



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

**(April - June 2026)**

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

This formulary was updated on 04/01/2026

## **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](http://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	<b>Preferred Generic Drugs</b> - 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	<b>Preferred Brand &amp; Other Generic Drugs</b> - 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	<b>Non-Preferred Brand Drugs</b> - 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	<b>Specialty Drugs</b> - 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	<b>Zero Cost Share Preventative Drugs</b> - 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.**

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## List of Abbreviations

**1:** Preferred Generic Drugs

**2:** Preferred Brand & Other Generic Drugs

**3:** Non-Preferred Brand Drugs

**4:** Specialty Drugs

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

**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
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ANCOBON	3	PA
<i>clotrimazole mucous membrane</i>	1	QL (5 per 1 day)
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	QL (10 per 1 day)
<i>fluconazole oral suspension for reconstitution 10 mg/ml</i>	1	QL (40 per 1 day)
<i>fluconazole oral suspension for reconstitution 40 mg/ml</i>	1	QL (10 per 1 day)
<i>fluconazole oral tablet 100 mg, 200 mg</i>	1	QL (4 per 1 day)
<i>fluconazole oral tablet 150 mg</i>	1	QL (4 per 30 days)
<i>fluconazole oral tablet 50 mg</i>	1	QL (8 per 1 day)
<i>flucytosine</i>	1	PA
<i>griseofulvin microsize oral suspension</i>	1	QL (40 per 1 day)
<i>griseofulvin microsize oral tablet</i>	1	QL (2 per 1 day)
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	QL (3 per 1 day)
<i>itraconazole oral capsule</i>	1	QL (4 per 1 day)
<i>ketoconazole oral</i>	1	QL (2 per 1 day)
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	3	PA; QL (1 per 1 day)
<i>nystatin oral suspension</i>	1	QL (24 per 1 day)
<i>nystatin oral tablet</i>	1	QL (6 per 1 day)
<i>posaconazole oral suspension</i>	1	PA; QL (20 per 1 day)
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; QL (8 per 1 day)
SPORANOX ORAL CAPSULE	3	QL (4 per 1 day)
<i>terbinafine hcl oral</i>	1	QL (1 per 1 day)
VIVJOA	3	PA; QL (18 per 84 days)
<i>voriconazole oral tablet 200 mg</i>	1	QL (2 per 1 day)
<i>voriconazole oral tablet 50 mg</i>	1	QL (4 per 1 day)
<b>ANTIVIRALS</b>		
<i>abacavir</i>	1	
<i>abacavir-lamivudine</i>	1	
<i>acyclovir oral capsule</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	
<i>acyclovir oral tablet</i>	1	
<i>adefovir</i>	4	PA; QL (1 per 1 day)
<i>amantadine hcl</i>	1	
APRETUDE	4	ACA; QL (3 per 30 days)
APTIVUS	4	
<i>atazanavir</i>	1	
BARACLUDE ORAL SOLUTION	4	QL (20 per 1 day)
BARACLUDE ORAL TABLET	4	QL (1 per 1 day)
BIKTARVY	4	
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML	4	PA; QL (4 per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML- 900 MG/3 ML	4	PA; QL (6 per 28 days)
CIMDUO	4	
COMPLERA	4	
<i>darunavir</i>	4	
DESCOVY	4	ACA
DOVATO	4	QL (1 per 1 day)
EDURANT	4	
EDURANT PED	4	QL (6 per 1 day)
<i>efavirenz oral tablet</i>	1	
<i>efavirenz-emtricitabin-tenofov</i>	4	
<i>efavirenz-lamivu-tenofov disop</i>	1	
<i>emtricitabine</i>	1	
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	4	
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	4	ACA
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	4	
<i>emtricitabine-tenofov (tdf) oral tablet 200-300 mg</i>	4	
EMTRIVA	4	
<i>entecavir</i>	4	QL (1 per 1 day)
EPCLUSA	4	PA; QL (1 per 1 day)
EPIVIR	4	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>etravirine</i>	4	
EVOTAZ	4	
<i>famciclovir</i>	1	
<i>fosamprenavir</i>	1	
GENVOYA	4	
HARVONI	4	PA
INTELENCE	4	
ISENTRESS HD	4	
ISENTRESS ORAL TABLET	4	
ISENTRESS ORAL TABLET,CHEWABLE	4	
JULUCA	4	
KALETRA	4	
<i>lamivudine oral solution</i>	1	
<i>lamivudine oral tablet 100 mg</i>	4	QL (1 per 1 day)
<i>lamivudine oral tablet 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine</i>	1	
LEDIPASVIR-SOFOSBUVIR	4	PA
LIVTENCITY	4	PA; QL (4 per 1 day)
<i>lopinavir-ritonavir oral tablet</i>	4	
<i>maraviroc</i>	4	
MAVYRET ORAL PELLETS IN PACKET	4	PA; QL (6 per 1 day)
MAVYRET ORAL TABLET	4	PA; QL (3 per 1 day)
<i>nevirapine</i>	1	
NORVIR ORAL TABLET	4	
ODEFSEY	4	
<i>oseltamivir</i>	1	
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	2	QL (40 per 365 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (60 per 365 days)
PREVYMIS ORAL PELLETS IN PACKET 120 MG	4	PA; 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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
PREZISTA ORAL SUSPENSION	4	
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	4	
RETROVIR ORAL CAPSULE	4	
RETROVIR ORAL SYRUP	4	
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	
<i>ribavirin inhalation</i>	4	
<i>ribavirin oral capsule</i>	4	
<i>ribavirin oral tablet 200 mg</i>	4	
<i>rimantadine</i>	1	
<i>ritonavir</i>	1	
RUKOBIA	4	PA; QL (2 per 1 day)
SELZENTRY ORAL SOLUTION	4	
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	
SOFOSBUVIR-VELPATASVIR	4	PA; QL (1 per 1 day)
SOVALDI	4	PA
STRIBILD	4	
SUNLENCA ORAL	4	PA; QL (1 per 365 days)
SUNLENCA SUBCUTANEOUS	4	PA; QL (3 per 126 days)
SYMFI	4	
TAMIFLU ORAL CAPSULE 45 MG, 75 MG	3	
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	
<i>tenofovir disoproxil fumarate</i>	1	QL (1 per 1 day)
TIVICAY ORAL TABLET 50 MG	4	
TIVICAY PD	4	QL (6 per 1 day)
TRIUMEQ	4	
TRIUMEQ PD	4	
TRUVADA	4	
<i>valacyclovir</i>	1	
VALCYTE ORAL RECON SOLN	4	PA for age 18 and older
<i>valganciclovir oral recon soln</i>	4	PA for age 18 and older
<i>valganciclovir oral tablet</i>	4	
VALTREX	3	
VEMLIDY	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VIRACEPT ORAL TABLET	4	
VIREAD ORAL TABLET	4	QL (1 per 1 day)
VOSEVI	4	PA
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	QL (1 per 183 days)
ZEPATIER	4	PA
ZIAGEN ORAL SOLUTION	4	
<i>zidovudine</i>	1	
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	
<i>cefadroxil oral capsule</i>	1	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	
<i>cefadroxil oral tablet</i>	1	
<i>cefdinir</i>	1	
<i>cefixime oral capsule</i>	1	
<i>cefixime oral suspension for reconstitution</i>	1	
<i>cefpodoxime</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime axetil oral tablet</i>	1	
<i>cephalexin oral capsule</i>	1	
<i>cephalexin oral suspension for reconstitution</i>	1	
<b>ERYTHROMYCINS &amp; OTHER MACROLIDES</b>		
<i>azithromycin oral</i>	1	
<i>clarithromycin</i>	1	
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	PA; 100 ml per fill
DIFICID ORAL TABLET	3	PA; 20 tablets per fill
<i>e.e.s. 400 oral tablet</i>	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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	PA for age 18 and older
<i>erythromycin ethylsuccinate oral tablet</i>	1	
<i>erythromycin oral</i>	1	
<i>fidaxomicin</i>	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	
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	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)
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	
ARIKAYCE	4	PA; LA; QL (8.4 per 1 day)
<i>atovaquone</i>	1	
<i>atovaquone-proguanil</i>	1	
BENZNIDAZOLE	3	PA
BETHKIS	4	QL (224 per 28 days)
BILTRICIDE	3	
CAYSTON	4	LA; QL (3 per 1 day)
<i>chloroquine phosphate</i>	1	
CLEOCIN HCL	3	
CLEOCIN PEDIATRIC	3	
<i>clindamycin hcl</i>	1	
<i>clindamycin pediatric</i>	1	
COARTEM	3	QL (24 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>cycloserine</i>	1	
<i>dapsone oral</i>	1	
DARAPRIM	4	PA; QL (3 per 1 day)
EMVERM	3	PA; 2 tablets per fill
<i>ethambutol</i>	1	
<i>hydroxychloroquine</i>	1	
<i>isoniazid oral</i>	1	
<i>ivermectin oral tablet 3 mg</i>	1	PA; QL (20 per 90 days)
KRINTAFEL	3	QL (2 per 365 days)
LAMPIT	3	PA
<i>linezolid</i>	1	
MALARONE	3	
MALARONE PEDIATRIC	3	
<i>mefloquine</i>	1	
MEPRON	3	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT	3	QL (1 per 28 days)
<i>neomycin</i>	1	
<i>nitazoxanide</i>	1	PA; QL (6 per 1 day)
<i>pentamidine inhalation</i>	1	QL (1 per 28 days)
PLAQUENIL	3	
<i>praziquantel</i>	1	
PRETOMANID	3	PA; QL (1 per 1 day)
PRIFTIN	3	QL (8 per 1 day)
<i>primaquine</i>	1	
<i>pyrazinamide</i>	1	
<i>pyrimethamine</i>	4	PA; QL (3 per 1 day)
<i>quinine sulfate</i>	1	
<i>rifabutin</i>	1	
<i>rifampin oral</i>	1	
SIVEXTRO ORAL	4	
STROMECTOL	3	PA; QL (20 per 90 days)
<i>tinidazole</i>	1	
TOBI	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TOBI PODHALER	4	ST; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	4	QL (10 per 1 day)
<i>tobramycin inhalation</i>	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)
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	3	
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	
<i>amoxicillin oral suspension for reconstitution</i>	1	
<i>amoxicillin oral tablet</i>	1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ES-600	3	
<i>dicloxacillin</i>	1	
<i>penicillin v potassium</i>	1	
<b>QUINOLONES</b>		
CIPRO ORAL TABLET 250 MG, 500 MG	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral</i>	1	
<i>moxifloxacin oral</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>SULFA'S &amp; RELATED AGENTS</b>		
BACTRIM	3	
BACTRIM DS	3	
<i>sulfadiazine</i>	1	
<i>sulfamethoxazole-trimethoprim oral</i>	1	
<i>sulfatrim</i>	1	
<b>TETRACYCLINES</b>		
<i>avidoxy</i>	1	
<i>demeclocycline</i>	1	
<i>doxycycline hyclate oral capsule</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	1	
<i>minocycline oral capsule</i>	1	
<i>mondoxylene nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	
<b>URINARY TRACT AGENTS</b>		
<i>fosfomycin tromethamine</i>	1	
MACROBID	3	
<i>methenamine hippurate</i>	1	
<i>methenamine mandelate</i>	1	QL (4 per 1 day)
<i>nitrofurantoin macrocrystal</i>	1	
<i>nitrofurantoin monohyd/m-cryst</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	
<i>trimethoprim</i>	1	
<b>VANCOMYCIN</b>		
VANCOCIN	3	
<i>vancomycin oral capsule</i>	1	
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>leucovorin calcium oral</i>	1	
MESNEX ORAL	4	
VISTOGARD	4	QL (20 per 30 days)
<b>ANTINEOPLASTIC &amp; IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	4	PA; QL (4 per 1 day)
<i>abirtega</i>	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
<i>anastrozole</i>	1	ACA
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)
<i>azathioprine oral tablet 50 mg</i>	1	
BALVERSA ORAL TABLET 3 MG	4	PA; LA; QL (3 per 1 day)
BALVERSA ORAL TABLET 4 MG	4	PA; LA; QL (2 per 1 day)
BALVERSA ORAL TABLET 5 MG	4	PA; LA; QL (1 per 1 day)
<i>bexarotene</i>	4	PA
<i>bicalutamide</i>	1	
BOSULIF ORAL CAPSULE 100 MG	4	PA; QL (3 per 1 day)
BOSULIF ORAL CAPSULE 50 MG	4	PA; QL (1 per 1 day)
BOSULIF ORAL TABLET 100 MG	4	PA; QL (3 per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; QL (1 per 1 day)
BRAFTOVI	4	PA; LA; QL (6 per 1 day)
BRUKINSA 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)
<i>capecitabine oral tablet 150 mg</i>	4	PA; QL (4 per 1 day)
<i>capecitabine oral tablet 500 mg</i>	4	PA; QL (10 per 1 day)
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (2 per 1 day)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (1 per 1 day)
CASODEX	3	
