlorothiazide 50
olopatadine 65
OLPRUVA 63
OLUMIANT 88
omega-3 acid ethyl esters 54
omeprazole 81
OMNIPOD 5 (LIBRE 2/3 PLUS) 68
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 69
OMNIPOD 5 G6-G7 PODS (GEN 5) 69
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 68
OMNIPOD DASH INTRO KIT (GEN 4) 69
OMNIPOD DASH PODS (GEN 4) 69
OMNITROPE 84
OMVOH 79
OMVOH PEN 79
ONAPGO 27
ondansetron 79
ondansetron hcl 79
onelax magnesium citrate 79
ONFI 25
ONGENTYS 27
ONUREG 19
opcicon one-step 95
OPFOLDA 71
OPILL 91
OPSUMIT 103
OPSYNVI 103
OPTICHAMBER DIAMOND VHC 106
option-2 95
OPVEE 34
OPZELURA 57
oral saline laxative 79
ORALAIR 86
ORENCIA 88
ORENCIA CLICKJECT 88
ORENITRAM 50
ORENITRAM MONTH 1 TITRATION KT 50
ORENITRAM MONTH 2 TITRATION KT 50
ORENITRAM MONTH 3 TITRATION KT 50
ORFADIN 63
ORGOVYX 19
ORIAHNN 92
ORILISSA 71
ORKAMBI 103
ORLADEYO 103
ORLISTAT 61
orphenadrine citrate 30
orquidea 91
ORSERDU 19
oscimin 76
oscimin sl 76
oseltamivir 6
OTEZLA 88
OTEZLA STARTER 88
OTEZLA XR 88
OTEZLA XR INITIATION . 88
OVIDE 61
OVIDREL 71
oxaprozin 34
oxazepam 41
oxcarbazepine 25
OXERVATE 98

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

OXLUMO 107
OXTELLAR XR 25
oxybutynin chloride 106
oxycodone 32
oxycodone-acetaminophen ... 32
oxymorphone 32
OZEMPIC 74
P
pacerone 46
PALFORZIA (LEVEL 1) 86
PALFORZIA (LEVEL 2) 86
PALFORZIA (LEVEL 3) 86
PALFORZIA (LEVEL 4) 86
PALFORZIA (LEVEL 5) 86
PALFORZIA (LEVEL 6) 86
PALFORZIA (LEVEL 7) 86
PALFORZIA (LEVEL 8) 86
PALFORZIA (LEVEL 9) 86
PALFORZIA (LEVEL 10) ... 86
PALFORZIA INITIAL (4-17 YRS) 86
PALFORZIA LEVEL 11 MAINTENANCE 86
paliperidone 41, 42
PALSONIFY 19
PALYNZIQ 71
PANCREAZE 79
PANRETIN 57
pantoprazole 81
paricalcitol 71
PARNATE 42
paroex oral rinse 65
paroxetine hcl 42
PAXIL 42
PAXLOVID 6
pazopanib 19
PAZOPANIB 19
PEDIARIX (PF) 86
PEDVAX HIB (PF) 86
peg 3350-electrolytes 79
PEGASYS 84
peg-electrolyte soln 79
pellix 55
PEMAZYRE 19
PEMETREXED 19
PEMETREXED DISODIUM 19
PENBRAYA (PF) 86
penicillamine 88
penicillin v potassium 11
PENMENVY MEN A-B-C-W-Y (PF) 86
PENTACEL (PF) 86
pentamidine 10
PENTASA 79
pentazocine-naloxone 34
pentoxifylline 52
PEPCID 81
perampanel 25
PERCOCET 32
PERIDEX 65
perindopril erbumine 50
periogard 65
permethrin 61
perphenazine 42
perphenazine-amitriptyline .. 42
PERTZYE 79
PHEBURANE 63
phenazopyridine 107
phendimetrazine tartrate 62
phenelzine 42
phenobarbital 25
phenoxybenzamine 50
phentermine 62
phentermine-topiramate 62
phenylephrine hcl 100
PHENYTEK 25
phenytoin 25
phenytoin sodium extended .. 25
philith 95
phosphate laxative 79
phytonadione (vitamin k1) 52
PIASKY 63
pilocarpine hcl 66, 98
pimecrolimus 57
pimozide 42
pimtrea (28) 95
pindolol 50
pioglitazone 74
pioglitazone-metformin 74
PIQRAY 19
pirfenidone 103
PIRFENIDONE 103
piroxicam 34
PLAQUENIL 10
PLAVIX 52
PLEGRIDY 46
PNEUMOVAX-23 86
pnv-dha 109
pnv-omega 109
pnv-select 109
POCKET CHAMBER 106
podofilox 57
polyethylene glycol 3350 79
polymyxin b sulf-trimethoprim 97
pomalidomide 19
POMALYST 19
portia 28 96
posaconazole 3
potassium chloride 107, 108
potassium citrate 107
powderlax 79
pr natal 400 109
pr natal 400 ec 109
pr natal 430 109
pr natal 430 ec 109
PRADAXA 52
pramipexole 27
prasugrel hcl 52
pravastatin 54
praziquantel 10
prazosin 50
PRECISION XTRA MONITOR 68
PRED FORTE 100
prednisolone 67
prednisolone acetate 100
prednisolone sodium phosphate 67, 100
prednisone 67
pregabalin 25
PREGNYL 71
PREMARIN 91
PREMPHASE 91
PREMPRO 91
prenatabs fa 109
prenatabs rx 109
prenatal 109
prenatal complete 109
prenatal multi-dha (algal oil) 109
prenatal multivitamins 109
prenatal one daily 109
prenatal plus 109
prenatal plus (calcium carb) 109
prenatal vit no.179-iron-folic 109
prenatal vitamin 109