CELLCEPT	3	
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; QL (112 per 28 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; QL (84 per 28 days)
COPIKTRA	4	PA; LA; QL (2 per 1 day)
COTELLIC	4	PA; LA; QL (3 per 1 day)
<i>cyclophosphamide oral capsule</i>	4	
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	4	
<i>cyclosporine modified</i>	1	
<i>cyclosporine oral capsule</i>	1	
DANZITEN	4	PA; QL (2 per 1 day)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	4	PA; QL (1 per 1 day)
<i>dasatinib oral tablet 20 mg</i>	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)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; QL (1 per 1 day)
<i>erlotinib oral tablet 25 mg</i>	4	PA; QL (3 per 1 day)
<i>etoposide oral</i>	4	PA
EULEXIN	4	PA
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; QL (1 per 1 day)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	4	PA
<i>exemestane</i>	1	ACA
FARESTON	4	PA; QL (1 per 1 day)
FEMARA	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
<i>gefitinib</i>	4	PA; QL (1 per 1 day)
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	4	
<i>gengraf oral capsule</i>	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	
<i>hydroxyurea</i>	1	
HYRNUO	4	PA; QL (4 per 1 day)
IBRANCE	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)
<i>imatinib oral tablet 100 mg</i>	4	PA; QL (3 per 1 day)
<i>imatinib oral tablet 400 mg</i>	4	PA; QL (2 per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (3 per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (1 per 1 day)
IMBRUVICA ORAL SUSPENSION	4	PA; QL (6 per 1 day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	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)
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)
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	4	PA; QL (0.5 per 28 days)
<i>lapatinib</i>	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)
<i>lenalidomide</i>	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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 X 2), 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)
<i>letrozole</i>	1	
LEUKERAN	4	PA
<i>leuprolide subcutaneous kit</i>	4	PA; QL (2 per 28 days)
<i>lomustine</i>	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)
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
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>megestrol oral tablet</i>	1	
MEKINIST ORAL RECON SOLN	4	PA; QL (23 per 1 day)
MEKINIST ORAL TABLET 0.5 MG	4	PA; QL (3 per 1 day)
MEKINIST ORAL TABLET 2 MG	4	PA; QL (1 per 1 day)
MEKTOVI	4	PA; LA; QL (6 per 1 day)
<i>mercaptopurine oral tablet</i>	1	
<i>methotrexate sodium</i>	1	
<i>methotrexate sodium (pf) injection solution</i>	1	
MODEYSO	4	PA; QL (20 per 28 days)
MYCAPSSA	4	PA; LA; QL (4 per 1 day)
<i>mycophenolate mofetil</i>	1	
<i>mycophenolate sodium</i>	1	
MYFORTIC	3	
MYHIBBIN	4	PA for Age greater than 8 year(s); 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)
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	4	PA; QL (4 per 1 day)
<i>nilotinib hcl oral capsule 50 mg</i>	4	PA; QL (2 per 1 day)
<i>nilutamide</i>	4	PA; QL (1 per 1 day)
NINLARO	4	PA; QL (3 per 28 days)
NUBEQA	4	PA; LA; QL (4 per 1 day)
<i>octreotide acetate</i>	4	PA
<i>octreotide,microspheres intramuscular suspension,extended rel recon 10 mg, 30 mg</i>	4	PA; QL (1 per 28 days)
<i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg</i>	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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
<i>pazopanib oral tablet 200 mg</i>	4	PA; QL (4 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)
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)
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
SCSEMBLIX ORAL TABLET 100 MG	4	PA; QL (4 per 1 day)
SCSEMBLIX ORAL TABLET 20 MG	4	PA; QL (2 per 1 day)
SCSEMBLIX ORAL TABLET 40 MG	4	PA; QL (10 per 1 day)
SIGNIFOR	4	PA
SIGNIFOR LAR	4	PA; QL (1 per 28 days)
<i>sirolimus</i>	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)
<i>sorafenib</i>	4	PA; QL (4 per 1 day)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG	4	PA; QL (1 per 1 day)
SPRYCEL ORAL TABLET 20 MG	4	PA; QL (3 per 1 day)
STIVARGA	4	PA; QL (84 per 28 days)
<i>sunitinib malate</i>	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)
<i>tacrolimus oral capsule</i>	1	
TAFINLAR ORAL CAPSULE	4	PA; QL (4 per 1 day)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; QL (30 per 1 day)
TAGRISSE	4	PA; LA; QL (1 per 1 day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TALZENNA	4	PA; QL (1 per 1 day)
<i>tamoxifen</i>	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)
<i>temozolomide</i>	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)
<i>toremifene</i>	4	PA; QL (1 per 1 day)
<i>torpenz</i>	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)
<i>tretinoin (antineoplastic)</i>	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)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (2 per 1 day)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (6 per 1 day)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (1 per 1 day)
VENCLEXTA STARTING PACK	4	PA; QL (42 per 365 days)
VERZENIO	4	PA; LA; QL (2 per 1 day)
VIJOICE ORAL GRANULES IN PACKET	4	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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VITRAKVI ORAL SOLUTION	4	PA; LA; QL (10 per 1 day)
VIZIMPRO	4	PA; QL (1 per 1 day)
VONJO	4	PA; QL (4 per 1 day)
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 PELLETT 150 MG	4	PA; QL (6 per 1 day)
XALKORI ORAL PELLETT 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)
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)
ZEJULA ORAL TABLET	4	PA; LA; QL (1 per 1 day)
ZELBORAF	4	PA; QL (8 per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG	4	PA; QL (1 per 63 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG	4	PA; QL (1 per 28 days)
ZOLINZA	4	PA; QL (4 per 1 day)
ZYDELIG	4	PA; QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
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
BRIVIACT ORAL SOLUTION	3	PA; QL (12 per 1 day)
BRIVIACT ORAL TABLET	3	PA; QL (2 per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	
<i>carbamazepine oral tablet extended release 12 hr</i>	1	
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	
CARBATROL	3	PA
CELONTIN ORAL CAPSULE 300 MG	3	
<i>clobazam oral suspension</i>	1	PA
<i>clobazam oral tablet</i>	1	
<i>clonazepam</i>	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)
<i>diazepam rectal</i>	1	
DILANTIN	3	PA; QL (3 per 1 day)
DILANTIN EXTENDED	3	
DILANTIN INFATABS	3	
DILANTIN-125	3	
<i>divalproex</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
EPIDIOLEX	4	PA; LA
EQUETRO	3	PA
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	1	PA; QL (1 per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	1	PA; QL (2 per 1 day)
<i>ethosuximide</i>	1	
<i>felbamate</i>	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)
<i>gabapentin oral capsule</i>	1	
<i>gabapentin oral solution 250 mg/5 ml, 300 mg/6 ml (6 ml)</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
KEPPRA ORAL	3	
KEPPRA XR	3	
KLONOPIN	3	
<i>lacosamide oral</i>	1	PA
LAMICTAL ORAL TABLET	3	
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	
<i>lamotrigine oral tablet</i>	1	
<i>lamotrigine oral tablet, chewable dispersible</i>	1	
<i>levetiracetam oral solution</i>	1	
<i>levetiracetam oral tablet</i>	1	
<i>levetiracetam oral tablet extended release 24 hr</i>	1	
LYRICA	3	
<i>methsuximide</i>	1	
MYSOLINE	3	
NAYZILAM	3	PA; QL (10 per 30 days)
NEURONTIN	3	
ONFI	3	PA
<i>oxcarbazepine oral suspension</i>	1	
<i>oxcarbazepine oral tablet</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	1	PA; QL (2 per 1 day)
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	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)
<i>perampanel oral suspension</i>	1	PA; QL (24 per 1 day)
<i>perampanel oral tablet</i>	1	PA; QL (1 per 1 day)
<i>phenobarbital</i>	1	
PHENYTEK	3	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	
<i>phenytoin oral tablet, chewable</i>	1	
<i>phenytoin sodium extended</i>	1	
<i>pregabalin oral capsule</i>	1	
<i>pregabalin oral solution</i>	1	
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<i>rufinamide</i>	1	PA
SABRIL	4	PA; LA
<i>subvenite oral tablet</i>	1	
TEGRETOL ORAL SUSPENSION	3	PA
TEGRETOL ORAL TABLET	3	PA
TEGRETOL XR	3	PA
<i>tiagabine</i>	1	PA
TOPAMAX	3	
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet</i>	1	
TRILEPTAL	3	PA
<i>valproic acid</i>	1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml, 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	3	PA; QL (10 per 30 days)
<i>vigabatrin</i>	4	PA; LA
<i>vigadrone</i>	4	PA
VIGAFYDE	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
VIMPAT ORAL SOLUTION	3	PA
VIMPAT ORAL TABLET	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	
<i>zonisamide</i>	1	
ZTALMY	4	PA; LA; QL (10 per 30 days)
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	4	PA; LA; QL (3 per 1 day)
<i>apomorphine</i>	4	PA; QL (3 per 1 day)
AZILECT	3	
<i>benztropine oral</i>	1	
<i>bromocriptine</i>	1	
<i>carbidopa</i>	1	PA; QL (8 per 1 day)
<i>carbidopa-levodopa oral tablet</i>	1	
<i>carbidopa-levodopa oral tablet extended release</i>	1	
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	
DUOPA	4	PA; QL (2800 per 28 days)
<i>entacapone</i>	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)
<i>pramipexole oral tablet</i>	1	
<i>rasagiline</i>	1	
<i>ropinirole</i>	1	
<i>selegiline hcl</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	
TASMAR ORAL TABLET 100 MG	3	PA; QL (6 per 1 day)
<i>tolcapone</i>	1	PA; QL (6 per 1 day)
<i>trihexyphenidyl</i>	1	
VYALEV	4	PA; QL (420 per 30 days)
<b>MIGRAINE &amp; CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	2	PA; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; QL (1.5 per 30 days)
<i>almotriptan malate</i>	1	QL (12 per 30 days)
<i>dihydroergotamine injection</i>	1	PA; QL (24 per 28 days)
<i>dihydroergotamine nasal</i>	1	PA; QL (8 per 28 days)
<i>eletriptan</i>	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)
<i>ergotamine-caffeine</i>	1	
FROVA	3	QL (12 per 30 days)
<i>frovatriptan</i>	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)
<i>naratriptan</i>	1	QL (9 per 30 days)
NURTEC ODT	2	PA; QL (8 per 30 days)
QULIPTA	2	PA; QL (1 per 1 day)
RELPAX	3	QL (12 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>rizatriptan</i>	1	QL (12 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	QL (6 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	QL (6 per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	QL (6 per 30 days)
UBRELVY	3	PA; QL (10 per 30 days)
ZAVZPRET	3	PA; QL (1 per 30 days)
<i>zolmitriptan oral tablet</i>	1	QL (12 per 30 days)
ZOMIG ORAL	3	QL (12 per 30 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
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)
<i>dalfampridine</i>	4	QL (2 per 1 day)
DAYBUE	4	PA; QL (120 per 1 day)
<i>dichlorphenamide</i>	4	PA; QL (4 per 1 day)
<i>donepezil</i>	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)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	
<i>galantamine oral tablet</i>	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)

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

Drug Name	Drug Tier	Requirements / Limits
LEQEMBI IQLIK	4	PA; QL (7.2 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	
<i>memantine oral tablet</i>	1	
MEMANTINE ORAL TABLETS, DOSE PACK	1	
MIPLYFFA	4	PA; LA; QL (3 per 1 day)
NAMENDA XR ORAL CAPSULE, SPRINKLE, ER 24HR 7 MG	3	
NUEDEXTA	4	PA; QL (2 per 1 day)
NULIBRY	4	PA
RADICAVA ORS STARTER KIT SUSP	4	PA
<i>rivastigmine</i>	1	
<i>rivastigmine tartrate</i>	1	
SKYCLARYS	4	PA; LA; QL (3 per 1 day)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; QL (8 per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; QL (4 per 1 day)
WAINUA	4	PA; QL (1 per 28 days)
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)
<b>MUSCLE RELAXANTS &amp; ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	1	
<i>baclofen oral tablet 5 mg</i>	1	QL (3 per 1 day)
<i>carisoprodol oral tablet 350 mg</i>	1	QL (4 per 1 day)
<i>carisoprodol-aspirin-codeine</i>	1	PA
<i>chlorzoxazone oral tablet 500 mg</i>	1	
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	
DANTRIUM ORAL CAPSULE 25 MG	3	QL (3 per 1 day)
<i>dantrolene oral capsule 100 mg</i>	1	QL (4 per 1 day)
<i>dantrolene oral capsule 25 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>meprobamate</i>	1	
MESTINON ORAL TABLET	3	
MESTINON TIMESPAN	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>metaxalone oral tablet 800 mg</i>	1	ST; QL (4 per 1 day)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate oral</i>	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
SOMA ORAL TABLET 350 MG	3	QL (4 per 1 day)
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine oral tablet</i>	1	
<i>vanadom</i>	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)
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml, 300 mg-30 mg /12.5 ml</i>	1	PA
<i>acetaminophen-codeine oral tablet</i>	1	PA
<i>ascomp with codeine</i>	1	PA
BELBUCA	3	PA; QL (2 per 1 day)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 128 MG/0.36 ML	4	PA; 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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>buprenorphine transdermal patches</i>	1	PA; QL (4 per 28 days)
<i>buprenorphine hcl sublingual tablet 2 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine hcl sublingual tablet 8 mg</i>	1	QL (3 per 1 day)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	1	PA
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	QL (6 per 1 day)
<i>butalbital-acetaminophen-caff oral tablet</i>	1	QL (6 per 1 day)
<i>butalbital-aspirin-caffeine oral capsule</i>	1	
BUTRANS	3	PA; QL (4 per 28 days)
<i>codeine sulfate</i>	1	PA
<i>codeine-butalbital-asa-caff</i>	1	PA
DILAUDID	3	PA
<i>endocet</i>	1	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA
<i>hydrocodone bitartrate</i>	1	PA
<i>hydrocodone-acetaminophen oral solution</i>	1	PA
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	PA
<i>hydrocodone-ibuprofen</i>	1	PA
<i>hydromorphone oral</i>	1	PA
<i>hydromorphone rectal</i>	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
<i>meperidine oral solution</i>	1	PA
<i>meperidine oral tablet 50 mg</i>	1	PA
<i>methadone oral concentrate</i>	1	PA
<i>methadone oral solution</i>	1	PA
<i>methadone oral tablet</i>	1	PA
<i>methadose oral concentrate</i>	1	PA
<i>morphine concentrate oral solution</i>	1	PA
<i>morphine oral solution</i>	1	PA
<i>morphine oral tablet</i>	1	PA
<i>morphine oral tablet extended release</i>	1	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>morphine rectal</i>	1	PA
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	3	PA
<i>oxycodone oral capsule</i>	1	PA
<i>oxycodone oral concentrate</i>	1	PA
<i>oxycodone oral solution</i>	1	PA
<i>oxycodone oral tablet</i>	1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	PA
<i>oxymorphone</i>	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)
<i>tencon</i>	1	QL (6 per 1 day)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>adult aspirin regimen</i>	1	ACA; OTC
ANAPROX DS	3	
<i>aspirin childrens</i>	1	ACA; OTC
<i>aspirin oral tablet, chewable</i>	1	ACA; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	ACA; OTC
<i>bayer low dose aspirin</i>	1	ACA; OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	QL (2 per 1 day)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual film 4-1 mg</i>	1	QL (6 per 1 day)
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	1	QL (3 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	QL (12 per 1 day)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	QL (3 per 1 day)
<i>butorphanol nasal</i>	1	PA
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1	QL (1 per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	QL (2 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg, 50 mg</i>	1	QL (4 per 1 day)
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 75 mg</i>	1	QL (2 per 1 day)
<i>diclofenac sodium topical gel 1 %</i>	1	QL (1000 per 30 days)
<i>diflunisal</i>	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)
<i>ecotrin low strength</i>	1	ACA; OTC
<i>etodolac oral capsule 200 mg</i>	1	QL (4 per 1 day)
<i>etodolac oral capsule 300 mg</i>	1	QL (3 per 1 day)
<i>etodolac oral tablet</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg</i>	1	QL (2 per 1 day)
<i>etodolac oral tablet extended release 24 hr 600 mg</i>	1	QL (1 per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>ibu</i>	1	
<i>ibuprofen oral suspension</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin oral capsule 25 mg</i>	1	QL (3 per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1	QL (4 per 1 day)
<i>indomethacin oral capsule, extended release</i>	1	QL (2 per 1 day)
<i>ketorolac oral</i>	1	QL (20 per 30 days)
KLOXXADO	2	2 sprays per fill
LODINE ORAL TABLET	3	QL (2 per 1 day)
<i>lurbiro</i>	1	QL (3 per 1 day)
<i>meloxicam oral tablet</i>	1	
<i>nabumetone oral tablet 500 mg</i>	1	QL (4 per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1	QL (2 per 1 day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>naloxone injection solution</i>	1	
<i>naloxone injection syringe</i>	1	
<i>naltrexone</i>	1	
NAPROSYN ORAL TABLET 500 MG	3	QL (3 per 1 day)
<i>naproxen oral tablet 250 mg</i>	1	QL (6 per 1 day)
<i>naproxen oral tablet 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet 500 mg</i>	1	QL (3 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	QL (4 per 1 day)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	1	QL (2 per 1 day)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NARCAN	3	2 sprays per fill
OPVEE	3	2 units per fill
<i>oxaprozin oral tablet</i>	1	QL (2 per 1 day)
<i>pentazocine-naloxone</i>	1	PA
<i>piroxicam</i>	1	QL (1 per 1 day)
REXTOVY	3	2 sprays per fill
<i>salsalate</i>	1	
<i>st joseph aspirin</i>	1	ACA; OTC
<i>st. joseph aspirin</i>	1	ACA; OTC
<i>sulindac</i>	1	QL (2 per 1 day)
<i>tramadol oral tablet 50 mg</i>	1	PA
<i>tramadol oral tablet extended release 24 hr</i>	1	PA
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA
<i>tramadol-acetaminophen</i>	1	PA
VIVITROL	4	
VIVLODEX	3	QL (1 per 1 day)
ZIMHI	3	1 ml per fill
ZURNAI	3	1mL per Fill
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	2	PA for age 17 and younger; QL (2.4 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	2	PA for age 17 and younger; QL (3.2 per 28 days)
ABILIFY MAINTENA	2	PA for age 17 and younger; QL (1 per 28 days)
ABILIFY ORAL TABLET	3	PA for age 17 and younger; QL (1 per 1 day)
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG	3	PA for age 19 and older; QL (3 per 1 day)
ADDERALL ORAL TABLET 30 MG	3	PA for age 19 and older; QL (2 per 1 day)
ADDERALL XR	3	PA for age 19 and older; QL (2 per 1 day)
ADDYI	3	PA; QL (1 per 1 day)
<i>alprazolam</i>	1	
AMBIEN	3	QL (1 per 1 day)
AMBIEN CR	3	QL (1 per 1 day)
<i>amitriptyline</i>	1	
<i>amitriptyline-chlordiazepoxide</i>	1	
<i>amoxapine</i>	1	
ANAFRANIL	3	
<i>aripiprazole oral tablet</i>	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)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	QL (1 per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1	QL (2 per 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>asenapine maleate</i>	1	PA; QL (2 per 1 day)
ATIVAN ORAL	3	
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	QL (2 per 1 day)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	1	QL (4.5 per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	1	QL (6 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	QL (3 per 1 day)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	QL (1 per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	QL (2 per 1 day)
<i>bupirone</i>	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)
<i>chlordiazepoxide hcl</i>	1	
<i>chlorpromazine oral tablet</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>citalopram oral solution</i>	1	QL (20 per 1 day)
<i>citalopram oral tablet 10 mg, 20 mg</i>	1	QL (1.5 per 1 day)
<i>citalopram oral tablet 40 mg</i>	1	QL (1 per 1 day)
<i>clomipramine</i>	1	
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	
<i>clorazepate dipotassium</i>	1	
<i>clozapine oral tablet 100 mg</i>	1	PA for age 17 and younger; QL (9 per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	PA for age 17 and younger; QL (4.5 per 1 day)
<i>clozapine oral tablet 25 mg, 50 mg</i>	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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	3	PA for age 19 and older; QL (2 per 1 day)
<i>desipramine</i>	1	
<i>desvenlafaxine succinate</i>	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)
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>dexmethylphenidate oral tablet</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg, 15 mg</i>	1	PA for age 19 and older; QL (4 per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 30 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>diazepam intensol</i>	1	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	
<i>diazepam oral tablet</i>	1	
<i>doxepin oral capsule</i>	1	
<i>doxepin oral concentrate</i>	1	
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	QL (2 per 1 day)
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)
<i>ergoloid</i>	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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
<i>escitalopram oxalate oral solution</i>	1	QL (20 per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1	QL (1.5 per 1 day)
<i>escitalopram oxalate oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>estazolam</i>	1	QL (1 per 1 day)
<i>eszopiclone</i>	1	QL (1 per 1 day)
<i>fluoxetine oral capsule</i>	1	QL (2 per 1 day)
<i>fluoxetine oral solution</i>	1	QL (20 per 1 day)
<i>fluoxetine oral tablet 10 mg, 20 mg</i>	1	QL (1 per 1 day)
<i>fluphenazine decanoate</i>	1	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl injection</i>	1	PA for age 17 and younger; QL (5 per 30 days)
<i>fluphenazine hcl oral concentrate</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>fluphenazine hcl oral elixir</i>	1	PA for age 17 and younger; QL (80 per 1 day)
<i>fluphenazine hcl oral tablet</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>flurazepam</i>	1	QL (1 per 1 day)
<i>fluvoxamine oral tablet 100 mg</i>	1	QL (3 per 1 day)
<i>fluvoxamine oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG	3	PA for age 19 and older; QL (2 per 1 day)
FOCALIN ORAL TABLET 5 MG	3	PA for Age greater than or equal to 19 year(s); QL (2 per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	3	PA for Age greater than or equal to 19 year(s); QL (1 per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 15 MG, 20 MG	3	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
GEODON ORAL	3	PA for age 17 and younger; QL (2 per 1 day)
<i>guanfacine oral tablet extended release 24 hr</i>	1	
HALCION ORAL TABLET 0.25 MG	3	QL (1 per 1 day)
<i>haloperidol decanoate</i>	1	PA for age 17 and younger
<i>haloperidol lactate injection</i>	1	PA for age 17 and younger
<i>haloperidol lactate intramuscular</i>	1	PA for age 17 and younger
<i>haloperidol lactate oral</i>	1	PA for age 17 and younger; QL (15 per 1 day)
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>haloperidol oral tablet 20 mg</i>	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)
<i>imipramine hcl</i>	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)
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
<i>lisdexamfetamine oral capsule</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>lisdexamfetamine oral tablet, chewable</i>	2	PA for age 19 and older; QL (1 per 1 day)
<i>lithium carbonate</i>	1	
LITHOBID	3	
<i>lorazepam intensol</i>	1	
<i>lorazepam oral</i>	1	
<i>loxapine succinate oral capsule 10 mg</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>loxapine succinate oral capsule 25 mg, 5 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>loxapine succinate oral capsule 50 mg</i>	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)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	ST; QL (1 per 1 day)
<i>lurasidone oral tablet 80 mg</i>	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)
<i>methylphenidate er(la) 10 mg cp</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate er(la) 20 mg cp</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate er(la) 30 mg cp</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate er(la) 40 mg cp</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	1	PA for age 19 and older; QL (30 per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	1	PA for age 19 and older; QL (60 per 1 day)
<i>methylphenidate hcl oral tablet</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	1	PA for age 19 and older; QL (1 per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	1	PA for age 19 and older; QL (2 per 1 day)
<i>midazolam oral</i>	1	
<i>mirtazapine</i>	1	QL (1 per 1 day)
<i>modafinil</i>	1	QL (1 per 1 day)
NARDIL	3	
<i>nefazodone oral tablet 100 mg, 150 mg, 250 mg, 50 mg</i>	1	QL (2 per 1 day)
<i>nefazodone oral tablet 200 mg</i>	1	QL (3 per 1 day)
<i>nortriptyline</i>	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)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>olanzapine oral tablet 15 mg</i>	1	PA for Age less than or equal to 17 year(s); QL (1 per 1 day)
<i>oxazepam</i>	1	
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	PA; QL (1 per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	PA; QL (2 per 1 day)
PAMELOR	3	
PARNATE	3	QL (6 per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 40 mg</i>	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>paroxetine hcl oral tablet 20 mg</i>	1	QL (1 per 1 day)
<i>paroxetine hcl oral tablet 30 mg</i>	1	QL (2 per 1 day)
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)
<i>perphenazine oral tablet 16 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>perphenazine oral tablet 2 mg, 4 mg, 8 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>perphenazine-amitriptyline</i>	1	PA for age 17 and younger
<i>phenelzine</i>	1	
<i>pimozide oral tablet 1 mg</i>	1	QL (10 per 1 day)
<i>pimozide oral tablet 2 mg</i>	1	QL (5 per 1 day)
PRISTIQ	3	QL (1 per 1 day)
<i>protriptyline</i>	1	
PROVIGIL	3	QL (1 per 1 day)
PROZAC ORAL CAPSULE 10 MG, 20 MG	3	QL (2 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)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (3 per 1 day)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	PA for age 17 and younger; QL (1 per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	PA for age 17 and younger; QL (2 per 1 day)
<i>ramelteon</i>	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)
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
<i>risperidone microspheres</i>	1	PA for age 17 and younger; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>risperidone oral tablet</i>	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)
<i>sertraline oral concentrate</i>	1	QL (10 per 1 day)
<i>sertraline oral tablet 100 mg</i>	1	QL (2 per 1 day)
<i>sertraline oral tablet 25 mg, 50 mg</i>	1	QL (1.5 per 1 day)
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)
<i>tasimelteon</i>	4	PA; QL (1 per 1 day)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (1 per 1 day)
<i>thioridazine oral tablet 10 mg, 25 mg, 50 mg</i>	1	PA for age 17 and younger; QL (4 per 1 day)
<i>thioridazine oral tablet 100 mg</i>	1	PA for age 17 and younger; QL (8 per 1 day)
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	1	PA for age 17 and younger; 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>thiothixene oral capsule 10 mg</i>	1	PA for age 17 and younger; QL (6 per 1 day)
<i>tranylcypromine</i>	1	QL (6 per 1 day)
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	QL (3 per 1 day)
<i>trazodone oral tablet 300 mg</i>	1	QL (2 per 1 day)
<i>triazolam</i>	1	QL (1 per 1 day)
<i>trifluoperazine</i>	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	
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	QL (1 per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	QL (3 per 1 day)
<i>venlafaxine oral tablet</i>	1	QL (3 per 1 day)
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)

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Drug Name	Drug Tier	Requirements / Limits
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (1 per 1 day)
XANAX	3	
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HR 2 MG	3	
XYWAV	4	PA; LA; QL (18 per 1 day)
<i>zaleplon</i>	1	QL (1 per 1 day)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	PA for age 19 and older; QL (3 per 1 day)
<i>ziprasidone hcl</i>	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)
<i>zolpidem oral tablet</i>	1	QL (1 per 1 day)
<i>zolpidem oral tablet,ext release multiphase</i>	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 TABLET 2.5 MG, 5 MG	3	PA for age 17 and younger.; QL (1 per 1 day)
ZYPREXA ORAL TABLET 20 MG	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)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	QL (60 per 365 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	4	QL (2 per 1 day)

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Drug Name	Drug Tier	Requirements / Limits
<i>fingolimod</i>	4	QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	QL (1 per 1 day)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	QL (1 per 1 day)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	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)
<i>teriflunomide</i>	4	QL (1 per 1 day)
VUMERITY	4	PA; QL (4 per 1 day)