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

prenatal vitamin with minerals 109
prenatal-u 109
PRETOMANID 10
PREVACID 81
PREVACID SOLUTAB 82
prevalite 54
PREVNAR 20 (PF) 86
PREVYMIS 6
PREZISTA 6
PRIFTIN 10
primaquine 10
primidone 25
PRIORIX (PF) 86
PRISTIQ 42
probenecid 87
probenecid-colchicine 87
PROCARDIA XL 50
prochlorperazine 80
prochlorperazine maleate 80
PROCRIT 83
PROCTOFOAM HC 80
procto-med hc 80
proctosol hc 80
proctozone-hc 80
PROCYSBI 107
progesterone 91
progesterone micronized 91
PROGRAF 19
PROMACTA 52
promethazine 101
promethazine-codeine 101
promethazine-dm 101
promethazine-phenylephrine 101
promethegan 101
PROMETRIUM 91
propafenone 47
proparacaine 98
propranolol 50
propylthiouracil 67
PROQUAD (PF) 86
PROSCAR 106
PROTONIX 82
protriptyline 42
PROVERA 91
PROVIGIL 42
prucalopride 80
PULMICORT 103
PULMOZYME 103
purelax 80
purevita folic acid 109
pyquvi 67
pyrazinamide 10
PYRIDIUM 107
pyridostigmine bromide 30
PYRIDOSTIGMINE BROMIDE 30
pyrimethamine 10
PYRUKYND 63

Q

QELBREE 42
QFITLIA 52
QFITLIA PEN 52
QINLOCK 19
QSYMIA 62
QUADRACEL (PF) 86
QUESTRAN 54
QUESTRAN LIGHT 54
quetiapine 42
quinapril 50
quinapril-hydrochlorothiazide 50
quinine sulfate 10
quit 2 65
quit 4 65
QULIPTA 28
QVAR REDIHALER 103

R

rabeprazole 82
RADICAVA ORS STARTER KIT SUSP 29
RAGWITEK 86
raloxifene 87
ramelteon 42
ramipril 50
ranitidine hcl 82
ranolazine 55
rasagiline 27
RASUVO (PF) 88
RAVICTI 63
reclipsen (28) 96
RECOMBIVAX HB (PF) 86
RECORLEV 71
REDEMPLO 54
REGLAN 80
RELEUKO 83
RELEXXII 42
relgaabi 25
RELISTOR 80
RELPAX 28
REMERON 42
REMERON SOLTAB 42
renal vitamin 110
renal-vite 110
rena-vite 110
RENVELA 108
repaglinide 74
REPATHA SURECLICK 54
REPATHA SYRINGE 54
RESTORIL 43
RETACRIT 83
RETEVMO 19
RETIN-A 58
RETROVIR 6
REVATIO 103
REVCOVI 64
REVLIMID 19
REVUFORJ 19, 20
REXTOVY 34
REYATAZ 6
REZDIFFRA 64
REZLIDHIA 20
REZUROCK 20
RHAPSIDO 64
ribavirin 6
rifabutin 10
rifampin 10
rifapentine 10
rilpivirine hcl 6
riluzole 64
rimantadine 6
RINVOQ 89
RINVOQ LQ 88
risedronate 64, 87
RISPERDAL 43
RISPERDAL CONSTA 43
risperidone 43
risperidone microspheres 43
RITALIN 43
RITEFLO AEROCHAMBER 106
ritonavir 6
rivaroxaban 52
rivastigmine 29
rivastigmine tartrate 29
RIVFLOZA 107
rizatriptan 28
ROBINUL 76
ROBINUL FORTE 76