## CARDIOVASCULAR, HYPERTENSION & LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>amiodarone oral</i>	1	
BETAPACE AF	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	
<i>disopyramide phosphate oral capsule</i>	1	
<i>dofetilide</i>	1	QL (2 per 1 day)
<i>flecainide</i>	1	
<i>mexiletine</i>	1	
MULTAQ	2	
NORPACE	3	
<i>pacerone oral tablet 100 mg, 200 mg</i>	1	
<i>propafenone oral tablet</i>	1	
<i>sotalol af</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sotalol oral</i>	1	
TIKOSYN	3	QL (2 per 1 day)
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	1	
ALDACTONE	3	
ALTACE ORAL CAPSULE 1.25 MG, 5 MG	3	
<i>amiloride</i>	1	
<i>amiloride-hydrochlorothiazide</i>	1	
<i>amlodipine</i>	1	
<i>amlodipine-benazepril</i>	1	
<i>amlodipine-olmesartan</i>	1	
<i>amlodipine-valsartan</i>	1	
ATACAND	3	ST; QL (1 per 1 day)
<i>atenolol</i>	1	
<i>atenolol-chlorthalidone</i>	1	
AVALIDE	3	
AVAPRO ORAL TABLET 150 MG, 300 MG	3	
AZOR	3	
<i>benazepril</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	
BENICAR	3	
BENICAR HCT	3	
<i>betaxolol oral</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide</i>	1	
<i>bumetanide oral</i>	1	
BYSTOLIC	3	
<i>candesartan</i>	1	ST; QL (1 per 1 day)
<i>captopril</i>	1	
CARDIZEM CD	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CARDURA	3	
<i>cartia xt</i>	1	
<i>carvedilol</i>	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)
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>clonidine</i>	1	QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	
COREG	3	
COZAAR	3	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	
<i>diltiazem hcl oral tablet</i>	1	
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>dilt-xr</i>	1	
DIOVAN	3	
DIOVAN HCT	3	
DIURIL	3	
<i>doxazosin</i>	1	
EDECRIN	3	PA
<i>enalapril maleate oral tablet</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	
<i>eplerenone</i>	1	
<i>ethacrynic acid</i>	1	PA
EXFORGE	3	
<i>felodipine</i>	1	
<i>fosinopril</i>	1	
<i>fosinopril-hydrochlorothiazide</i>	1	
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	
<i>furosemide oral tablet</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>guanfacine oral tablet</i>	1	
HEMANGEOL	3	PA
<i>hydralazine oral</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	3	
<i>indapamide</i>	1	
INDERAL LA	3	
INSPRA ORAL TABLET 25 MG	3	
<i>irbesartan</i>	1	
<i>irbesartan-hydrochlorothiazide</i>	1	
<i>isradipine</i>	1	
KERENDIA	3	PA; QL (1 per 1 day)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LASIX	3	
<i>lisinopril</i>	1	
<i>lisinopril-hydrochlorothiazide</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG	3	
<i>losartan</i>	1	
<i>losartan-hydrochlorothiazide</i>	1	
LOTENSIN HCT	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL	3	
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>methyldopa</i>	1	
<i>metolazone</i>	1	
<i>metoprolol succinate</i>	1	
<i>metoprolol ta-hydrochlorothiaz</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metyrosine</i>	1	PA; QL (16 per 1 day)
MICARDIS ORAL TABLET 40 MG, 80 MG	3	
<i>minoxidil oral</i>	1	
<i>moexipril</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>nadolol</i>	1	
<i>nebivolol</i>	1	
<i>nifedipine</i>	1	
<i>nimodipine oral capsule</i>	1	
NORVASC	3	
<i>olmesartan</i>	1	
<i>olmesartan-hydrochlorothiazide</i>	1	
ORENITRAM	4	PA; QL (3 per 1 day)
ORENITRAM MONTH 1 TITRATION KT	4	PA; QL (168 per 365 days)
ORENITRAM MONTH 2 TITRATION KT	4	PA; QL (336 per 365 days)
ORENITRAM MONTH 3 TITRATION KT	4	PA; QL (252 per 365 days)
<i>perindopril erbumine</i>	1	
<i>phenoxybenzamine</i>	1	PA; QL (24 per 1 day)
<i>pindolol</i>	1	
<i>prazosin</i>	1	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	3	
<i>propranolol oral</i>	1	
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>spironolactone oral tablet</i>	1	
<i>spironolacton-hydrochlorothiaz</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	
TEKTURNA	3	QL (1 per 1 day)
<i>telmisartan</i>	1	
TENORETIC 100	3	
TENORETIC 50	3	
TENORMIN	3	
<i>terazosin</i>	1	
<i>tiadylt er</i>	1	
TIAZAC	3	
<i>timolol maleate oral</i>	1	
TOPROL XL	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>torseamide oral</i>	1	
<i>trandolapril</i>	1	
<i>trandolapril-verapamil</i>	1	
<i>triamterene-hydrochlorothiazid</i>	1	
UPTRAVI ORAL TABLET	4	PA; LA; QL (2 per 1 day)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; LA; QL (200 per 365 days)
<i>valsartan oral tablet</i>	1	
<i>valsartan-hydrochlorothiazide</i>	1	
VASERETIC	3	
VASOTEC	3	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil oral tablet</i>	1	
<i>verapamil oral tablet extended release</i>	1	
ZESTORETIC	3	
ZESTRIL	3	
<b>CARDIAC GLYCOSIDES</b>		
<i>digoxin oral solution</i>	1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	
<b>COAGULATION THERAPY</b>		
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	
<i>aminocaproic acid oral</i>	1	
ARIXTRA	4	
<i>aspirin-dipyridamole</i>	1	
BRILINTA	3	
CABLIVI INJECTION KIT	4	PA; LA; QL (59 per 365 days)
<i>cilostazol</i>	1	
<i>clopidogrel</i>	1	
<i>dabigatran etexilate</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>dipyridamole oral</i>	1	
DOPTELET (15 TAB PACK)	4	PA; LA; QL (2 per 1 day)
DOPTELET SPRINKLE	4	PA; QL (2 per 1 day)
EFFIENT	3	
ELIQUIS DVT-PE TREAT 30D START	2	
ELIQUIS ORAL TABLET	2	
<i>eltrombopag olamine oral powder in packet 12.5 mg</i>	4	PA; QL (1 per 1 day)
<i>eltrombopag olamine oral powder in packet 25 mg</i>	4	PA; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg</i>	4	PA; QL (1 per 1 day)
<i>eltrombopag olamine oral tablet 50 mg</i>	4	PA; QL (3 per 1 day)
<i>eltrombopag olamine oral tablet 75 mg</i>	4	PA; QL (2 per 1 day)
<i>enoxaparin</i>	4	
<i>fondaparinux</i>	4	
FRAGMIN SUBCUTANEOUS SOLUTION	4	
FRAGMIN SUBCUTANEOUS SYRINGE	4	
<i>heparin (porcine) injection cartridge</i>	1	
<i>heparin (porcine) injection solution</i>	1	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection</i>	1	
HYMPAVZI PEN	4	PA; QL (4 per 28 days)
<i>jantoven</i>	1	
KOGENATE FS INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	4	
LOVENOX	4	
MULPLETA	4	PA; QL (7 per 365 days)
<i>pentoxifylline</i>	1	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	
PLAVIX ORAL TABLET 75 MG	3	
PRADAXA ORAL CAPSULE 110 MG	3	
<i>prasugrel hcl</i>	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG	4	PA; LA; QL (1 per 1 day)
PROMACTA ORAL POWDER IN PACKET 25 MG	4	PA; LA; QL (3 per 1 day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
<i>rivaroxaban oral suspension for reconstitution</i>	1	QL (20 per 1 day)
<i>rivaroxaban oral tablet</i>	1	
TAVALISSE	4	PA; LA; QL (2 per 1 day)
<i>ticagrelor</i>	1	
<i>warfarin</i>	1	
XARELTO DVT-PE TREAT 30D START	2	
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	QL (20 per 1 day)
XARELTO ORAL TABLET	2	
ZONTIVITY	3	PA
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	1	QL (1 per 1 day)
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	1	ACA
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	1	
CADUET	3	QL (1 per 1 day)
<i>cholestyramine (with sugar) oral powder in packet</i>	1	
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	
COLESTID ORAL GRANULES	3	
COLESTID ORAL TABLET	3	
<i>colestipol</i>	1	
CRESTOR	3	
<i>ezetimibe</i>	1	
<i>ezetimibe-simvastatin</i>	1	PA; QL (1 per 1 day)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate nanocrystallized</i>	1	
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	
<i>fenofibric acid (choline)</i>	1	
<i>gemfibrozil</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>icosapent ethyl</i>	1	PA; QL (4 per 1 day)
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	4	PA; LA
LIPITOR	3	
LOPID	3	
<i>lovastatin</i>	1	ACA
LOVAZA	3	QL (4 per 1 day)
NEXLETOL	3	PA; QL (1 per 1 day)
NEXLIZET	3	PA; QL (1 per 1 day)
<i>niacin oral tablet 500 mg</i>	1	
<i>niacin oral tablet extended release 24 hr</i>	1	
<i>omega-3 acid ethyl esters</i>	1	QL (4 per 1 day)
<i>pravastatin</i>	1	ACA
<i>prevalite</i>	1	
QUESTRAN	3	
QUESTRAN LIGHT	3	
REDEMPLO	4	PA; QL (0.5 per 68 days)
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
REPATHA SYRINGE	2	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	1	ACA
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	ACA
<i>simvastatin oral tablet 80 mg</i>	1	
TRICOR ORAL TABLET 145 MG	3	
TRYNGOLZA	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	

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Drug Name	Drug Tier	Requirements / Limits
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
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)
<i>ivabradine</i>	1	QL (2 per 1 day)
LODOCO	3	PA; QL (1 per 1 day)
<i>ranolazine</i>	1	
<i>sacubitril-valsartan</i>	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)
VYNDAQEL	4	PA; QL (4 per 1 day)
<b>NITRATES</b>		
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate</i>	1	
<i>nitro-bid</i>	1	
<i>nitroglycerin sublingual</i>	1	
<i>nitroglycerin transdermal patch 24 hour</i>	1	
NITROSTAT	3	
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	
<i>calcipotriene scalp</i>	1	
<i>calcipotriene topical cream</i>	1	
<i>calcipotriene topical ointment</i>	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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
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)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 42 days)
<i>selenium sulfide topical lotion</i>	1	
<i>selenium sulfide topical shampoo 2.25 %</i>	1	
SILIQ	4	PA; QL (3 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; QL (1 per 63 days)
SKYRIZI SUBCUTANEOUS SYRINGE	4	PA; QL (1 per 63 days)
SOTYKTU	4	PA; QL (1 per 1 day)
SPEVIGO SUBCUTANEOUS	4	PA; QL (2 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 63 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 42 days)
TALTZ AUTOINJECTOR	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	4	PA; QL (1 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	4	PA; QL (1 per 28 days)
TALTZ SYRINGE	4	PA; QL (1 per 28 days)
TREMFYA 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)

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Drug Name	Drug Tier	Requirements / Limits
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)
<b>BURN THERAPY</b>		
SILVADENE	3	
<i>silver sulfadiazine</i>	1	
<i>ssd</i>	1	
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY	4	PA; QL (4 per 28 days)
<i>ammonium lactate</i>	1	
<i>diclofenac sodium topical gel 3 %</i>	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)
EFUDEX TOPICAL CREAM	3	QL (40 per 365 days)
EUCRISA	3	ST; QL (1 per 30 days)
<i>fluorouracil topical cream 5 %</i>	1	QL (40 per 365 days)
<i>fluorouracil topical solution</i>	1	QL (10 per 365 days)
HYFTOR	4	PA; QL (3 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	QL (36 per 365 days)
<i>methoxsalen</i>	4	
OPZELURA	4	PA; QL (60 per 30 days)
PANRETIN	4	PA
<i>pimecrolimus</i>	1	ST
<i>podofilox topical solution</i>	1	
<i>tacrolimus topical</i>	1	
VALCHLOR	4	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
ZELSUVMI	4	PA; QL (31 per 28 days)
<b>THERAPY FOR ACNE</b>		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	3	
ACZONE TOPICAL GEL	3	ST
<i>adapalene topical cream</i>	1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene topical gel 0.3 %</i>	1	PA for age 29 and older; QL (45 per 30 days)
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	1	
<i>amnesteem</i>	1	
<i>azelaic acid</i>	1	
BENZAMYCIN	3	ST
<i>brimonidine topical</i>	1	PA; QL (30 per 30 days)
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	3	
<i>clindacin etz topical swab</i>	1	
<i>clindacin p</i>	1	
<i>clindamycin phosphate topical gel</i>	1	
<i>clindamycin phosphate topical lotion</i>	1	
<i>clindamycin phosphate topical solution</i>	1	
<i>clindamycin phosphate topical swab</i>	1	
<i>clindamycin-benzoyl peroxide topical gel 1.2 %(1 % base) -5 %</i>	1	
<i>dapsone topical gel 5 %</i>	1	ST
DIFFERIN TOPICAL CREAM	3	PA for age 29 and older; QL (45 per 30 days)
<i>ery pads</i>	1	
<i>erythromycin with ethanol topical gel</i>	1	
<i>erythromycin with ethanol topical solution</i>	1	
<i>erythromycin-benzoyl peroxide</i>	1	ST
<i>ivermectin topical cream</i>	1	PA
METROCREAM	3	
METROGEL TOPICAL GEL 1 %	3	QL (60 per 30 days)
<i>metronidazole topical cream</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>metronidazole topical gel 0.75 %</i>	1	QL (45 per 30 days)
<i>metronidazole topical gel 1 %</i>	1	QL (60 per 30 days)
<i>metronidazole topical gel with pump</i>	1	QL (60 per 30 days)
MIRVASO	3	PA; QL (30 per 30 days)
<i>neuac</i>	1	
RETIN-A TOPICAL CREAM	3	PA for age 29 and older; QL (1 per 30 days)
<i>rosadan topical cream</i>	1	
<i>rosadan topical gel</i>	1	QL (45 per 30 days)
SOOLANTRA	3	PA
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	1	
<i>tazarotene topical cream 0.1 %</i>	1	
TAZORAC TOPICAL CREAM 0.1 %	3	
<i>tretinoin topical cream</i>	1	PA for age 29 and older; QL (1 per 30 days)
<i>zenatane</i>	1	
<b>TOPICAL ANESTHETICS</b>		
<i>dermacinrx lidocan</i>	1	QL (3 per 1 day)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	QL (3 per 1 day)
<i>lidocaine topical ointment</i>	1	
<i>lidocaine viscous</i>	1	PA for age 2 and younger
<i>lidocaine-prilocaine topical cream</i>	1	
<i>lidocan iii</i>	1	QL (3 per 1 day)
<i>lidocan iv</i>	1	QL (3 per 1 day)
<i>lidocan v</i>	1	QL (3 per 1 day)
LIDODERM	3	QL (3 per 1 day)
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical</i>	1	
KLARON	3	
<i>mupirocin</i>	1	
<i>sulfacetamide sodium (acne)</i>	1	
<b>TOPICAL ANTIFUNGALS</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ciclodan</i>	1	
<i>ciclopirox</i>	1	
<i>clotrimazole-betamethasone topical cream</i>	1	
<i>econazole nitrate topical cream</i>	1	
<i>ketoconazole topical cream</i>	1	
<i>ketoconazole topical shampoo</i>	1	
<i>klayesta</i>	1	
LOPROX (AS OLAMINE)	3	
<i>nyamyc</i>	1	
<i>nystatin topical</i>	1	
<i>nystatin-triamcinolone</i>	1	
<i>nystop</i>	1	
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	1	
ZOVIRAX TOPICAL OINTMENT	3	
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>alclometasone</i>	1	
<i>betamethasone dipropionate</i>	1	
<i>betamethasone valerate topical cream</i>	1	
<i>betamethasone valerate topical lotion</i>	1	
<i>betamethasone valerate topical ointment</i>	1	
<i>betamethasone, augmented topical cream</i>	1	
<i>betamethasone, augmented topical ointment</i>	1	
<i>clobetasol scalp</i>	1	
<i>clobetasol topical cream 0.05 %</i>	1	
<i>clobetasol topical gel</i>	1	
<i>clobetasol topical ointment</i>	1	
<i>clobetasol topical shampoo</i>	1	
<i>clobetasol topical spray,non-aerosol</i>	1	
<i>clobetasol-emollient topical cream</i>	1	
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	
DERMA-SMOOTHIE/FS BODY OIL	3	
DERMA-SMOOTHIE/FS SCALP OIL	3	
<i>desonide topical cream</i>	1	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>desonide topical lotion</i>	1	
<i>desonide topical ointment</i>	1	
<i>desoximetasone topical cream 0.25 %</i>	1	
<i>desoximetasone topical ointment 0.25 %</i>	1	
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	
<i>fluocinolone</i>	1	
<i>fluocinolone and shower cap</i>	1	
<i>fluocinonide topical cream 0.05 %</i>	1	
<i>fluocinonide topical ointment</i>	1	
<i>fluocinonide topical solution</i>	1	
<i>fluticasone propionate topical cream</i>	1	
<i>fluticasone propionate topical ointment</i>	1	
<i>halobetasol propionate topical cream</i>	1	
<i>hydrocortisone butyrate topical cream</i>	1	
<i>hydrocortisone butyrate topical ointment</i>	1	
<i>hydrocortisone butyrate topical solution</i>	1	
<i>hydrocortisone topical cream 2.5 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	
<i>hydrocortisone topical ointment 2.5 %</i>	1	
<i>hydrocortisone valerate topical cream</i>	1	
<i>mometasone topical</i>	1	
SYNALAR	3	
TOPICORT TOPICAL CREAM 0.25 %	3	
TOPICORT TOPICAL OINTMENT 0.25 %	3	
<i>triamcinolone acetonide topical cream</i>	1	
<i>triamcinolone acetonide topical lotion</i>	1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	
<b>TOPICAL ENZYMES</b>		
SANTYL	3	QL (2 per 720 days)
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>malathion</i>	1	QL (120 per 30 days)
NATROBA	3	QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements / Limits
OVIDE	3	QL (120 per 30 days)
<i>permethrin</i>	1	QL (120 per 30 days)
<i>spinosad</i>	1	QL (120 per 30 days)
DIAGNOSTICS & MISCELLANEOUS AGENTS		
ANOREXIANTS		
<i>benzphetamine</i>	1	QL (3 per 1 day)
CONTRAVE	3	PA; QL (4 per 1 day)
<i>diethylpropion oral tablet</i>	1	QL (3 per 1 day)
<i>diethylpropion oral tablet extended release</i>	1	QL (1 per 1 day)
IMCIVREE	4	PA; QL (9 per 30 days)
<i>liraglutide (weight loss)</i>	1	PA; QL (15 per 28 days)
LOMAIRA	3	PA; QL (3 per 1 day)
ORLISTAT	3	PA; QL (3 per 1 day)
<i>phendimetrazine tartrate oral capsule, extended release</i>	1	QL (1 per 1 day)
<i>phendimetrazine tartrate oral tablet</i>	1	QL (6 per 1 day)
<i>phentermine oral capsule</i>	1	QL (1 per 1 day)
<i>phentermine oral tablet 37.5 mg</i>	1	QL (1 per 1 day)
<i>phentermine oral tablet 8 mg</i>	1	QL (3 per 1 day)
<i>phentermine-topiramate</i>	1	PA; QL (1 per 1 day)
QSYMIA	3	PA; QL (1 per 1 day)
SAXENDA	3	PA; QL (15 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	3	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	3	PA; QL (3 per 28 days)
XENICAL	3	PA; QL (3 per 1 day)
ZEPBOUND SUBCUTANEOUS PEN INJECTOR	3	PA; QL (2 per 28 days)
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	1	
AGRYLIN	3	
<i>anagrelide</i>	1	
BUPHENYL	4	PA
<i>caffeine citrate oral</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>carglumic acid</i>	4	PA
CARNITOR (SUGAR-FREE)	3	
CARNITOR ORAL	3	
<i>cevimeline</i>	1	
CHEMET	3	PA for age 18 and older
CUVRIOR	4	PA; QL (10 per 1 day)
<i>deferasirox</i>	4	PA
<i>deferiprone</i>	4	PA
<i>disulfiram</i>	1	
<i>droxidopa</i>	4	PA
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)
<i>glutamine (sickle cell)</i>	4	PA; QL (6 per 1 day)
<i>glycerol phenylbutyrate</i>	4	PA; QL (17.5 per 1 day)
HARLIKU	4	PA; QL (1 per 1 day)
INCRELEX	4	PA; LA
JADENU	4	PA
JADENU SPRINKLE	4	PA
JOENJA	4	PA; QL (2 per 1 day)
<i>levocarnitine (with sugar)</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	
<i>levocarnitine oral tablet</i>	1	
LITFULO	4	PA; QL (1 per 1 day)
<i>midodrine</i>	1	
<i>nitisinone</i>	4	PA; LA
NITYR	4	PA; LA
NORTHERA	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
REVCOVI	4	PA; LA
REZDIFFRA	4	PA; QL (1 per 1 day)
RHAPSIDO	4	PA; QL (2 per 1 day)
<i>riluzole</i>	1	
<i>risedronate oral tablet 30 mg</i>	1	QL (1 per 1 day)
<i>sodium chloride irrigation</i>	1	
<i>sodium phenylbutyrate</i>	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
<i>tiopronin</i>	4	PA
<i>trientine oral capsule 250 mg</i>	4	PA; QL (8 per 1 day)
TRIENTINE ORAL CAPSULE 500 MG	4	PA; QL (4 per 1 day)
<i>venxxiva</i>	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)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	1	ACA; QL (2 per 1 day)
<i>nicorette buccal gum 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal gum</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	9	183 day supply in rolling 365 days; ACA; OTC
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>nicotine (polacrilex) buccal mini lozenge</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
NICOTROL NS	3	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<i>quit 2</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>quit 4</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>stop smoking aid</i>	9	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA; OTC
<i>varenicline tartrate</i>	1	183 DAY SUPPLY IN A ROLLING 365 DAYS; ACA
<b>EAR, NOSE &amp; THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal</i>	1	
<i>chlorhexidine gluconate mucous membrane</i>	1	
<i>denta 5000 plus</i>	1	
<i>denta 5000 plus sensitive</i>	1	
<i>dentagel</i>	1	
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	
GELCLAIR	3	15 units per fill
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	1	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	1	QL (3 per 30 days)
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	1	QL (1 per 30 days)
<i>oralone</i>	1	
<i>paroex oral rinse</i>	1	
PERIDEX	3	
<i>periogard</i>	1	
<i>pilocarpine hcl oral</i>	1	
SALAGEN (PILOCARPINE)	3	
<i>sf</i>	1	
<i>sf 5000 plus</i>	1	
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	
<i>triamcinolone acetonide dental</i>	1	
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	1	
<i>ciprofloxacin hcl otic (ear)</i>	1	
DERMOTIC OIL	3	
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>hydrocortisone-acetic acid</i>	1	
<i>ofloxacin otic (ear)</i>	1	
<b>OTIC STEROID / ANTIBIOTIC</b>		
CIPRO HC	3	
<i>ciprofloxacin-dexamethasone</i>	1	
<i>ciprofloxacin-hydrocortisone</i>	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
ACTHAR	4	PA
ACTHAR SELFJECT	4	PA
AGAMREE	3	PA; QL (200 per 26 days)
CORTEF	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
CORTROPHIN GEL	4	PA
<i>deflazacort</i>	4	PA
<i>dexamethasone oral elixir</i>	1	
<i>dexamethasone oral solution</i>	1	
<i>dexamethasone oral tablet</i>	1	
EMFLAZA	4	PA; LA
<i>fludrocortisone</i>	1	
<i>hydrocortisone oral</i>	1	
<i>hydrocortisone sod succinate</i>	1	QL (2 per 28 days)
<i>jaythari</i>	4	PA
<i>kymbee</i>	4	PA
MEDROL (PAK)	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	
<i>methylprednisolone</i>	1	
<i>prednisolone oral solution</i>	1	
<i>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)</i>	1	
<i>prednisone oral solution</i>	1	
<i>prednisone oral tablet</i>	1	
<i>prednisone oral tablets, dose pack</i>	1	
<i>pyquvi</i>	4	PA
SOLU-CORTEF	3	QL (2 per 28 days)
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN 250 MG/2 ML	3	QL (2 per 28 days)
TARPEYO	4	PA; QL (4 per 1 day)
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil</i>	1	
<b>BLOOD GLUCOSE MONITORING DEVICES &amp; SUPPLIES</b>		
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 RECEIVER	2	PA; CGM; QL (1 per 365 days)
DEXCOM G7 SENSOR	2	PA; CGM; QL (3 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
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 SYSTEM KIT	9	OTC; QL (1 per 365 days)
FREESTYLE TEST	1	OTC; QL (100 per 30 days)
PRECISION XTRA MONITOR	9	OTC; QL (1 per 365 days)
<b>DIABETES, SUPPLIES, &amp; DURABLE MEDICAL EQUIPMENT</b>		
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 INTRO(G6/LIBRE2PLUS)	2	QL (1 per 720 days)
<b>GLUCOSE ELEVATING AGENTS</b>		
BAQSIMI	2	
<i>glucagon emergency kit (human)</i>	1	
GVOKE	2	
GVOKE HYOPEN 2-PACK	2	
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	
<b>INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU</b>		
BD INTEGRA NEEDLE	1	
BD MICROTAINER LANCET 30 GAUGE	1	OTC; QL (210 per 30 days)
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2"	1	
GENTEEL VACUUM LANCING DEVICE	1	OTC; QL (2 per 365 days)
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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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/LIBRE 2 PLUS)	2	QL (10 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	2	QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	2	QL (10 per 30 days)
OMNIPOD DASH INTRO KIT (GEN 4)	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	2	QL (10 per 30 days)
PEN NEEDLE NEEDLE 31 GAUGE X 5/16"	1	
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
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)
<b>INSULIN THERAPY</b>		
HUMALOG JUNIOR KWIKPEN U-100	1	QL (100 per 30 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	QL (100 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	1	QL (100 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	1	QL (100 per 30 days)
HUMALOG U-100 INSULIN	1	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 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)
<b>MISCELLANEOUS HORMONES</b>		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (150 per 30 days)
<i>cabergoline</i>	1	
<i>calcitonin (salmon) nasal</i>	1	
<i>calcitriol oral</i>	1	
CERDELGA	4	PA; QL (2 per 1 day)
<i>cetorelix</i>	4	
CETROTIDE	4	
CHORIONIC GONADOTROPIN, HUMAN	4	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	PA; QL (2 per 1 day)
<i>cinacalcet oral tablet 90 mg</i>	1	PA; QL (4 per 1 day)
<i>clomid</i>	1	QL (10 per 30 days)
<i>clomiphene citrate</i>	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)
<i>danazol</i>	1	
DDAVP ORAL	3	
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	PA
<i>desmopressin injection</i>	1	
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
DESMOPRESSIN NASAL SPRAY, NON-AEROSOL 150 MCG/SPRAY (0.1 ML)	4	
<i>desmopressin oral</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>doxercalciferol oral</i>	1	
FOLLISTIM AQ	4	
<i>fyremadel</i>	4	
GALAFOLD	4	PA; LA; QL (14 per 28 days)
<i>ganirelix</i>	4	
GONAL-F	4	
GONAL-F RFF REDI-JECT	4	
ISTURISA ORAL TABLET 1 MG, 5 MG	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	
<i>methyltestosterone oral capsule</i>	1	QL (5 per 1 day)
<i>mifepristone oral tablet 300 mg</i>	4	PA; QL (4 per 1 day)
<i>miglustat</i>	4	PA; LA; QL (3 per 1 day)
<i>milophene</i>	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)
<i>paricalcitol oral</i>	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sapropterin</i>	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)
<i>testosterone cypionate</i>	1	PA
<i>testosterone enanthate</i>	1	PA
<i>testosterone transdermal gel</i>	1	PA; QL (2 per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; QL (60 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram)</i>	1	PA; QL (5 per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	1	PA; QL (10 per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL (1 per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; QL (2 per 1 day)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; QL (180 per 30 days)
<i>tolvaptan (polycys kidney dis) oral tablet 15 mg</i>	4	PA; LA; QL (2 per 1 day)
<i>tolvaptan (polycys kidney dis) oral tablet 30 mg</i>	4	PA; LA; QL (1 per 1 day)
<i>tolvaptan (polycys kidney dis) oral tablets, sequential</i>	4	PA; LA; QL (56 per 28 days)
<i>tolvaptan oral tablet 15 mg</i>	4	PA; LA; QL (30 per 365 days)
<i>tolvaptan oral tablet 30 mg</i>	4	PA; LA; QL (60 per 365 days)
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)
<i>zelvysia</i>	4	PA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	
<b>NON-INSULIN HYPOGLYCEMIC AGENTS</b>		
<i>acarbose</i>	1	
ACTOPLUS MET	3	QL (2 per 1 day)
ACTOS	3	
CYCLOSET	3	
FARXIGA	2	QL (1 per 1 day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	1	
<i>glipizide oral tablet extended release 24hr</i>	1	
<i>glipizide-metformin</i>	1	
<i>glyburide</i>	1	
<i>glyburide-metformin</i>	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)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	QL (1 per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 625 mg, 850 mg</i>	1	
<i>metformin oral tablet extended release 24 hr</i>	1	
<i>miglitol</i>	1	
MOUNJARO	2	PA; QL (2 per 28 days)
<i>nateglinide</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	
<i>pioglitazone-metformin</i>	1	QL (2 per 1 day)
PRECOSE	3	
<i>repaglinide</i>	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)
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	2	QL (1 per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	2	QL (2 per 1 day)
<b>THYROID HORMONES</b>		
CYTOMEL	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t</i>	1	
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liomny</i>	1	
<i>liothyronine oral</i>	1	