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

roflumilast 103
ROLVEDON 83
ROMVIMZA 20
ropinirole 27
rosadan 58
rosuvastatin 54
ROTARIX 86
ROTATEQ VACCINE 86
ROXICODONE 32
ROZEREM 43
ROZLYTREK 20
RUBRACA 20
RUCONEST 104
rufinamide 25
RUKOBIA 7
RYBELSUS 74
RYDAPT 20
RYKINDO 43
RYZNEUTA 83
S
SABRIL 25
sacubitril-valsartan 55
sajazir 104
SALAGEN (PILOCARPINE) 66
salsalate 35
SAMSCA 71
SANDIMMUNE 20
SANDOSTATIN 20
SANDOSTATIN LAR DEPOT 20
SANTYL 61
SAPHNELO 20
SAPHNELO PEN 20
SAPHRIS 43
sapropterin 72
SAXENDA 62
SCEMBLIX 20
scopolamine base 80
SELARSDI 55, 56
selegiline hcl 27
selenium sulfide 56
SELZENTRY 7
SENSIPAR 72
SEPHIENCE 72
SEREVENT DISKUS 104
SEROQUEL 43
SEROQUEL XR 43
SEROSTIM 84
sertraline 43
setlakin 96
sevelamer carbonate 108
sf 66
sf 5000 plus 66
sharobel 91
shewise 96
SHINGRIX (PF) 86
SIGNIFOR 20
SIGNIFOR LAR 20
sildenafil 107
sildenafil (pulm.hypertension) 104
SILIQ 56
silodosin 106
SILVADENE 56
silver sulfadiazine 56
SIMLANDI(CF) 89
SIMLANDI(CF) AUTOINJECTOR 89
simliya (28) 96
simpesse 96
SIMPONI 89
simvastatin 54
SINEMET 27
SINGULAIR 104
sirolimus 20
sitagliptin phos-metformin ... 74
sitagliptin phosphate 74
SIVEXTRO 10
SKYCLARYS 29
SKYRIZI 56, 80
SKYTROFA 84
smoothlax 80
sodium chloride 64, 104
sodium fluoride 5000 plus 66
sodium fluoride-pot nitrate ... 66
sodium oxybate 43
sodium phenylbutyrate 64
sodium polystyrene sulfonate 108
SOFOSBUVIR-VELPATASVIR 7
SOGROYA 84
SOHONOS 64
solifenacin 106
SOLIQUA 100/33 70
SOLTAMOX 20
SOLU-CORTEF 67
SOLU-CORTEF ACT-O-VIAL (PF) 67
soluvita a,c,d with fluoride . 110
SOMA 30
SOMATULINE DEPOT 20
SOMAVERT 72
SOOLANTRA 58
sorafenib 20
sotalol 47
sotalol af 47
SOTYKTU 56
SOVALDI 7
SPACE CHAMBER 106
SPEVIGO 56
spinosad 61
SPIRIVA RESPIMAT 104
spironolactone 50
spironolacton-hydrochlorothiaz 50
SPORANOX 3
SPRAVATO 43
sprintec (28) 96
SPRYCEL 20, 21
sps (with sorbitol) 108
ssd 56
st joseph aspirin 35
st. joseph aspirin 35
STIMUFEND 83
STIOLTO RESPIMAT 104
STIVARGA 21
stop smoking aid 65
STRENSIQ 72
stress formula with iron(sulf) 110
STRIBILD 7
STRIVERDI RESPIMAT .. 104
STROMECTOL 10
SUBLOCADE 32
subvenite 26
SUCRAID 80
sucralfate 82
SULAR 50
sulfacetamide sodium 100
sulfacetamide sodium (acne) 59
sulfacetamide sodium-sulfur . 58
sulfacetamide-prednisolone 100
sulfadiazine 11
sulfamethoxazole-trimethoprim 11
sulfasalazine 80
sulfatrim 11
sulindac 35