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

Drug Name	Drug Tier	Requirements / Limits
<i>np thyroid</i>	1	
SYNTHROID	3	
<i>unithroid</i>	1	

## GASTROENTEROLOGY

### ANTIDIARRHEALS & ANTISPASMODICS

<i>anaspaz</i>	1	
<i>chlordiazepoxide-clidinium</i>	1	
CUVPOSA	3	PA
<i>dicyclomine oral capsule</i>	1	
<i>dicyclomine oral solution</i>	1	QL (40 per 1 day)
<i>dicyclomine oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet</i>	1	
<i>ed-spaz</i>	1	
<i>glycopyrrolate oral solution</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hyoscyamine sulfate oral elixir</i>	1	
<i>hyoscyamine sulfate oral tablet</i>	1	
<i>hyoscyamine sulfate oral tablet extended release 12 hr</i>	1	
<i>hyoscyamine sulfate oral tablet, disintegrating</i>	1	
<i>hyoscyamine sulfate sublingual</i>	1	
<i>hyosyne oral elixir</i>	1	
LEVBID	3	
LEVSIN	3	
LEVSIN/SL	3	
LIBRAX (WITH CLIDINIUM)	3	
LOMOTIL	3	
<i>methscopolamine</i>	1	
NULEV	3	
<i>oscimin</i>	1	
<i>oscimin sl</i>	1	
ROBINUL FORTE	3	
ROBINUL ORAL	3	

### MISCELLANEOUS GASTROINTESTINAL AGENTS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
AKYNZEO (NETUPITANT)	3	QL (1 per 28 days)
<i>alosetron</i>	1	PA; QL (2 per 1 day)
<i>alvimopan</i>	1	
AMITIZA	3	QL (2 per 1 day)
ANALPRAM-HC RECTAL CREAM 2.5-1 %	3	
ANALPRAM-HC SINGLES	3	
<i>anucort-hc</i>	1	
ANUSOL-HC RECTAL SUPPOSITORY	3	
ANUSOL-HC TOPICAL	3	
<i>aprepitant oral capsule 125 mg</i>	1	QL (5 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	1	1 capsule per fill
<i>aprepitant oral capsule 80 mg</i>	1	QL (10 per 28 days)
<i>aprepitant oral capsule,dose pack</i>	1	QL (15 per 28 days)
APRISO	3	
AZULFIDINE	3	
AZULFIDINE EN-TABS	3	
<i>balsalazide</i>	1	
<i>betaine</i>	4	
<i>bisacodyl oral</i>	9	ACA; OTC
<i>budesonide oral capsule,delayed,extend.release</i>	1	
<i>budesonide oral tablet,delayed and ext.release</i>	1	PA
<i>budesonide rectal</i>	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 PELLETT 200 MCG	4	PA; LA; QL (8 per 1 day)
BYLVAY ORAL PELLETT 600 MCG	4	PA; LA; QL (4 per 1 day)
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)
<i>citroma</i>	9	ACA; OTC
<i>clearlax oral powder</i>	9	ACA; OTC
COLAZAL	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>compro</i>	1	
<i>constulose</i>	1	
CORTENEMA	3	
CREON	2	
<i>cromolyn oral</i>	1	
CTEXLI	4	PA; QL (3 per 1 day)
CYSTADANE	4	
DICLEGIS	3	ST; QL (4 per 1 day)
DIPENTUM	3	ST
<i>doxylamine-pyridoxine (vit b6)</i>	1	ST; QL (4 per 1 day)
<i>dronabinol</i>	1	
<i>dulcolax (magnesium hydroxide) oral suspension</i>	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)
<i>enulose</i>	1	
EOHILIA	4	PA; QL (600 per 30 days)
GASTROCROM	3	
GATTEX 30-VIAL	4	PA
<i>gavilax oral powder</i>	9	ACA; OTC
<i>gavilyte-c</i>	1	ACA
<i>gavilyte-g</i>	1	ACA
<i>gavilyte-n</i>	1	ACA
<i>generlac</i>	1	
<i>gentle laxative (bisacodyl) oral</i>	9	ACA; OTC
<i>gentle laxative (mag hydrox)</i>	9	ACA; OTC
<i>gentlelax</i>	9	ACA; OTC
GOLYTELY	3	
<i>granisetron hcl oral</i>	1	QL (10 per 30 days)
<i>hemmorex-hc rectal suppository 25 mg</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone rectal</i>	1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>hydrocortisone-pramoxine rectal cream</i>	1	
IBSRELA	3	PA; QL (2 per 1 day)
IQIRVO	4	PA; QL (1 per 1 day)
<i>lactulose oral solution</i>	1	
<i>laxative (bisacodyl) oral tablet, delayed release (dr/ec)</i>	9	ACA; 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)
<i>lubiprostone</i>	1	QL (2 per 1 day)
<i>magnesium citrate oral solution</i>	9	ACA; OTC
MARINOL ORAL CAPSULE 2.5 MG	3	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	
<i>mesalamine oral capsule (with del rel tablets)</i>	1	
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	1	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	1	ST
<i>mesalamine rectal enema</i>	1	
<i>mesalamine rectal suppository</i>	1	QL (1 per 1 day)
<i>metoclopramide hcl oral solution</i>	1	
<i>metoclopramide hcl oral tablet</i>	1	
<i>milk of magnesia</i>	9	ACA; OTC
<i>milk of magnesia concentrated</i>	9	ACA; OTC
MOTEGRITY	3	ST; QL (1 per 1 day)
MOVANTIK	2	QL (1 per 1 day)
<i>natura-lax</i>	9	ACA; OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML, 200 MG/2 ML (100 MG/ML X 2)	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 (100 MG/ML X 2)	4	PA; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 200 MG/2 ML	4	QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 300MG/3ML(100MG /ML-200 MG/2ML)	4	PA; QL (3 per 28 days)
<i>ondansetron hcl oral solution</i>	1	
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	
<i>onelix magnesium citrate</i>	9	ACA; OTC
<i>oral saline laxative</i>	9	ACA; OTC
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST
<i>peg 3350-electrolytes</i>	1	ACA
<i>peg-electrolyte soln</i>	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	2	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	3	
PERTZYE	3	ST
<i>phosphate laxative</i>	9	ACA; OTC
<i>polyethylene glycol 3350 oral powder</i>	9	ACA; OTC
<i>powderlax oral powder</i>	9	ACA; OTC
<i>prochlorperazine</i>	1	
<i>prochlorperazine maleate</i>	1	
PROCTOFOAM HC	2	
<i>procto-med hc</i>	1	
<i>proctosol hc topical</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>proctozone-hc</i>	1	
<i>prucalopride</i>	1	ST; QL (1 per 1 day)
<i>purelax oral powder</i>	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)
<i>scopolamine base</i>	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)
<i>smoothlax oral powder</i>	9	ACA; OTC
SUCRAID	4	PA; QL (8 per 1 day)
<i>sulfasalazine</i>	1	
SYMPROIC	2	QL (1 per 1 day)
SYNDROS	3	PA
TRANSDERM-SCOP	3	QL (10 per 30 days)
<i>trimethobenzamide oral</i>	1	
TRULANCE	3	PA; QL (1 per 1 day)
UCERIS ORAL	3	PA
UCERIS RECTAL	3	
URSO FORTE	3	
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet</i>	1	
VARUBI	3	QL (4 per 28 days)
VELSIPITY	4	PA; QL (1 per 1 day)
VIBERZI	3	PA; QL (2 per 1 day)
VIOKACE	3	ST
VOWST	4	PA; QL (12 per 365 days)
<i>women's gentle laxative(bisac)</i>	9	ACA; OTC

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

Drug Name	Drug Tier	Requirements / Limits
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)
<b>ULCER THERAPY</b>		
ACIPHEX	3	QL (2 per 1 day)
<i>amoxicil-clarithromy-lansopraz</i>	1	QL (224 per 365 days)
CARAFATE ORAL TABLET	3	
<i>cimetidine hcl oral</i>	1	
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	1	
CYTOTEC	3	
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	QL (2 per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet</i>	1	PA for age 9 and older; QL (2 per 1 day)
<i>famotidine oral suspension for reconstitution</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>lansoprazole oral tablet,disintegrat, delay rel</i>	1	PA for age 8 and older; QL (1 per 1 day)
<i>misoprostol</i>	1	
NEXIUM	3	QL (2 per 1 day)
NEXIUM PACKET	3	PA for age 9 and older; QL (2 per 1 day)
<i>nizatidine oral capsule</i>	1	
<i>omeprazole oral capsule,delayed release(dr/ec)</i>	1	QL (2 per 1 day)
<i>pantoprazole oral tablet,delayed release (dr/ec)</i>	1	QL (2 per 1 day)
PEPCID ORAL TABLET 40 MG	3	
PREVACID	3	QL (2 per 1 day)
PREVACID SOLUTAB	3	PA for age 8 and older; QL (1 per 1 day)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC)	3	QL (2 per 1 day)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	1	QL (2 per 1 day)

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

Drug Name	Drug Tier	Requirements / Limits
<i>ranitidine hcl oral tablet 300 mg</i>	1	
<i>sucralfate</i>	1	

## IMMUNOLOGY, VACCINES & BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	4	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	4	PA
ARCALYST	4	PA; QL (4 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA
FULPHILA	4	PA
FYLNETRA	4	PA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML	4	PA; QL (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	4	PA
NEULASTA ONPRO	4	PA
NEUPOGEN INJECTION SOLUTION 300 MCG/ML	4	PA; QL (3 per 1 day)
NEUPOGEN INJECTION SOLUTION 480 MCG/1.6 ML	4	PA; QL (4.8 per 1 day)
NEUPOGEN INJECTION SYRINGE 300 MCG/0.5 ML	4	PA; QL (1.5 per 1 day)
NEUPOGEN INJECTION SYRINGE 480 MCG/0.8 ML	4	PA; QL (2.4 per 1 day)
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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
<b>GROWTH HORMONES</b>		
EGRIFTA SV	4	PA; QL (1 per 1 day)
EGRIFTA WR	4	PA; QL (1 per 28 days)
GENOTROPIN	4	PA
GENOTROPIN MINIQUICK	4	PA
HUMATROPE INJECTION CARTRIDGE	4	PA
NGENLA	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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
NUTROPIN AQ NUSPIN	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
<b>INTERFERONS</b>		
ACTIMMUNE	4	PA
ALFERON N	4	
BESREMI	4	PA; QL (2 per 28 days)
PEGASYS	4	QL (4 per 28 days)
<b>VACCINES &amp; MISCELLANEOUS IMMUNOLOGICALS</b>		
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)
AFLURIA 2025-2026 (3YR UP)(PF)	9	ACA
AREXVY (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
BEXSERO	9	ACA
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	9	ACA; 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	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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 2025-2026 (65 YR UP)(PF)	9	ACA
FLUARIX 2025-2026 (PF)	9	ACA
FLUBLOK 2025-2026 (PF)	9	ACA
FLUCELVAX 2025-2026 (PF)	9	ACA
FLULAVAL 2025-2026 (PF)	9	ACA
FLUMIST 2025-2026	9	ACA
FLUMIST HOME 2025-2026	9	ACA
FLUZONE 2025-2026 (PF)	9	ACA
FLUZONE HIGH-DOSE 2025-26 (PF)	9	ACA
GARDASIL 9 (PF)	9	ACA
GRASTEK	3	PA; QL (1 per 1 day)
HAVRIX (PF)	9	ACA
HEPLISAV-B (PF)	9	ACA; 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)
M-M-R II (PF)	9	ACA
MNEXSPIKE 2025-2026 (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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
MRESVIA (PF)	9	PA for age 49 and younger; ACA; QL (1 per 720 days)
MYOBLOC	4	PA; QL (1 per 63 days)
NUVAXOVID 2025-2026 (PF)	9	ACA
ODACTRA	3	PA; QL (1 per 1 day)
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; QL (1 per 1 day)
PALFORZIA (LEVEL 0)	4	PA; QL (15 per 365 days)
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 (1-3 YRS)	4	PA; QL (7 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 ORAL SUSPENSION	9	ACA
ROTATEQ VACCINE	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
SHINGRIX (PF)	9	ACA
SPIKEVAX 2025-2026(12Y UP)(PF)	9	ACA
SPIKEVAX 2025-26 (6M-11Y) (PF)	9	ACA
TENIVAC (PF)	9	ACA; QL (0.5 per 274 days)
TRUMENBA	9	ACA
TWINRIX (PF)	9	ACA; QL (4 per 274 days)
VAQTA (PF)	9	ACA
VARIVAX (PF)	9	ACA
VAXELIS (PF)	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

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>colchicine oral tablet</i>	1	
COLCRYS	3	
<i>febuxostat</i>	1	ST
<i>probenecid</i>	1	
<i>probenecid-colchicine</i>	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)
<i>alendronate oral tablet 10 mg</i>	1	QL (1 per 1 day)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	QL (4 per 28 days)
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)
<i>ibandronate oral</i>	1	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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>raloxifene</i>	1	ACA
<i>risedronate oral tablet 150 mg</i>	1	QL (1 per 28 days)
<i>risedronate oral tablet 35 mg</i>	1	QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	QL (1 per 1 day)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	4	PA; QL (1 per 28 days)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN	4	PA; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	4	PA; QL (3.6 per 28 days)
ARAVA	3	
BENLYSTA SUBCUTANEOUS	4	PA; QL (4 per 28 days)
CUPRIMINE	4	PA; QL (16 per 1 day)
CYLTEZO(CF)	4	PA; QL (2 per 28 days)
CYLTEZO(CF) PEN	4	PA; QL (2 per 28 days)
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)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (2 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	4	PA; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	4	PA; QL (2 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	4	PA; QL (3 per 365 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	4	PA; QL (3 per 365 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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>leflunomide</i>	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)
<i>penicillamine</i>	4	PA; QL (16 per 1 day)
RASUVO (PF)	3	ST
RINVOQ LQ	4	PA; QL (12 per 1 day)
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)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; QL (1 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
TYENNE AUTOINJECTOR	4	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)
YUFLYMA(CF)	4	PA; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements / Limits
YUFLYMA(CF) AI CROHN'S-UC-HS	4	PA; QL (3 per 365 days)
YUFLYMA(CF) AUTOINJECTOR	4	PA; QL (2 per 28 days)

## OBSTETRICS & GYNECOLOGY

### DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES

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

### ESTROGENS & PROGESTINS

<i>abigale</i>	1	
<i>abigale lo</i>	1	
ACTIVELLA	3	
BIJUVA	3	QL (1 per 1 day)
<i>camila</i>	1	ACA
CLIMARA	3	QL (4 per 28 days)
COMBIPATCH	3	
<i>conjugated estrogens</i>	2	
<i>covaryx</i>	1	
<i>covaryx h.s.</i>	1	
CRINONE	3	
<i>deblitane</i>	1	ACA
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	
<i>dotti</i>	1	QL (8 per 28 days)
<i>eemt</i>	1	
<i>eemt hs</i>	1	
<i>emzahh</i>	1	ACA
ENDOMETRIN	4	
<i>errin</i>	1	ACA
ESTRACE VAGINAL	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>estradiol oral</i>	1	
<i>estradiol transdermal patch semiweekly</i>	1	QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	QL (4 per 28 days)
<i>estradiol vaginal</i>	1	
<i>estradiol valerate</i>	1	
<i>estradiol-norethindrone acet</i>	1	
ESTRATEST H.S.	3	
<i>estrogens-methyltestosterone</i>	1	
<i>fyavolv</i>	1	
<i>gallifrey</i>	1	
<i>heather</i>	1	ACA
<i>incassia</i>	1	ACA
<i>jencycla</i>	1	ACA
<i>jinteli</i>	1	
<i>lyleq</i>	1	ACA
<i>lyllana</i>	1	QL (8 per 28 days)
<i>lyza</i>	1	ACA
<i>medroxyprogesterone intramuscular</i>	1	ACA
<i>medroxyprogesterone oral</i>	1	
<i>meleya</i>	1	ACA
<i>mimvey</i>	1	
MINIVELLE	3	QL (8 per 28 days)
<i>nora-be</i>	1	ACA
<i>norethindrone (contraceptive)</i>	1	ACA
<i>norethindrone acetate</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
OPILL	9	OTC
<i>orquidea</i>	1	ACA
PREMARIN ORAL	3	
PREMARIN VAGINAL	2	
PREMPHASE	2	
PREMPRO	2	
<i>progesterone</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>progesterone micronized oral</i>	1	
<i>progesterone micronized vaginal</i>	4	
PROMETRIUM	3	
PROVERA	3	
<i>sharobel</i>	1	ACA
<i>tulana</i>	1	ACA
VAGIFEM	3	
VIVELLE-DOT	3	QL (8 per 28 days)
<i>yuvafem</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL	3	
<i>clindamycin phosphate vaginal</i>	1	
CLINDESSE	3	
<i>eluryng</i>	1	ACA
<i>enilloring</i>	1	ACA
<i>etonogestrel-ethinyl estradiol</i>	1	ACA
<i>haloette</i>	1	ACA
INTRAROSA	3	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	
<i>miconazole-3 vaginal suppository</i>	1	
<i>mifepristone oral tablet 200 mg</i>	1	
MYFEMBREE	3	PA; QL (1 per 1 day)
<i>norelgestromin-ethin.estradiol</i>	1	ACA
NUVARING	3	
NUVESSA	3	
ORIAHNN	3	PA; QL (2 per 1 day)
<i>terconazole</i>	1	
<i>tranexamic acid oral</i>	1	
<i>vandazole</i>	1	
XACIATO	3	
<i>xulane</i>	1	ACA
<i>zafemy</i>	1	ACA
<b>ORAL CONTRACEPTIVES &amp; RELATED AGENTS</b>		

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>dasetta 7/7/7 (28)</i>	1	ACA
<i>daysee</i>	1	ACA
<i>desog-e.estradiol/e.estradiol</i>	1	ACA
<i>dolishale</i>	1	ACA
<i>drospirenone-ethinyl estradiol</i>	1	ACA
<i>econtra ez</i>	9	ACA; OTC
<i>econtra one-step</i>	9	ACA; OTC
<i>elinest</i>	1	ACA
ELLA	3	ACA
<i>enpresse</i>	1	ACA
<i>enskyce</i>	1	ACA
<i>estarylla</i>	1	ACA
<i>ethynodiol diac-eth estradiol</i>	1	ACA
<i>falmina (28)</i>	1	ACA
<i>feirza</i>	1	ACA
<i>finzala</i>	1	ACA
<i>galbriela</i>	1	ACA
<i>hailey</i>	1	ACA
<i>hailey 24 fe</i>	1	ACA
<i>hailey fe 1.5/30 (28)</i>	1	ACA
<i>hailey fe 1/20 (28)</i>	1	ACA
<i>iclevia</i>	1	ACA
<i>introvale</i>	1	ACA
<i>isibloom</i>	1	ACA
<i>jaimiess</i>	1	ACA
<i>jasmiel (28)</i>	1	ACA
<i>jolessa</i>	1	ACA
<i>juleber</i>	1	ACA
<i>junel 1.5/30 (21)</i>	1	ACA
<i>junel 1/20 (21)</i>	1	ACA
<i>junel fe 1.5/30 (28)</i>	1	ACA
<i>junel fe 1/20 (28)</i>	1	ACA
<i>junel fe 24</i>	1	ACA
<i>kaitlib fe</i>	1	ACA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>kalliga</i>	1	ACA
<i>kariva (28)</i>	1	ACA
<i>kelnor 1/35 (28)</i>	1	ACA
<i>kurvelo (28)</i>	1	ACA
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	ACA
<i>larin 1.5/30 (21)</i>	1	ACA
<i>larin 1/20 (21)</i>	1	ACA
<i>larin 24 fe</i>	1	ACA
<i>larin fe 1.5/30 (28)</i>	1	ACA
<i>larin fe 1/20 (28)</i>	1	ACA
<i>lessina</i>	1	ACA
<i>levonest (28)</i>	1	ACA
<i>levonorgestrel</i>	9	ACA; OTC
<i>levonorgestrel-ethinyl estrad</i>	1	ACA
<i>levonorg-eth estrad triphasic</i>	1	ACA
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	
<i>lojaimiess</i>	1	ACA
<i>loryna (28)</i>	1	ACA
<i>low-ogestrel (28)</i>	1	ACA
<i>lo-zumandimine (28)</i>	1	ACA
<i>luizza</i>	1	ACA
<i>lutra (28)</i>	1	ACA
<i>marlissa (28)</i>	1	ACA
<i>mibelas 24 fe</i>	1	ACA
<i>microgestin 1.5/30 (21)</i>	1	ACA
<i>microgestin 1/20 (21)</i>	1	ACA
<i>microgestin fe 1.5/30 (28)</i>	1	ACA
<i>microgestin fe 1/20 (28)</i>	1	ACA
<i>mili</i>	1	ACA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>mono-linyah</i>	1	ACA
<i>my choice</i>	9	ACA; OTC
<i>my way</i>	9	ACA; OTC
<i>necon 0.5/35 (28)</i>	1	ACA
<i>new day</i>	9	ACA; OTC
<i>nikki (28)</i>	1	ACA
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	ACA
<i>norethindrone-e.estradiol-iron oral tablet, chewable</i>	1	ACA
<i>norgestimate-ethinyl estradiol</i>	1	ACA
<i>nortrel 0.5/35 (28)</i>	1	ACA
<i>nortrel 1/35 (21)</i>	1	ACA
<i>nortrel 1/35 (28)</i>	1	ACA
<i>nortrel 7/7/7 (28)</i>	1	ACA
<i>nylia 1/35 (28)</i>	1	ACA
<i>nylia 7/7/7 (28)</i>	1	ACA
<i>ocella</i>	1	ACA
<i>opcicon one-step</i>	9	ACA; OTC
<i>option-2</i>	9	ACA; OTC
<i>philith</i>	1	ACA
<i>pimtrea (28)</i>	1	ACA
<i>portia 28</i>	1	ACA
<i>reclipsen (28)</i>	1	ACA
<i>setlakin</i>	1	ACA
<i>shewise</i>	9	ACA; OTC
<i>simliya (28)</i>	1	ACA
<i>simpesse</i>	1	ACA
<i>sprintec (28)</i>	1	ACA
<i>syeda</i>	1	ACA
<i>tarina 24 fe</i>	1	ACA
<i>tarina fe 1/20 (28)</i>	1	ACA
<i>tilia fe</i>	1	ACA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tri-estarylla</i>	1	ACA
<i>tri-legest fe</i>	1	ACA
<i>tri-linyah</i>	1	ACA
<i>tri-lo-estarylla</i>	1	ACA
<i>tri-lo-marzia</i>	1	ACA
<i>tri-lo-mili</i>	1	ACA
<i>tri-lo-sprintec</i>	1	ACA
<i>tri-mili</i>	1	ACA
<i>tri-sprintec (28)</i>	1	ACA
<i>tri-vylibra</i>	1	ACA
<i>tri-vylibra lo</i>	1	ACA
<i>turqoz (28)</i>	1	ACA
<i>tydemy</i>	1	ACA
<i>valtya</i>	1	ACA
<i>velivet triphasic regimen (28)</i>	1	ACA
<i>vestura (28)</i>	1	ACA
<i>vienva</i>	1	ACA
<i>viorele (28)</i>	1	ACA
<i>volnea (28)</i>	1	ACA
<i>vyfemla (28)</i>	1	ACA
<i>vylibra</i>	1	ACA
<i>wera (28)</i>	1	ACA
<i>wymzya fe</i>	1	ACA
<i>xarah fe</i>	1	ACA
<i>xelria fe</i>	1	ACA
YASMIN (28)	3	
YAZ (28)	3	
<i>zarah</i>	1	ACA
<i>zovia 1-35 (28)</i>	1	ACA
<i>zumandimine (28)</i>	1	ACA

## **OXYTOCICS**

<i>methylergonovine oral</i>	1	QL (8 per 1 day)
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## **OPHTHALMOLOGY**