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

sumatriptan.....28
sumatriptan succinate.....28
sunitinib malate.....21
SUNLENCA.....7
super b-50 complex.....110
super quints.....110
SUPPRELIN LA.....21
SUTENT.....21
syeda.....96
SYMDEKO.....104
SYMFI.....7
SYMPROIC.....80
SYNALAR.....61
SYNAREL.....72
SYNDROS.....80
SYNJARDY.....74
SYNJARDY XR.....74
SYNTHROID.....75
SYPRINE.....64
T
TABLOID.....21
TABRECTA.....21
tacrolimus.....21, 57
tadalafil.....106
tadalafil (pulm. hypertension).....104
TADLIQ.....104
TAFINLAR.....21
TAGRISSO.....21
TAKHZYRO.....104
TALTZ AUTOINJECTOR..56
TALTZ AUTOINJECTOR (2 PACK).....56
TALTZ AUTOINJECTOR (3 PACK).....56
TALTZ SYRINGE.....56
TALZENNA.....21
TAMIFLU.....7
tamoxifen.....21
tamsulosin.....106
TANDEM MOBI AUTOSOFT 30 KT 23.....69
TANDEM MOBI AUTOSOFT XC KIT 5.....69
TANDEM MOBI TRUSTEEL KIT 23.....69
TANDEM T/SLIM ASFT 30 PK10 23.....69
TANDEM T/SLIM ASFT XC PK10 23.....69
TANDEM T/SLIM TRUSTL PK10 23.....69
TARGRETIN.....21
tarina 24 fe.....96
tarina fe 1/20 (28).....96
taron-c dha.....110
TARPEYO.....67
TASIGNA.....21
tasimelteon.....43
TASMAR.....27
TAVALISSE.....52
TAVNEOS.....64
tazarotene.....58
TAZORAC.....59
TECFIDERA.....46
TEGRETOL.....26
TEGRETOL XR.....26
TEKTURNA.....50
telmisartan.....50
temazepam.....43
temozolomide.....21
tencon.....32
TENIVAC (PF).....86
tenofovir disoproxil fumarate.7
TENORMIN.....50
TEPMETKO.....21
terazosin.....50
terbinafine hcl.....3
terbutaline.....104
terconazole.....92
teriflunomide.....46
teriparatide.....87
TESTIM.....72
testosterone.....72
testosterone cypionate.....72
testosterone enanthate.....72
tetrabenazine.....29
tetracaine hcl.....98
TETRACAINE HCL (PF)....98
tetracycline.....12
TEZSPIRE.....104
THALOMID.....21
theophylline.....104
THIOLA.....64
THIOLA EC.....64
thioridazine.....43, 44
thiothixene.....44
tiadylt er.....50
tiagabine.....26
TIAZAC.....50
TIBSOVO.....21
ticagrelor.....53
TIKOSYN.....47
tilia fe.....96
timolol maleate.....50, 98
tinidazole.....10
tiopronin.....64
TIVICAY.....7
TIVICAY PD.....7
tizanidine.....30
TOBI.....10
TOBI PODHALER.....10
tobramycin.....10, 97
tobramycin in 0.225 % nacl..10
tobramycin-dexamethasone..99
tofacitinib.....89
tolterodine.....106
tolvaptan.....72
tolvaptan (polycys kidney dis).....72
TOPAMAX.....26
TOPICORT.....61
topiramate.....26
TOPROL XL.....50
toremifene.....21
torpenz.....21
torsemide.....50
TOUJEO MAX U-300 SOLOSTAR.....70
TOUJEO SOLOSTAR U-300 INSULIN.....70
TRACLEER.....104
TRADJENTA.....74
tramadol.....35
tramadol-acetaminophen.....35
trandolapril.....50
trandolapril-verapamil.....50
tranexamic acid.....92
TRANSDERM-SCOP.....80
tranylcypromine.....44
TRAVATAN Z.....99
travoprost.....99
trazodone.....44
TRELEGY ELLIPTA.....104
TRELSTAR.....21
TREMFYA.....56
TREMFYA ONE-PRESS.....56
TREMFYA PEN.....56
TREMFYA PEN INDUCTION PK(2PEN)..56