### **ANTIBIOTICS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>bacitracin ophthalmic (eye)</i>	1	
<i>bacitracin-polymyxin b</i>	1	
BETADINE OPHTHALMIC PREP	3	
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	
<i>erythromycin ophthalmic (eye)</i>	1	
<i>gatifloxacin</i>	1	
<i>gentamicin ophthalmic (eye) drops</i>	1	
<i>levofloxacin ophthalmic (eye)</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	
NATACYN	3	
<i>neomycin-bacitracin-polymyxin</i>	1	
<i>neomycin-polymyxin-gramicidin</i>	1	
<i>neo-polycin</i>	1	
OCUFLOX	3	
<i>ofloxacin ophthalmic (eye)</i>	1	
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	
<i>tobramycin ophthalmic (eye)</i>	1	
VIGAMOX	3	
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	
ZIRGAN	3	
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	1	
<i>carteolol</i>	1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	
<i>timolol maleate ophthalmic (eye) drops</i>	1	
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	
CYCLOGYL	3	
<i>cyclopentolate</i>	1	
<i>homatropaire</i>	1	
MYDRIACYL	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>tropicamide</i>	1	
<b>DIRECT ACTING MIOTICS</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
ALCAINE	3	
<i>allergy eye (ketotifen)</i>	1	OTC
<i>azelastine ophthalmic (eye)</i>	1	
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	1	QL (2 per 1 day)
CYSTADROPS	4	PA; QL (20 per 28 days)
CYSTARAN	4	PA; QL (60 per 28 days)
<i>epinastine</i>	1	
<i>eye itch relief</i>	1	OTC
<i>ketotifen fumarate</i>	1	OTC
OXERVATE	4	PA; QL (56 per 720 days)
<i>proparacaine</i>	1	
<i>tetracaine hcl</i>	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE)	1	
VABYSMO	4	PA
XDEMY	4	PA; QL (10 per 365 days)
XIIDRA	2	QL (2 per 1 day)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
ACULAR	3	
ACULAR LS	3	
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	
<i>diclofenac sodium ophthalmic (eye)</i>	1	
<i>flurbiprofen sodium</i>	1	
<i>ketorolac ophthalmic (eye)</i>	1	
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	
<i>methazolamide</i>	1	
<b>OTHER GLAUCOMA DRUGS</b>		
AZOPT	3	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	1	
<i>brimonidine-timolol</i>	1	
<i>brinzolamide</i>	1	
COMBIGAN	3	
COSOPT	3	
COSOPT (PF)	3	
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	
<i>latanoprost</i>	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	
TRAVATAN Z	3	ST
<i>travoprost</i>	1	ST
XALATAN	3	
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	
<i>neomycin-bacitracin-poly-hc</i>	1	
<i>neomycin-polymyxin b-dexameth</i>	1	
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	
<i>fluorometholone</i>	1	
FML LIQUIFILM	3	
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	
PRED FORTE	3	
<i>prednisolone acetate</i>	1	
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	
<b>STEROID-SULFONAMIDE COMBINATIONS</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sulfacetamide-prednisolone</i>	1	
<b>SULFONAMIDES</b>		
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	
<i>apraclonidine</i>	1	
<i>brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %</i>	1	
<b>VASOCONSTRICTOR DECONGESTANTS</b>		
<i>phenylephrine hcl ophthalmic (eye)</i>	1	
<b>RESPIRATORY, ALLERGY, COUGH &amp; COLD</b>		
<b>ANTI-HISTAMINE &amp; ANTI-ALLERGENIC AGENTS</b>		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML	3	PA
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>cetirizine oral solution 1 mg/ml</i>	1	
CLARINEX ORAL TABLET	3	
<i>clemastine oral tablet</i>	1	QL (3 per 1 day)
<i>clemsza</i>	1	QL (3 per 1 day)
<i>cyproheptadine</i>	1	
<i>desloratadine oral tablet</i>	1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	
<i>hydroxyzine pamoate</i>	1	
<i>levocetirizine</i>	1	
<i>promethazine oral</i>	1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan</i>	1	
<b>COUGH &amp; COLD THERAPY</b>		
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	
<i>codeine-guaifenesin</i>	1	
<i>g tussin ac</i>	1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
HYCODAN (WITH HOMATROPINE)	3	
<i>hydrocodone-chlorpheniramine</i>	1	QL (120 per 30 days)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	1	
<i>hydrocodone-homatropine oral tablet</i>	1	
<i>hydromet</i>	1	
<i>maxi-tuss ac</i>	1	
<i>promethazine-codeine</i>	1	
<i>promethazine-dm</i>	1	
<i>promethazine-phenylephrine</i>	1	
TUXARIN ER	3	QL (24 per 30 days)
<b>PULMONARY AGENTS</b>		
<i>24 hour nasal allergy</i>	1	OTC
ACCOLATE	3	
<i>acetylcysteine</i>	1	
ADEMPAS	4	PA; LA; QL (3 per 1 day)
ADVAIR HFA	2	QL (1 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	1	
<i>albuterol sulfate oral syrup</i>	1	
<i>albuterol sulfate oral tablet</i>	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)
<i>alyq</i>	4	PA; QL (2 per 1 day)
<i>ambrisentan</i>	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)
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)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
BERINERT INTRAVENOUS KIT	4	PA
<i>bosentan oral tablet</i>	4	PA; LA; QL (2 per 1 day)
<i>bosentan oral tablet for suspension</i>	4	PA; LA; QL (4 per 1 day)
BREO ELLIPTA	2	QL (1 per 30 days)
<i>brey-na</i>	1	QL (1 per 30 days)
BRONCHITOL	4	PA; 20 capsules per day; 10 capsules per 365 days
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	QL (60 per 30 days)
<i>budesonide nasal</i>	1	OTC
<i>budesonide-formoterol</i>	1	QL (1 per 30 days)
CINRYZE	4	PA
COMBIVENT RESPIMAT	2	QL (8 per 30 days)
<i>cromolyn inhalation</i>	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)
<i>flunisolide</i>	1	ST
<i>fluticasone propionate nasal</i>	1	QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	QL (1 per 30 days)
HAEGARDA	4	PA; LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %	3	
<i>icatibant</i>	4	PA; QL (9 per 28 days)
INCRUSE ELLIPTA	2	QL (1 per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	
<i>ipratropium-albuterol</i>	1	QL (540 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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)
<i>levalbuterol hcl</i>	1	
<i>mometasone nasal</i>	1	ST; QL (17 per 30 days)
<i>montelukast</i>	1	
<i>nasal allergy</i>	1	OTC
NUCALA	4	PA; LA; QL (1 per 28 days)
OFEV	4	PA; QL (2 per 1 day)
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 ORAL CAPSULE	4	PA; LA; QL (1 per 1 day)
<i>pirfenidone oral capsule</i>	4	PA; QL (6 per 1 day)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; QL (6 per 1 day)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; QL (3 per 1 day)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; QL (3 per 1 day)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	QL (60 per 30 days)
PULMOZYME	4	PA; QL (5 per 1 day)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDHALER 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)
<i>roflumilast</i>	1	PA; QL (1 per 1 day)
RUCONEST	4	PA; QL (2 per 28 days)
<i>sajazir</i>	4	PA; QL (9 per 28 days)
SEREVENT DISKUS	2	QL (1 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution</i>	4	PA; QL (6 per 1 day)
<i>sildenafil (pulm.hypertension) oral tablet</i>	4	PA; QL (3 per 1 day)
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET,CHEWABLE	3	
<i>sodium chloride inhalation</i>	1	
SPIRIVA RESPIMAT	2	QL (4 per 30 days)
STIOLTO RESPIMAT	2	QL (4 per 30 days)
STRIVERDI RESPIMAT	2	QL (4 per 30 days)
SYMDEKO	4	PA; QL (2 per 1 day)
<i>tadalafil (pulm. hypertension)</i>	4	PA; QL (2 per 1 day)
TADLIQ	4	PA; QL (10 per 1 day)
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; LA; QL (1 per 28 days)
TAKHZYRO SUBCUTANEOUS SYRINGE 300 MG/2 ML (150 MG/ML)	4	PA; LA; QL (2 per 28 days)
<i>terbutaline oral</i>	1	
TEZSPIRE	4	PA; QL (1.91 per 28 days)
<i>theophylline oral tablet extended release 12 hr</i>	1	
<i>theophylline oral tablet extended release 24 hr</i>	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)
<i>triamcinolone acetonide nasal</i>	1	OTC
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; QL (2 per 1 day)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; QL (3 per 1 day)
TYVASO	4	PA; QL (11.6 per 365 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 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)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 32-64 MCG, 48-64 MCG	4	PA; QL (224 per 30 days)
TYVASO REFILL KIT	4	PA; QL (81.2 per 28 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
TYVASO STARTER KIT	4	PA; QL (1 per 365 days)
VENTOLIN HFA	1	
WINREVAIR	4	PA; QL (1 per 20 days)
<i>wixela inhub</i>	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)
<i>zafirlukast</i>	1	
<b>PULMONARY DEVICES</b>		
AEROCHAMBER MECHANICAL VENT	2	
AEROCHAMBER MINI	2	
AEROCHAMBER PLUS FLOW-VU	2	
AEROCHAMBER PLUS Z STAT	2	
AEROCHAMBER2GO	2	
AEROVENT PLUS	2	
COMPACT SPACE CHAMBER	2	
EASIVENT HOLDING CHAMBER	2	
FLEXICHAMBER	2	
MICROCHAMBER	2	
OPTICHAMBER DIAMOND VHC	2	
POCKET CHAMBER	2	
RITEFLO AEROCHAMBER	2	
SPACE CHAMBER	2	
VORTEX HOLDING CHAMBER	2	

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

Drug Name	Drug Tier	Requirements / Limits
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS &amp; ANTISPASMODICS</b>		
<i>darifenacin</i>	1	
<i>flavoxate</i>	1	
<i>mirabegron</i>	1	ST; QL (1 per 1 day)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; QL (1 per 1 day)
<i>oxybutynin chloride oral syrup</i>	1	
<i>oxybutynin chloride oral tablet 5 mg</i>	1	
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	
<i>solifenacin</i>	1	
<i>tolterodine</i>	1	
<i>trospium</i>	1	
VESICARE	3	
<b>BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY</b>		
<i>alfuzosin</i>	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)
<i>dutasteride</i>	1	
<i>dutasteride-tamsulosin</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
JALYN	3	
PROSCAR	3	
RAPAFLO	3	
<i>silodosin</i>	1	
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (6 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (1 per 1 day)
<i>tamsulosin</i>	1	
UROXATRAL	3	
<b>CHOLINERGIC STIMULANTS</b>		
<i>bethanechol chloride</i>	1	
<b>MISCELLANEOUS UROLOGICALS</b>		

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
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
<i>potassium citrate oral tablet extended release</i>	1	
PROCYSBI	4	PA
RIVFLOZA	4	PA; QL (1 per 28 days)
<i>sildenafil</i>	1	QL (6 per 30 days)
UROCIT-K 10	3	
UROCIT-K 15	3	
VIAGRA	3	QL (6 per 30 days)
<b>URINARY ANESTHETICS</b>		
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	1	
PYRIDIUM	3	
<b>VITAMINS, HEMATINICS &amp; ELECTROLYTES</b>		
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind)</i>	1	QL (12 per 1 day)
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	
FOSRENOL ORAL TABLET,CHEWABLE	3	ST; QL (3 per 1 day)
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	
<i>klor-con m15</i>	1	
<i>klor-con m20</i>	1	
<i>lanthanum</i>	1	ST; QL (3 per 1 day)
LOKELMA	3	PA; QL (3 per 1 day)
<i>potassium chloride oral capsule, extended release</i>	1	
<i>potassium chloride oral liquid</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals</i>	1	
REVELA ORAL TABLET	3	QL (17 per 1 day)
<i>sevelamer carbonate oral tablet</i>	1	QL (17 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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>sodium polystyrene sulfonate</i>	1	
<i>sps (with sorbitol)</i>	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)
<b>MISCELLANEOUS VITAMINS, HEMATINICS, &amp; ELECTROLYTES</b>		
DOJOLVI	4	PA; LA
<b>VITAMINS &amp; HEMATINICS</b>		
<i>b complex 1 (with folic acid)</i>	9	ACA; OTC
<i>b complex-vitamin c-folic acid oral tablet</i>	9	ACA; OTC
<i>bal-care dha</i>	1	
<i>b-complex with vitamin c oral tablet 400-500 mcg-mg</i>	9	ACA; OTC
<i>classic prenatal</i>	9	ACA; OTC
<i>complete natal dha</i>	1	
<i>cyanocobalamin (vitamin b-12) injection</i>	1	
<i>dialyvite 800 oral tablet</i>	9	ACA; OTC
<i>dodex</i>	1	
<i>elite-ob</i>	1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	
<i>flotrex</i>	9	ACA; OTC
<i>fluoride (sodium) oral drops</i>	9	ACA; OTC
<i>fluoride (sodium) oral tablet, chewable</i>	9	ACA; OTC
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	9	ACA; OTC
<i>folitab</i>	9	ACA; OTC
<i>folivane-ob</i>	1	
<i>foltabs 800</i>	9	ACA; OTC
<i>full spectrum b-vitamin c</i>	9	ACA; OTC
<i>kobee</i>	9	ACA; OTC
<i>ludent fluoride</i>	9	ACA; OTC
<i>m-natal plus</i>	1	
<i>multi-vitamin with fluoride</i>	9	ACA; OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>multivit-fluoride (metafolin) oral tablet,chewable 0.5 mg fluoride</i>	9	ACA; OTC
<i>mvc-fluoride</i>	9	ACA; OTC
<i>mynatal</i>	1	
<i>mynatal plus</i>	1	
<i>mynatal-z</i>	1	
<i>newgen</i>	1	
<i>pnv-dha</i>	1	
<i>pnv-omega</i>	1	
<i>pnv-select</i>	1	
<i>pr natal 400</i>	1	
<i>pr natal 400 ec</i>	1	
<i>pr natal 430</i>	1	
<i>pr natal 430 ec</i>	1	
<i>prenatabs fa</i>	1	
<i>prenatabs rx</i>	1	
<i>prenatal complete</i>	9	ACA; OTC
<i>prenatal multi-dha (algal oil)</i>	9	ACA; OTC
<i>prenatal multivitamins</i>	9	ACA; OTC
<i>prenatal one daily</i>	9	ACA; OTC
<i>prenatal oral tablet 28 mg iron- 800 mcg</i>	9	ACA; OTC
<i>prenatal plus</i>	1	
<i>prenatal plus (calcium carb)</i>	1	
<i>prenatal vit no.179-iron-folic</i>	9	ACA; OTC
<i>prenatal vitamin oral tablet 27 mg iron- 0.8 mg</i>	9	ACA; OTC
<i>prenatal vitamin with minerals</i>	9	ACA; OTC
<i>prenatal-u</i>	1	
<i>purevita folic acid oral tablet</i>	9	ACA; OTC
<i>rena-vite</i>	9	ACA; OTC
<i>se-natal 19</i>	1	
<i>se-natal 19 chewable</i>	1	
<i>soluvita a,c,d with fluoride</i>	9	ACA; OTC
<i>stress formula with iron(sulf)</i>	9	ACA; OTC
<i>super b-50 complex</i>	9	ACA; OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements / Limits</b>
<i>super quints</i>	9	ACA; OTC
<i>taron-c dha</i>	1	
<i>tricon</i>	9	ACA; OTC
<i>trinatal rx 1</i>	1	
<i>trinate</i>	1	
<i>tri-vitamin with fluoride</i>	9	ACA; OTC
<i>vitamin b complex-folic acid oral tablet</i>	9	ACA; OTC
<i>wesnatal dha complete</i>	1	
<i>westab plus</i>	1	
<i>zatean-pn dha</i>	1	
<i>zatean-pn plus</i>	1	

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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.

## Alternative Language Options for Notices and other Written Information

**Amharic:**

ማሳሰቢያ:

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

**Arabic:**

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

**Bengali/Bangla:**

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

**Chinese (Mandarin):**

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

**French:**

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

**German:**

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

**Gujarati:**

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

**Hindi:**

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

**Hmong:**

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

**Igbo:**

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

**Japanese:**

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

**Korean:**

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

**Kru/Bassa:**

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

**Laotian:**

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

**Mon-Khmer, Cambodian:**

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

**Navajo:**

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

**Persian/Farsi:**

توجه:

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

**Portuguese:**

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

**Russian:**

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

**Spanish:**

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

**Tagalog:**

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

**Turkish:**

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

**Urdu:**

توجه دیں:

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

**Vietnamese:**

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

**Yoruba:**

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

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**Sentara Health Plans**  
**P.O. Box 66189**  
**Virginia Beach, VA 23466**  
**[sentarahealthplans.com](http://sentarahealthplans.com)**