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

tretinoin 59
tretinoin (antineoplastic) 21
triamcinolone acetonide 61, 66, 104
triamterene-hydrochlorothiazid 50
triazolam 44
tricon 110
triderm 61
trientine 64
TRIENTINE 64
tri-estarylla 96
trifluoperazine 44
trifluridine 97
trihexyphenidyl 27
TRIJARDY XR 74
TRIKAFTA 104
tri-legest fe 96
TRILEPTAL 26
tri-linyah 96
tri-lo-estarylla 96
tri-lo-marzia 96
tri-lo-mili 96
tri-lo-sprintec 96
trimethobenzamide 80
trimethoprim 12
tri-mili 96
trinatal rx 1 110
trinate 110
TRIPTODUR 21
tri-sprintec (28) 96
TRIUMEQ 7
TRIUMEQ PD 7
tri-vitamin with fluoride 110
tri-vylibra 96
tri-vylibra lo 96
tropicamide 98
trospium 106
TRULANCE 80
TRULICITY 74
TRUMENBA 87
TRUQAP 21
TRUSTEX-RIA NON-LUB CONDOMS 89
TRUVADA 7
TRYNGOLZA 54
TRYVIO 55
TUKYSA 21
tulana 91
TURALIO 21
turqoz (28) 96
TUXARIN ER 101
TWIIST REFILL KT(CSST-NDL-SYR) 69
TWIIST RFL(INFUS-CSST-NDL-SYR) 69
TWIIST STARTER KIT 69
TWINRIX (PF) 87
tydemy 96
TYENNE 89
TYENNE AUTOINJECTOR 89
TYKERB 21
TYVASO 104
TYVASO DPI 104, 105
TYVASO REFILL KIT 105
TYVASO STARTER KIT 105

U

UBRELVY 28
UCERIS 80
UDENYCA 83
UDENYCA AUTOINJECTOR 83
UDENYCA ONBODY 83
ULORIC 87
unithroid 75
UPTRAVI 51
UROCIT-K 10 107
UROCIT-K 15 107
UROXATRAL 107
URSO FORTE 80
ursodiol 80
UZEDY 44

V

VABYSMO 98
VAGIFEM 91
valacyclovir 7
VALCHLOR 57
VALCYTE 7
valganciclovir 7
VALIUM 44
valproic acid 26
valproic acid (as sodium salt) 26
valsartan 51
valsartan-hydrochlorothiazide 51
VALTOCO 26
VALTREX 7
valtya 96
vanadom 30
VANCOCIN 12
vancomycin 12
vandazole 92
VANFLYTA 21
VANRAFIA 55
VAQTA (PF) 87
varenicline tartrate 65
VARIVAX (PF) 87
VARUBI 80
VASCEPA 54
VASERETIC 51
VASOTEC 51
VAXELIS (PF) 87
VAXNEUVANCE (PF) 87
VECAMYL 55
velivet triphasic regimen (28) 96
VELSIPITY 80
VELTASSA 108
VEMLIDY 7
VENCLEXTA 22
VENCLEXTA STARTING PACK 22
venlafaxine 44
VENTOLIN HFA 105
venxxiva 64
VEPPANU 22
verapamil 51
VERQUVO 55
VERZENIO 22
VESICARE 106
vestura (28) 96
V-GO 20 69
V-GO 30 69
V-GO 40 69
VIAGRA 107
VIBERZI 81
vienva 96
vigabatrin 26
vigadrone 26
VIGAFYDE 26
VIGAMOX 97
VIJOICE 22
VIMPAT 26
VIOKACE 81
viorele (28) 96
VIRACEPT 7
VIREAD 7
VISTOGARD 12

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

VITRAKVI....22
VIVELLE-DOT....91
VIVITROL....35
VIVJOA....3
VIVLODEX....35
VOGELXO....72
volnea (28)....96
VONJO....22
VORANIGO....22
voriconazole....3
VORTEX HOLDING CHAMBER....106
VOSEVI....7
VOTRIENT....22
VOWST....81
VOXZOGO....73
VOYDEYA....64
VOYXACT....22
VUMERITY....46
VYALEV....27
vyfemla (28)....96
VYKAT XR....64
vylibra....96
VYNDAMAX....55
VYTORIN 10-10....54
VYTORIN 10-20....54
VYTORIN 10-40....54
VYTORIN 10-80....54
VYVANSE....45
VYVGART HYTRULO....30
W
WAINUA....29
warfarin....53
WAYRILZ....22
WEGOVY....62
WEGOVY HD....62
WELCHOL....54
WELIREG....22
WELLBUTRIN SR....45
WELLBUTRIN XL....45
wera (28)....96
westab plus....110
WINREVAIR....105
wixela inhub....105
women's gentle laxative(bisac)....81
wymzya fe....96
X
XACIATO....92
XALATAN....99
XALKORI....22
XANAX....45
xarah fe....97
XARELTO....53
XARELTO DVT-PE TREAT 30D START....53
XCOPRI....26
XCOPRI MAINTENANCE PACK....26
XCOPRI TITRATION PACK....26
XDEMVY....98
XELJANZ....89
XELJANZ XR....89
xelria fe....97
XENAZINE....30
XENICAL....62
XEOMIN....87
XERMELO....22
XHANCE....105
XIFAXAN....10
XIGDUO XR....74, 75
XIIDRA....98
XOCOVA....7
XOFLUZA....7
XOLAIR....105
XOLREMDI....83
XOSPATA....22
XPOVIO....22
XTANDI....23
xulane....92
XULTOPHY 100/3.6....70
XURIDEN....64
XYWAV....45
Y
YASMIN (28)....97
YAZ (28)....97
YESINTEK....56
YONSA....23
YORVIPATH....73
yulithira....23
YUTREPIA....105
yuvafem....91
YUVIWEL....73
Z
zafemy....92
zafirlukast....105
zaleplon....45
ZANAFLEX....30
zarah....97
ZARONTIN....26
ZARXIO....83
zatean-pn dha....110
zatean-pn plus....110
ZAVZPRET....28
ZEJULA....23
ZELBORAF....23
ZELSUVMI....57
zelvysia....73
ZEMPLAR....73
zenatane....59
ZENPEP....81
zenzedi....45
ZEPBOUND....62
ZEPBOUND KWIKPEN....62
ZEPOSIA....30
ZEPOSIA STARTER KIT (28-DAY)....30
ZEPOSIA STARTER PACK (7-DAY)....30
ZESTORETIC....51
ZESTRIL....51
ZETIA....54
ZIAGEN....7
zidovudine....7, 8
ZIEXTENZO....83
ZILBRYSQ....30
ZIMHI....35
ziprasidone hcl....45
ZIRGAN....97
ZITHROMAX....9
ZITHROMAX TRI-PAK....9
ZITHROMAX Z-PAK....9
ZOCOR....54
ZOKINVY....64
ZOLADEX....23
ZOLINZA....23
zolmitriptan....28
ZOLOFT....45
zolpidem....45
ZOMACTON....84
ZOMIG....28
ZONEGRAN....26
zonisamide....26
ZONTIVITY....53
ZORYVE....56
zovia 1-35 (28)....97
ZOVIRAX....60
ZTALMY....26
zumandimine (28)....97

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

ZURNAI.....35
ZURZUVAE 45
ZYDELIG.....23
ZYKADIA.....23
ZYLOPRIM.....87
ZYMFENTRA.....81
ZYPREXA.....45
ZYTIGA 23
ZYVOX 11

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

PAGE INTENTIONALLY LEFT BLANK

Sentara Health Plans

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.

Sentara Health Plans

Alternative Language Options for Notices and other Written Information

Amharic:
ማሳሰቢያ፡
አማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ከክፍያ ነጻ 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 કૉલ કરો.

Hindi:
ध्यान दें: यदि आप हिंदी भाषा बोलते हैं, तो आपके लिए भाषा सहायता सेवाएं नि:शुल्क 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 Ị: ọbụrụ na ị na-asụ Igbo, ị 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 I nyuu hola we. Sebel: 1-855- 687-6260 (TTY: 711).

Laotian:
ເອົາໃຈໃສ່: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໃຫ້ນ້ໍາໃຊ້ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-855-687-6260 (TTY: 711).

Mon-Khmer, Cambodian:
កំណត់សំគាល់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ, សេវាកម្មផ្នែកជំនួយការភាសា
មានសម្រាប់អ្នកដោយមិនគិតថ្លៃ។ ចូរហៅទូរស័ព្ទទៅកាន់ 1-855-687-6260 (TTY: 711) ។

Navajo:
SHOOH: Diné Bizaad bee yáníłti'go doo bą́ą́h ílínígóó t'áá nizaad k'ehjí níká a'doowołgo bee haz'á. Kojį' hólne' 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:

توجہ دیں:

اگر آپ اُردو 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, iṣẹ́ ìrànlọ́wọ́ èdè wà fún ọ lọ́fẹ̀ẹ́. Pe 1-855-687-6260 (TTY: 711)

PAGE INTENTIONALLY LEFT BLANK

Sentara®
Health Plans

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